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Level of stress and coping styles of student nurses in the clinical setting of patient with advance cancer

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Abstract. This study explored nursing students' stress levels and coping strategies when caring for patients with advanced cancer during clinical placements, using questionnaires and in-depth interviews. Results showed that students experienced high stress, mainly due to patients' severe conditions, heavy workload, communication difficulties, and lack of professional confidence. To cope, most adopted emotion-oriented strategies such as seeking social support and engaging in relaxation activities, while some used problem-oriented approaches like improving skills and actively solving problems. The findings suggest that nursing education institutions should strengthen training in psychological support and coping strategies, provide targeted counselling, and enhance students' resilience and professional competence to better adapt to clinical environments and improve care quality.

Keywords: nursing students, advanced cancer, stress, coping strategies, clinical practice, psychological support

1. Introduction

Advanced cancer is a terminal condition that imposes significant physical and psychological burdens on patients, often requiring prolonged care to maintain well-being [1]. Clinical placements are essential in nursing education [2], exposing students to complex care situations involving advanced cancer patients. These experiences help develop clinical skills, judgment, and communication abilities, while shaping students' perspectives on patient care [3]. Caring for patients with advanced cancer involves not only medical tasks but also emotional support for patients and families, who often experience fear, despair, and sadness. Managing these emotions presents challenges for student nurses and may negatively affect their mental health and job satisfaction [4]. Given these challenges, this study explores the stressors faced by student nurses and their coping strategies [5]. With rising cancer incidence—China reporting 4.57 million new cases in 2020 [6] — greater demands are placed on nursing education. The Oncology Nursing Society has emphasized integrating oncology content into curricula [7]. Student nurses often lack experience in handling complex symptoms and emergencies, while also facing emotional strain from patients and families [8]. Without effective coping mechanisms, their mental health and care quality may be compromised [9]. Therefore, strengthening training

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in communication, psychological support, and crisis management is essential [6]. This study aims to better understand student nurses' stress and coping strategies to improve care quality and clinical adaptation.

2. Literature review

With ageing populations, unhealthy lifestyles, and rising cancer incidence, care for advanced cancer patients has gained increasing attention. Nursing students, as key participants in clinical care, often face significant stress in such contexts. Studies both domestically and internationally indicate that stress mainly arises from emotional burden, communication difficulties, ethical dilemmas, and lack of clinical confidence [10]. Additionally, workload, constant evaluation, and complex decision-making further intensify stress [11]. Cultural differences may also shape stress experiences, especially among international students. Research shows that coping strategies vary but are generally divided into emotion-focused and problem-focused approaches. Common methods include seeking social support, engaging in reflective practice, and improving professional skills [12]. Psychological resilience and social support are identified as key protective factors [13]. However, inadequate coping mechanisms may lead to anxiety, depression, and reduced care quality [14]. Educational interventions play a crucial role in stress management. Approaches such as multidisciplinary teaching, interactive learning, and clinical pathway models can enhance students' competence and coping ability [6]. Communication training, such as SBAR, and innovative teaching models like ICARE have also shown positive effects [15]. Furthermore, targeted psychological support and counseling are essential, especially for students facing high stress levels [3]. Overall, the literature highlights the need for comprehensive support systems, combining education, psychological intervention, and clinical training, to reduce stress and improve nursing students' performance and well-being in advanced cancer care settings. Although the existing literature suggests that nurses may experience higher levels of stress when dealing with patients with cancer,still less research on the stress and coping styles of nursing students caring for patients with advanced cancer during their placements, with several key gaps. Current research primarily focuses on stress and coping styles among registered nurses caring for cancer patients, with limited attention to nursing students during clinical placements involving advanced cancer cases. These students face unique stressors—such as communicating with terminally ill patients [16], managing pain, and supporting families—yet their psychological and emotional responses are often overlooked. Moreover, while some studies describe coping strategies used by nurses, they rarely offer specific, actionable guidance for nursing students, leaving a gap in understanding which coping styles are most effective and applicable in this context.

This study aimed to explore stress and coping among nursing students caring for patients with advanced cancer in clinical placements. Specifically, it addressed the following questions: • What are the main sources of stress experienced by nursing students in this setting? • How do nursing students cope with stress when caring for patients with advanced cancer? • Is there a significant relationship between students' demographic characteristics (e.g., age, gender, year level, and clinical exposure) and their stress levels or coping styles?

3. Methodology

This chapter will describe the researcher's design, the participants in the study, the location of the study, the research instrument, the data collection procedure, the statistical treatment of the data and ethical considerations.

3.1. Research design

This study used a quantitative cross-sectional study to be able to provide a quick overview of the status of nursing students' stress and coping methods in the clinical setting of patients with advanced cancer. The main purpose of a cross-sectional study is to observe and measure the variables of interest in the study at a particular point in time or time period, a cross-sectional study provides a quick overview of the characteristics of a group of people at a particular point in time or time period and helps the researcher to understand the current state of the target group. Information and data from participants are collected and analyzed through surveys, this involves recording data obtained through questionnaires and scales to the researcher. These questionnaires and scales include the General Information and Stress Feelings Scale (PSS) and Behavioral Coping Inventory for Nursing Students (CBI), and phase projects based on the results of these scales. This is important for assessing the stress faced by nursing students in the clinical setting of patients with advanced cancer and the coping methods adopted by them. Cross-sectional studies can be conducted in different research subjects, environments, and conditions with a high degree of flexibility, and we can choose the appropriate clinical setting of patients with advanced cancer and nursing students as the research subjects according to the actual situation.

3.2. Participants of the study

Participants in this study were nursing students on internship at Hengshui City Hospital of Traditional Chinese Medicine in Hengshui City, Hebei Province, China. The hospital in which these students were interning had several departments, including oncology, radiotherapy, and chemotherapy, which mainly treated patients with advanced cancer. Considering the number of nursing student interns in the study area, the sample size is set at 100, and the study population consisted of nursing students on internship at the hospital. The following reasons were considered for the selection of the setting for this study: 1. full-time nursing students (of any academic qualification); 2. uninterrupted placements; 3. contact with patients during clinical placements; 4. informed consent indicating willingness to participate in the study; and 5. adherence to ethical principles, informed consent, confidentiality, privacy, and anonymity throughout the course of the study. The exclusion criteria were as follows: 1. Refusal to participate in the study; 2. Failure to carry out the normal duties of the placement during the period of the investigation; 3. Organizational disciplinary action due to personal negligence; 4. Unable to participate in the clinical practice due to personal reasons; 5. Part-time nursing (e.g., midwifery nursing students)

3.3. Ethical considerations

All participants will provide informed consent after being fully informed of the study's purpose, procedures, potential risks, benefits, and their right to withdraw at any time. Consent will be obtained in writing using clear and understandable language. Participants' privacy and confidentiality will be strictly protected throughout data collection, storage, analysis, and dissemination. Personal identifiers will be removed through anonymization or de-identification. This study poses no known risks; however, participants may withdraw if they feel discomfort and are encouraged to seek professional support if needed. Participant selection will be based on research needs to ensure fairness and avoid bias. Although no direct material benefits are provided, the findings may contribute to improving care practices. Participants' autonomy and decisions will be fully respected at all times. The study will undergo ethical review and approval prior to implementation, and any modifications will be resubmitted for approval.Researchers will ensure transparency and accountability by reporting findings honestly and adhering to ethical standards throughout the research process.

3.4. Instrument

Hengshui City Hospital of Traditional Chinese Medicine in Hebei Province, a general hospital, was the research centre for this study. As major schools regularly send nursing interns to this hospital, the respondents came from different parts of the country, and their different schools and academic qualifications made the study sample more representative. To ensure the rigour and reliability of the study, the researcher conducted a detailed information collection and questionnaire survey of all participating students to ensure the authenticity and validity of all data. All survey languages in this study were in Mandarin to ensure that the respondents could understand the questionnaires and answer the questions accurately.

Based on the content of the selected topic, according to the requirements of the selected topic and based on reading many domestic and international literature, this study will use self-designed general information questionnaires and Stress Perception Scale (PSS), Nursing Student Stress Scale (PSS), and Nursing Student Behavioral Coping Inventory (CBI). The research setting was chosen for the following reasons: (1) There are partner universities that regularly send nursing students with different academic qualifications, and the number of nursing students is sufficient to meet the sample requirements. (2) The number of advanced cancer patients in this hospital is high, allowing the researcher to carry out the implementation of the study more comprehensively.

3.4.1. Perception of Stress Scale (PSS)

The Perception of Stress Scale (PSS) was developed by Cohen, S. et al. in 1983. The questionnaire consists of 10 entries, each of which is rated on a 5-point scale from 0 (never) to 4 (very common). The scale is scored as the sum of the scores for each item (0-40), with higher scores indicating higher levels of perceived stress.

The English version of the PSS-10 has good reliability and validity, with internal consistency ranging from 0.78 to 0.91 across different populations, and retest correlation coefficients ranging from 0.55 to 0.85. The structural validity of the scale is consistent with the theoretical concepts proposed by Lee J. et al. in 2021. Means and standard deviations were used to describe scale scores.

3.4.2. PSS (nursing student stress scale)

The PSS is a five-point Likert scale developed by Sheu in 2002 to assess stress levels and sources of stress among nursing students. The scale consists of 29 items, and participants were asked to select responses ranging from "never" to "always" for each item on a scale of (4 = often, 3 = frequently, 2 = sometimes, 1 = almost never, 0 = never). The 29 items cover a wide range of factors, including 8 items related to patient care, 6 items related to faculty and caregivers, 5 items related to homework and workload, 4 items related to peers and daily life, and 3 items related to lack of professional knowledge and skills, as well as 3 items related to the clinical environment. Total and subtotal scores were measured, with higher scores indicating higher levels of stress in nursing students. The internal validity (expressed as Cronbach's alpha) of the scale was reported to be 0.86-0.89.

3.4.3. CBI (behavioral coping inventory for nursing students)

The CBI, also developed by Sheu in 2002, is a five-point Likert scale consisting of 19 items to assess the coping strategies of nursing students. The 19 items were divided into four subscales, which included six for avoidance behaviours, six for problem- solving behaviours, four for optimistic coping behaviours, and three for empathic behaviours. Participants were asked to choose a response from "never" to "always" for each item on a scale of (4 = always, 3 = often, 2 = sometimes, 1 = infrequently, 0 = never). Cronbach's alpha for the CBI is reported to be 0.75-0.84.

3.5. Data gathering procedure

Upon approval of ethics review committee data collection for this study will be started after obtaining approval from the Philippine Women's University and the investigator should obtain approval from the research institution before conducting the survey. The researcher should follow the ethical principles of charity, respect for human dignity and justice, and mercy. To ensure the privacy of the respondents, all the information of all the people will be anonymous and no name and personal information will be revealed in this study. Also, the researchers need to discuss with the respondents need to get their consent and protect their personal privacy according to moral and ethical standards.

In this study, the survey was conducted in the form of a questionnaire starred QR code and link. Throughout the process, the researcher can explain and illustrate the scale to the respondents, and after the respondents have filled out the questionnaire, the researcher has to check the completeness and accuracy of the questionnaire to ensure the quality of the questionnaire and eliminate the unqualified questionnaires. The authors guaranteed 100% commitment to protect the rights of the respondents and not to divulge any information about the respondents. After collating the valid questionnaires, the questionnaires were numbered and prepared for data entry.

The data were then imported into SPSS 26.0 and Excel statistical software for statistical analysis, and based on the results of the analyses, the researcher proposed a solution for nursing students in the context of internship stress. Thus, the significance and value of this study for nursing education was further deepened.

Using SPSS 26.0 we will analyse the data with descriptive statistics, including the calculation of basic statistics such as mean, standard deviation and frequency. This will help us to understand the overall picture of stress faced by nursing students in caring for patients with advanced cancer.

Then, we will use correlation analysis to explore the relationship between the stress faced by nursing students in caring for patients with advanced cancer and other factors. We can do this by using Pearson correlation analysis.

After performing the correlation analysis, we also need to interpret the results. For example, if a strong positive correlation is found between the severity of illness of patients with advanced cancer and the stress faced by nursing students, then we can conclude that the more severe the illness of patients with advanced cancer, the greater the stress faced by nursing students. This conclusion is an important guideline for the mental health of nursing students in the clinical setting.

4. Analysis and discussion

His chapter presents the results of the study with the analysis and interpretation of data.

4.1. What is the demographic profile of the participants

What is the demographic profile of the participants in terms of the following: 1. Age, 2. Gender, 3. Grade/year level, 4. Number of exposures.

Table 1. Profile of participants

Profile	f	%
Age (years)		
18-20	40	40
21-23	47	47
24-26	13	13
Total	100	100
Gender		
Male	43	43
Female	57	57
Total	100	100
Grade/Year Level	33	33
Vocational HS (2 years)	53	53
College Education (3 years)	6	6
Bachelor's Degree (4 years)	8	8
Master of Nursing (5 years) Total	100	100
Number of Exposures	72	72
Less than 5 times per day More than 5 times per day	28	28
Total	100	100

As shown in Table 1 in terms of age, 47 percent were 21 to 23 years old while 13 percent belonged to 24 to 26 years old. On gender, 57 percent were female and 43 percent were male. On a grade level, 53 percent finished 3 years of college education, 33 percent finished vocational high school and 8 percent finished their master degree in nursing. In regard to the number of exposures 72 percent were exposed less than 5 times per day while 28 percent were exposed more than 5 times per day. The results provided the needed data in the analysis of the inferential questions that lead to a better understanding of the study.

4.2. What are the sources of stress faced by the participants in the clinical setting of patients with advanced cancer

The sources of stress of the participants consisting of student -nurses are presented in Table 2 and Table 3 while the summary in terms of the nature of the stress can be seen in Table 4. Results as shown in Table 1 revealed that in terms of the participants responses presented in frequencies and percentages, the most common sources of stress oftentimes experienced by the participants were due to those pertaining to taking care of patients (i.e. do not know how to communicate with patients); assignments and workloads (i.e. worry about bad grades); from lack of professional knowledge and skills (i.e. unfamiliar with patients' diagnoses and treatments); from peers and daily life (i.e. experience competition from peers in school and clinical practice). Moreover, participants always experienced stress from teachers and nursing staff particularly from lack of care and guidance from teachers and the feeling that teachers do not give fair evaluation of students.

Table 2 presents the sources of stress of the participants based on their weighted means per nature of the stress. Data shows that in all aspects the sources of stress were sometimes experienced by the participants except for one indicator (i.e. unfamiliar with professional nursing skills) where they said was only occasionally experienced.

Table 2. Sources of stress of participants

Sources	WM	Verbal Description
1.Stress from taking care of patients		
1.1. Lack of experience and ability in providing nursing care and in making judgements	3.12	Sometimes
1.2. Do not know how to help patients with physio-psycho-social problems	3.08	Sometimes
1.3. Unable to reach one's expectations	3.12	Sometimes
1.4. Unable to provide appropriate responses to doctors', teachers' and patients' questions	3.09	Sometimes
1.5 Worry about not being trusted or accepted by patients or patients' family.	3.07	Sometimes
1.6. Unable to provide patients with good nursing care.	3.26	Sometimes
1.7. Do not know how to communicate with patients.	3.04	Sometimes
1.8. Experience difficulties in changing from the role of a student to that of a nurse.	2.95	Sometimes
SUBMEAN	3.09	SOMETIMES
2. Stress from Assignments and workloads		
2.1. Worry about bad grades	3.26	Sometimes
2.2 Experience pressure from the nature and quality of clinical practice	3.49	Sometimes
2.3. Feel that one's performance does not meet teachers' expectations	3.13	Sometimes
2.4 Feel that the requirements of clinical practice	3.07	Sometimes
exceed one's physical and emotional endurance.		
2.5. Feel that dull and inflexible clinical practice affects one's family and social life.	3.06	Sometimes
SUBMEAN	3.20	SOMETIMES
3.Stress from lack of professional knowledge and skills		
3.1. Unfamiliar with medical history and terms	3.03	Sometimes
3.2. unfamiliar with professional nursing skills	2.09	Occasionally
3.3. Unfamiliar with patients' diagnoses and treatments	3.00	Sometimes
SUBMEAN	2.71	SOMETIMES
4.Stress from the environment		
4.1 Feel stressed in the hospital environment where clinical practice takes place	3.20	Sometimes
4.2. Unfamiliar with the ward facilities	2.94	Sometimes

Table 2. Contiuned

4.3. Feel stressed from the rapid change in patient's condition	3.05	Sometimes
SUBMEAN	3.06	SOMETIMES
5. Stress from peers and daily life		
5.1. Experience competition from peers in school and clinical practice	3.04	
5.2. Feel pressure from teachers who evaluate students' performance by comparison	2.99	Sometimes
5.3. Feel that clinical practice affects one's involvement in extracurricular activities	2.98	Sometimes
5.4. Can not get along with other peers in the group	2.88	Sometimes
SUBMEAN	2.97	SOMETIMES
6. Stress from teachers and nursing staff		
6.1. Experience discrepancy between theory and practice	3.08	Sometimes
6.2 D not know how to discuss patients' illness with teachers and medical and nursing personnel.	3.01	Sometimes
6.3. Feel stressed that the teacher 's instruction is different from one's expectations.	3.17	Sometimes
6.4. Medical personnel lack empathy and are not willing to help.	2.97	Sometimes
6.5. Feel that teachers do not give fair evaluations to students.	3.02	Sometimes
6.6. Lack of care and guidance from teachers.	3.06	Sometimes

Legend: 1.00-1.50 = Never; 1,51-2.50 = occasionally; 2.51-3.50 = Sometimes; 3.51-4.50 = Often; 4.51-5.00 = Always

Table 3. Summary of sources of stress of participants

Source of Stress	Submean	VD	Rank
Stress from taking care of patients	3.09	SOMETIMES	2
Stress from Assignments and workloads	3.20	SOMETIMES	1
Stress from lack of professional knowledge and skills	2.71	SOMETIMES	6
Stress from the environment	3.06	SOMETIMES	3
Stress from peers and daily life	2.97	SOMETIMES	5
Stress from teachers and nursing staff	3.05	SOMETIMES	4
Over all Mean	3.013	Sometimes	

Legend: 1.00-1.50 = Never; 1,51-2.50 = occasionally; 2.51-3.50 = Sometimes; 3.51-4.50 = Often; 4.51-5.00 = Always

A summary of the sources of stress as seen in Table 3 shows that the number one source of stress for the student-nurses were those pertaining to assignment and workloads while the least source were those from lack of professional knowledge and skills.The over all mean rating was 3.01 described as sometimes experienced.

Table 4. Participants' perception of stress

Particulars	WM	VD
1. In the past month, how many times have you felt upset because something unexpected happened?	3.21	Sometimes
2. How many times in the past month have you felt out of control of the important things in your life?	3.12	Sometimes
3.In the past month, how many times have you felt nervous or "overwhelmed"?	3.01	Sometimes
4.In the past month, how many times have you felt confident in your ability to deal with personal problems?	3.02	Sometimes
5. In the past month, how many times have you felt that things were going as you expected?	3.05	Sometimes
6. In the past month, how many times have you found yourself unable to cope with things you had to do?	3.06	Sometimes
7. How many times in the past month have you been able to control your anger in your daily life?	3.17	Sometimes
8.In the past month, how many times have you felt in control (that things were under your control)	3.07	Sometimes
9.In the past month, how many times did you feel angry about things that were out of your control?	3.05	Sometimes
10. In the past month, have you felt overwhelmed by a mountain of problems?	3.27	Sometimes
1. Overall Mean (positive)	3.08	Sometimes
2. Over all Mean (negative)	3.18	Sometimes

Legend: 1.00-1.50 =Never; 1,51-2.50 = occasionally; 2.51-3.50 = Sometimes; 3.51-4.50 = Often; 4.51-5.00 = Always

Participants' perception of stress was a balance of the negative and positive effects of stress in their daily life (Table 3 and Table 4). Table 3 in particular shows the responses of the particulars presented in frequencies and percentages of students' perception of stress where it can be seen that oftentimes they felt upset when something unexpected happened; were unable to cope with things they had to do. However, despite these negativities, they always felt confident in their ability to deal with personal problems. Likewise, oftentimes, they were able to control their anger and only occasionally felt overwhelmed by a mountain of problems.

4.3. What are the coping strategies employed by the participants exposed in the clinical setting of patients with advanced cancer

Participants usually employed four (4) types of coping strategies when dealing with patients with advanced cancer (Table 5 and Table 6). Findings as presented in Table 4 and Table 5 revealed that the most common coping strategy the participants employed was problem solving while the least employed method was avoidance. These are notable positive ways of coping mechanisms as it is indicative of the participants right attitude towards their role as student-nurses which would ultimately redound to their good ethical professional practice.

Table 5. Coping strategies of participants in the clinical setting of patients with advanced cancer

Coping Strategy	WM	VD
1. Avoidance		
1.1 To avoid difficulties during clinical practice	2.97	Sometimes
1.2 To avoid teachers	2.64	Sometimes
1.3 To quarrel with others and lose temper	2.92	Sometimes
1.4 To expect miracles so no one does not have to face difficulties	3.00	Sometimes
1.5 To expect others to solve the problem	2.94	Sometimes
1.6 To attribute to faith	2.69	Sometimes
Sub mean	2.86	Sometimes
2. Problem Solving		
2.1 To adopt different strategies to solve problem	3.30	Sometimes
2.2 To set up objectives to solve problems	3.23	Sometimes
2.3 To make plans, list priorities and solve stressful events	3.41	Sometimes
2.4 To find the meaning of stressful incidents	3.23	Sometimes
2.5 To employ past experience to solve problems	3.28	Sometimes
2.6 To have confidence in performing as well as senior schoolmates	3.26	Sometimes
Sub mean	3.28	Sometimes
3. Stay optimistic		
3.1 To keep an optimistic and positive attitude in dealing with everything in life	3.27	Sometimes
3.2 To see things objectively	3.09	Sometimes
3.3 To have confidence in overcoming difficulties	3.25	Sometimes
3.4 To cry, to feel moody, sad and helpless	2.91	Sometimes
Sub mean	3.13	Sometimes
4. Transference		
4.1 To feast and take a long sleep	3.39	Sometimes
4.2 To save time for sleep and maintain good health to face stress	3.25	Sometimes
4.3 To relax via TV, movies, a shower, or physical exercises (ball playing, jogging)	3.00	Sometimes
Sub mean	3.21	Sometimes

Legend: 1.00-1.50 = Never; 1,51-2.50 = occasionally; 2.51-3.50 = Sometimes; 3.51-4.50 = Often; 4.51-5.00 = Always

Table 6. Summary of participants' coping strategies

Coping Strategy	Sub Mean	VD	Rank
Avoidance	2.86	Sometimes	4th
Problem Solving	3.28	Sometimes	1st
Stay Optimistic	3.13	Sometimes	3rd
Transference	3.21	Sometimes	2nd
Over all Mean	3.12	Sometimes	5th

Legend: 1.00-1.50 =Never; 1,51-2.50 = occasionally; 2.51-3.50 = Sometimes; 3.51-4.50 = Often; 4.51-5.00 = Always

4.4. Is there a significant relationship between the participants' demographic profile and their stress level

Table 7. Test for significant relationship between demographic profile and the level of stress of the participants

Profile Variable	Computed	significance level	Interpretation	Decision
Gender	4.83	7.81	Not Significant	Accept Ho
Age	1.262	7.81	Not Significant	Accept Ho
Grade Level	2.43	5.99	Not Significant	Accept Ho
No.of Exposures	8.00	7.81	Significant	Reject Ho

Chi square test results as shown in Table 7 revealed that none of exposures is significantly related with the participants stress level. It seemed that the more and longer the participants are exposed to cancer patients the more stressed they are which could impact on their performance as student-nurses. On the other hand, no significant associations were established between gender, age and grade level and their stress level.

5. Conclusion and finding

This study provides valuable insights into the stress experiences of nursing students during clinical placements involving patients with advanced cancer. The findings indicate that students encounter a range of stressors, with academic pressures—particularly concerns about assignments, workloads, and fear of receiving poor grades—emerging as the most significant source of distress. While caring for seriously ill patients might be expected to be the primary stressor, participants actually reported less anxiety related to clinical knowledge gaps or unfamiliarity with diagnoses and treatments. Instead, interpersonal and institutional factors played a prominent role: students frequently expressed frustration over perceived lack of support, inconsistent guidance, or unfair evaluations from clinical instructors and nursing staff. Additionally, peer competition in both academic and clinical settings further compounded their stress. Overall, the average stress level was rated at 3.01 on a Likert-type scale, interpreted as "sometimes experienced", reflecting a consistent but manageable burden that nonetheless warrants attention.

In response to these challenges, nursing students demonstrated a strong inclination toward adaptive coping mechanisms. Problem-solving was consistently identified as the most commonly used strategy, suggesting that students actively seek practical solutions—such as seeking clarification, organizing tasks, or consulting peers and resources—rather than withdrawing from stressful situations. This proactive stance reflects a degree of emotional maturity and professional commitment, even amid uncertainty and pressure. In contrast, avoidance—a potentially maladaptive strategy—was the least utilized, indicating that students generally confront rather than evade difficulties. However, while their coping approaches appear resilient, they may still lack sufficient emotional or psychological scaffolding to process the profound existential and ethical dimensions of caring for dying patients. Without structured support systems, such as reflective debriefings or mental health resources, even effective coping strategies may become overwhelmed over time, potentially leading to burnout or compassion fatigue.

Interestingly, demographic variables—including age (predominantly 21–23 years), gender (57% female), academic year (53% in their third year), and frequency of clinical exposure (72% reporting fewer than five daily stress exposures)—did not show a clear or significant association with either stress intensity or coping

style preferences. This suggests that the nature of the stress and how students respond to it is shaped more by contextual and systemic factors within the clinical learning environment than by individual characteristics. In particular, the quality of mentorship, fairness in assessment, and availability of emotional support from faculty appear to be pivotal influences. Therefore, interventions aimed at reducing student stress should focus less on personal traits and more on improving the educational climate—through better supervision, transparent evaluation criteria, and integrated psychosocial support. By addressing these structural elements, nursing programs can foster a more supportive and sustainable training experience that prepares students not only clinically, but also emotionally, for the realities of end-of-life care.

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