

# CHAPTER 1

## PREDICTION OF THE COGNITIVE EMOTION REGULATION OF NURSING STUDENTS' ON CLINICAL STRESS

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### INTRODUCTION

The clinical training program on nursing education is a stressful process involving various stressors, such as unfamiliar clinical settings, feeling of inadequacy, lack of knowledge, experience, and confidence with decision making, concerns about malpractice, inadequate support of clinical instructors, and health professionals working in clinical areas <sup>1,2</sup>. Therefore, nursing students in clinical practice may experience stress at varying rates, in the range of 40.9% to 47.8% <sup>1,3,4</sup>. Nursing students face numerous problems caused by the characteristics of their age group, in addition to issues due to the dynamic relations between nursing schools and hospitals during the course of their education <sup>5</sup>. Previous reports have indicated that nursing students experienced stress and anxiety in clinical practice due to an unfamiliar setting, difficulties in adapting theoretical knowledge to the hospital system, anxiety about having insufficient theoretical and practical knowledge, lack of clinical experience, fear of malpractice and concern about harming patients, unclear expectations from nursing instructors, and communication problems with patients, their family members, and health professionals <sup>5-8</sup>. Clinical stress decreases the ability to cope with negative situations, self-esteem, and academic success, which induces problems in adaptation to clinical settings, and poses a risk of depression among nursing students <sup>9</sup>. Therefore, the development of effective coping strategies is essential to control anxiety and reduce clinical stress among nursing students <sup>10</sup>.

Cognitive units are known to develop before giving an emotional reaction to a situation <sup>11</sup>. Cognitions or cognitive processes may help in the management and

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structors, and professionals in the health care team, and tried to rationalize and normalize the situation. Previous reports also highlighted that nursing students who frequently used blaming others as a coping strategy suffered from high levels of clinical stress<sup>4,35-38</sup>.

## **LIMITATIONS**

Despite the many strengths of this study, it is limited by the use of random sampling, which may affect the generalizability of the study. Another limitation of this study is; The students participating in the study have gender inequality and the majority of participation is female students.

## **CONCLUSION**

Our findings led to the conclusion that nursing students who used positive emotion cognitive strategies experienced less clinical stress. In addition, male and high-grade students used positive cognitive emotion regulation methods more, and their levels of clinical stress were lower.

Considering our results, the development of education models to improve cognitive emotion regulation skills may help in relieving clinical stress among nursing students. Therefore, we recommend that cognitive emotion regulation courses should be integrated into the nursing curriculum. Further studies are necessary to examine the effect of cognitive emotion regulation skill training programs on the level of clinical stress in nursing students.

## **IMPLICATIONS FOR NURSING PRACTICE**

Nursing educators should be aware of the effect of cognitive emotion regulation status on the clinical stress level. Therefore, they should include theoretical and practical information about cognitive emotion regulation strategies in their courses to improve cognitive emotion regulation skill and reduce clinical stress.

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