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Stress, Coping Behaviors and Self-Esteem of Nursing Students in Vietnam



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Stress, Coping Behaviors and Self-Esteem of Nursing Students in Vietnam

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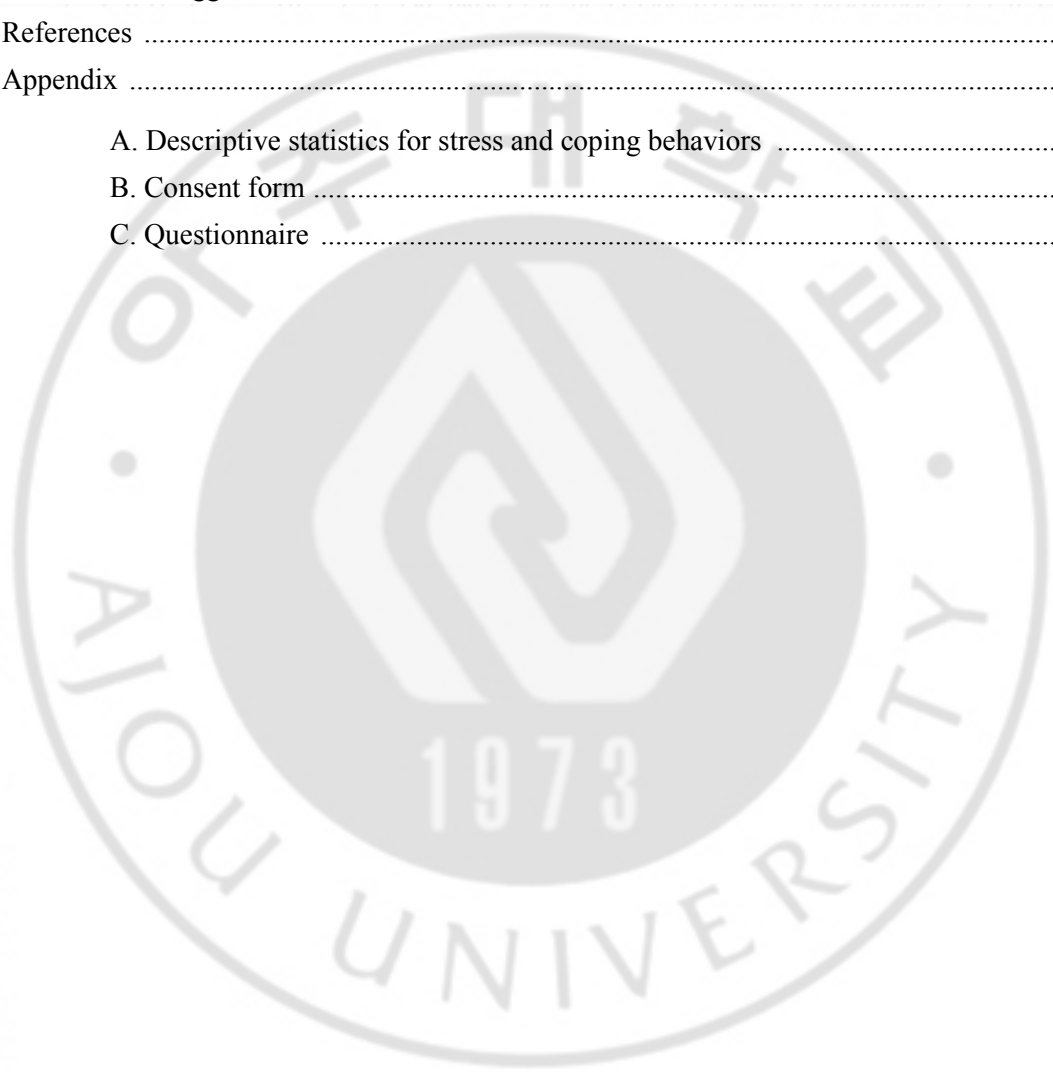
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Abstract

This study aims to examine the stress, coping behaviors and self-esteem of students in the two and four-year nursing programs in Vietnam related to clinical practice. It also identifies the correlation among these variables. In this cross-sectional correlation descriptive study design, two hundred and twenty seven Vietnamese nursing students completed the self-reporting questionnaires, which included the Perceived Stress Scale, the Coping Behavior Inventory and the Self-esteem Scale. The results show that the mean score of the perceived stress is 2.64 and also indicates that Vietnamese nursing students have the moderate level of stress. The most common factor of stress indicated is "assignment and workload", followed in the order by "taking care of patient", "clinical environment", "teachers and nursing staff", and "lack of professional knowledge and skill". Moreover, the four-year program was more stressful than the two-year program, with some high significant factors such as "taking care of patients", "the clinical environment", and "teacher-nursing staff". Among the common types of coping behaviors, staying optimistic was used most frequently, while avoidance was the least frequent one. Comparing the two groups, transference and avoidance were less frequently used in the two-year group than the four-year group. This study also exposed the mean score of the self-esteem of nursing students which was 16.81 and it was the moderate level as well. Especially, the self-esteem in the four-year program group was significantly higher than the two-year group. On the other hand, the outcome from testing correlation between these variables showed that stress was inversely related to self-esteem and positive coping behaviors. Stress also had a positive correlation with avoidance coping behaviors. In conclusion, this study provided the common stress factors which nursing students in Vietnam have to face in clinical practice and the frequent behaviors which they used to cope up with stress within the two nursing programs. It also gave information about the general self-esteem of Vietnamese nursing students. The results produced evidence for the obvious correlations between stress, coping behaviors, and self-esteem as well. This data will help nursing educators recognize their students' difficulties when they practice in clinical settings and also identify how to support students learn nursing skills more proficiently.

Key words: stress, coping behaviors, self-esteem, nursing student

Chapter 1. Introduction

Stress is indicated as one of the common causes of mental health problems and mental illness, which is predicted as the future burden of disease up till the year 2020 by the World Health Organization (2010). Among the many sources of stress from social events, life experiences, and adverse experiences, academic stress is the most prevalent stress factor for university students. They have to face long hours of study, lack of free time, the fear of failing, and stress can even come from a student's interaction or relationship with the teaching staff (Timmins and Kaliszer, 2002). Stress also has the potential to effect the students' academic performance or impede their learning (Ofori and Charlton, 2002; Timmins and Kaliszer, 2002). Therefore, the concept of stress is particularly important in education.

There were a variety of sufficient studies done and indicated that healthcare students experienced high levels of stress (Ofili et al., 2009; Ni et al., 2010; Tanakan et al., 2009). In previous studies, they all gave more evidence that nursing was indeed a stressful field (Bennett, et al., 2001; Jone & Johnston, 2000; Mc Vicar, 2003). Nursing students are likely to experience even more stress than their counterparts enrolled in other programs because nursing students contend not only with exams, grades, finance, long hours of studying as do most other students, but they also face the challenges of clinical practice (Chan et al, 2009; Luo and Wang, 2009).

Clinical practice has been identified as one of the most anxiety-producing components in nursing programs. However, clinical experience has always been an integral part of nursing education, and is simply part of the learning experience. It prepares nursing students to be able to apply their knowledge gained from education and translate it into real-world nursing practice. The lack of experience, the fear of making mistakes, the worrying about administering the wrong medication, and being concerned of all potential harm to patients were the common stress factors for nursing students related to clinical practice (Sharif & Maoumi, 2005).

The stress of nursing students was significantly high, but further suggested that nursing students were at risk of being susceptible to poor physical or mental health (Tully, 2004). Thus, stress in nursing students should be indentified in the educational process, then

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monitored and controlled because it is the highest risk factor for mental health problems. It can influence students' physical well-being, their academic performance, and even down to the patients to whom they will deliver health care (Oermann, 1998; Ni et al., 2010).

In Vietnam, some studies have also shown that all university-level students had academic stress. A report from the Students and Researches Conference at Da Nang Education University in 2010 indicated that 96% of students had symptoms of stress (Vo et al., 2010). Another survey by Vietnamese psychologists on 200 first-year students at Ho Chi Minh Education University, Economic University, and Dong Nai Education College (2008) showed that 54% of students expressed difficulties with living in a new environment, while 60% displayed anxiety, and 22% experienced a sleeping disorder (Nguyen & Nguyen, 2009). These problems were all identified as issues caused by stress. However, there are insufficient surveys and data about the stress of Vietnamese healthcare students, especially students whom are specifically studying nursing. Meanwhile, stress in nursing was identified in some research in other parts of Asia, such as Japan, Taiwan, China, or even in Nigeria.

Additionally, the field of nursing education in Vietnam has been developing rapidly in recent years, so a complete understanding of the academic dynamics on the student's life has yet to mature. A multitude of nursing institutions have been newly established, and this career path is now the most chosen among Vietnamese high school students. Nursing schools enroll 50 to 600 new students annually, depending on the individual school's capacity, based on an annual report by the Vietnamese Nursing Association. According to the statistical data of healthcare resource in 2009, there were 40,930 Vietnamese nursing students in training at various levels of nursing. These students are a huge and vital resource for the Vietnam's expanding health care system. Therefore, the understanding and control of stress of nursing students in Vietnam is important for the development of not only Vietnamese nursing students but also the entire Vietnamese health care system.

Reducing stress effectively depends on the methods that are employed to offset the natural amount of stress that nursing students will encounter. Among these things, coping behaviors and self-esteem are the issues which many researchers were aware of. Coping behaviors are considered to be the moderator between stress and adaptation of an outcome. It can alter the stress level, positively or negatively, depending on the coping method used.

Students who tend to use problem-solving methods of coping experienced lower stress than those who tend to use other coping behaviors (Tully, 2004). Other research examined stress from each stress factor and matched with coping styles. The results showed that students who were more likely to use problem solving as a means of relieving stress perceived a low stress when they take care of the patients, and who perceived a high stress from teacher and nursing staff were more frequently used an avoidance behavior (Chan et al., 2009). Self-esteem also needed to be examined because it is considered an important moderator for identifying stress. The lower self-esteem does indeed not only lead to higher stress levels, but also related to avoidance of coping resulting in depressive moods (Edward et al., 2010; Martyn-Nemeth et al., 2009). Otherwise, higher self-esteem generally results in a lower rate of burn-out, which is a way of exposing significant stress, and that good self-esteem typically equates to better coping skills than those with lower levels of self-esteem (Carson et al., 2007).

In summary, Vietnamese nursing has blossomed in recent years. Nursing students are the best kind of human resource participating in this development. However, the evidences about their difficulties that can affect their health and study have been lacking especially their stress and issues related to stress such as coping behaviors and self-esteem. Thus, this study examined level of stress, possible coping behaviors, and the perceived self-esteem of Vietnamese nursing students in clinical practice based on the two types of nursing programs, which are the prevelant method of training Vietnamese nurses nowadays. An objective was also to review the association among the above mentioned variables. The conclusion will give the basic data for an experimental study for Vietnamese nursing students to control stress, allowing an increased satisfaction with nursing study, and to possess the ability to provide higher quality of care for patients.

1.1. Purpose of Study

This study examines stress, coping behaviors, and self-esteem of Vietnamese nursing students related to clinical practice and also identifies any association between these variables. The specific objectives are as follows:

1. To describe stress, coping behaviors, and self-esteem

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2. To compare stress, coping behaviors, and self-esteem between two program groups of nursing students.
3. To examine the association among stress, coping behaviors and self-esteem

1.2. Definition of Terms

1.2.1. Stress.

Stress is defined as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his/ her resources and endangering his/her well-being” (Lazarus and Folkman, 1984). The operational definition of stress level was evaluated by Perceived Stress Scale (PSS) of Sheu et al. (1997) with 29 items using 5-Likert Scale. A higher score indicates higher stress level.

1.2.2. Coping Behaviors.

Coping is defined as “the cognitive and behavioral efforts made to master, tolerate or reduce external and internal demands and conflicts among them. Such coping efforts serve two main functions: the management or alteration of the stress (problem focused coping) and the regulation of stressful emotions (emotion focused coping)” (Lazarus and Folkman, 1984). In this study, coping behaviors were examined by Coping Behaviors Inventory (CBI) of Sheu et al. (1992) with 19 items including 4 subscales using 5-Likert Scale. Each subscale is scored separately. A higher score means a more frequent use of the coping behavior.

1.2.3. Self-esteem.

Self-esteem is considered as how “individuals respect themselves, consider themselves worthy, recognize their limitation and expect over time to grow and improve” by Rosenberg (1965). It was measured by Self-esteem Assessment Scale (SES) developed by Rosenberg (1965) as the operational definition of self-esteem. It contains 10 questions with a score ranging from 0 to 30. A higher score indicates a higher level of one’s self-esteem.

Chapter 2. Literature Review

2.1. Stress

Stress is: “an adaptive response, mediated by individual differences and/or psychological processes that is a consequence of any external (environmental) action, situation or event that places excessive psychological and/or physical demands on a person” (Ivancevich and Matteson, 1990). Based on the literature about stress in various populations, the symptoms of stress can be categorized. There are three types of symptoms: physical symptoms such as increased heart rate, high blood pressure, headache, and ulcers; psychological symptoms such as anxiety, low self respect, and anger; as well as behavioral symptoms such as smoking, weight loss, and drug abuse (Schuler, 1980).

In addition, stress arises from an interaction between an individual and the environment, when the individual interprets stimuli as damaging, threatening, or challenging (Scott et al., 1980). Stress does not always have negative effects, as it can certainly be interpreted by an individual into a positive effect. According to Lazarus and Folkman’s Transactional model of stress (1984), the primary appraisal refers to the initial perception about stress factors and whether it is judged to be positive (leading to eustress) or negative (leading to distress). It means that stressful situations can simultaneously be both experiences of eustress and distress. For example, experienced learning and patient-care opportunities are important sources of eustress. But if students cannot deal with these stress factors, they can fall into distress. One another kind of categorized stress, the perceived stress of nursing students, who went through a 3-year nursing program and reported that the transient level of stress was greater for nursing students in their second year than in their first year (Lo, 2002). During the second year of nursing training, the students were much more engaged in clinical practices in health facilities, thus it might be possible that they experienced transient stress more as compared to their first year of nursing.

In general, common sources of stress are from social events (relationship conflict, peer pressure, marriage, divorce, etc), life experience (unemployment, illness, finance, career/work, academic stress) or adverse experience (sexual abuse, death). However, in a student population, academic stress is the prevalent cause of stress. The academic stress factors can be fear of failing, long hours of study, lack of free time, academic ability,

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assignments, and pressure to earn high grades (Timmins and Kaliszer, 2002; Chan et al., 2009; Ni et al., 2010). Other external stress factors can be the lecturers' ineffective response to students' needs, poor relationships with the teaching staff, and lack of timely feedback (Kirkland, 1998; Evans and Kelly, 2004). Otherwise, some research indicated that stress can also affect one's physiological and psychological health (Ofori and Charlton, 2002; Timmins and Kaliszer, 2002). Therefore, stress is particularly important in education because it has the potential to impede human learning or a student's academic performance.

Nurses train for their potential careers both theoretically in the classroom, and practically in clinical settings. Nursing students must first observe a wide range of specialized departments before they can choose their own specialization and progress beyond the first stage of learning. Clinical examination and responsibilities can cause stress in the workplace. The students' work is done closely with established staff, but participating in a hectic environment means these relationships are not always stable or even evident. If supervisors are overly busy, this creates a greater burden and strain on the students to compensate for the understaffing. It is the nature of accurate clinical exposure but it is an important learning stage for nursing students. This clinical practice is vital for the full preparation and development of potential nurses. When embarking on training, measures must be taken to ensure the correct people are progressing and filling the incessant employment vacancies, and this stressed environment can filter out low-quality students. The clinical experience exposes the students to the environment they will be working in when, and if, they are fully qualified. Clinical practice becomes a primary launching point for nursing student to be more stressful (Chan et al, 2009; Luo and Wang, 2009).

In a qualitative study which describes nursing students' experiences in clinical practice, factors such as "initial clinical anxiety", "theory-practice gap", "clinical supervision", and "professional role" were considered as important in clinical experiences (Sharif & Masoumi, 2005). Most students had reported that they felt anxious in their initial clinical placement. Worrying about giving the wrong information to the patient was one of the main issues brought up by new students. Alternatively, almost all fourth year students felt that their stress was reduced as their training and experience progressed. The majority of students expressed disappointment about the lack of integration between theories from the

classroom and the realities of clinical practice. An interesting finding was that the students mostly mentioned their instructors' roles seemed to focus more on evaluating a student than actually instructing them. Some students were expecting to be guided and then evaluated, but they felt they received only the bare minimum of guidance. Nursing students' awareness that nursing is a professional occupation is an important aspect for developing a solid career. However, students often thought that the work they performed in the clinics was "not really professional nursing". They were confused by the large discrepancy between what they had learned in classes and what was expected of them in real practice. The role of the professional nurse and nursing auxiliaries was another issue discussed by one of the students: "The role of auxiliaries such as registered practice nurse and Nurses Aids are the same as the role of professional nurse. We spend four years and we have learned that nursing is a professional job and it requires training and skills and knowledge, but when we see that Nurses Aids are doing the same things, it can not be considered a professional job".

Another quantitative research mentioned this issue as well. Stress in the clinical setting can be from lack of professional knowledge and practical skills, assignments and workload, taking care of patients (such as working with dying patients, interpersonal problems with patients and relatives), negative attitudes of ward staff, misunderstanding of supernumerary status, and self-directed learning (Hamill, 1995; Chan et al., 2009; Snape and Cavanagh, 1995). At every tier of study, the student received different stressful situations (Hamill, 1995). If stress factors are indicated clearly for each student group, interventions to reduce stress and increase satisfied learning of nursing will be more effective. Therefore, stress ought to be addressed by the nursing programs because these problems were significant concerns extracted directly from nursing students.

2.2. Coping Behaviors

People generally have limited control over the stress factors that they are exposed to. The solution is to cope effectively with the stress factors that are beyond their control and to avoid any unnecessary stress factors. Coping methods are inherently intertwined with stress. Coping with stress is a person's effort to anticipate and respond to challenges that any particular stress factor will present. When presented with stress, everyone will have to choose a coping behavior, whether or not they are aware of it. For example, being unable to

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cope with stress prevents nurses from solving patients' problems effectively (Lambert et al., 2004) if they allow the stress to overcome them. The type of coping behaviors used were strong predictors of nurses' well-being, psychological distress, job satisfaction, and professional efficacy (Payne, 2001; Wu et al., 2007)

Lazarus and Folkman (1984) identified two types of coping as problem-based and emotion-based. Trained staff showed more use of problem-focused ways of coping, whilst students relied more on emotion-focused strategies to deal with stressful situations (Lee and Ellis, 1990). Based on these two kinds of coping behaviors, another study further extracted four categories from the students' answers of open-ended questions that asked how they coped with certain stressful events (Lo, 2002). Three of the categories representing problem-focused coping were known as problem solving, recreation or sport, and social support. The last category was tension reduction representing emotion-based coping. There were a few examples given by these students about their problem solving. When an assignment was due, instead of delaying the assignment, the student made an effort to do a search in the library for the topic at hand or spoke to the lecturer for guidance. Realistic goals, such as making daily timetable for studying, were set and followed. They also practiced recreation or sport related activities such as gardening, playing with pets, listening to music, and playing sports. These activities allow the body and mind to focus on something other than the stress factor, allowing for a temporary break away from that stress factor. Social support and help could be sought from the family, spouse/partner, classmate, and tutors. Tension reduction techniques were used such as smoking, drinking, and contemplation. These emotion-based methods helped a person escape their stress factors for a brief period of time, but they did not resolve any problems and no long-term solution were achieved. Therefore, emotion-based coping lead to a repeating loop of coping that continued indefinitely with no tangible benefit. It even led to a poor performance, low self-esteem, and possibly be detrimental to the whole nursing body. On the contrary, problem based coping had beneficial effects not only on clinical and professional performance, but also it was good for physical and mental health (Chang, 2006).

Other researchers divided coping behaviors into two varieties, which are passive coping and active coping. Passive coping, or avoidance coping, can moderate and/or mediate the effects of stress on mental health (Lambert et al., 2004; Zhao, 2006; Liu and Jia, 2008; Ni et al, 2010), and was also the strongest predictor of burn out (Gibbons, 2010). Passive coping such as yielding and helplessness had the negative relationship with job satisfaction of nurses. Otherwise, active coping which was described as being self-confident and having an optimistic approach was positively with job satisfaction. Crying was also an ineffective coping behavior mostly used by nurses who reported low job satisfaction (Golbasi et al., 2008).

However, no single coping behavior is considered as the superior option for all situations. Each situation presents unique difficulties that require unique solutions, so one coping behavior may be the most effective in one situation and be the least effective in some other situation. The efficiency of a coping behavior is determined only by its effects in a given encounter. Coping behaviors are also more effective when they are used for a long time as familiarity with the behavior can increase its efficiency. These researchers gave the conclusion that effective coping behaviors should be of concern to nursing administrators because these behaviors can affect the well-being of students as well as their engagement to the field of nursing.

2.3. Self-Esteem

Self-esteem is the evaluation of oneself to obtain a sense of one's self-worth. Self-esteem encompasses what is believed in (for example, "I am competent") and emotions such as triumph, despair, pride and shame. Self-esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer, and I feel proud of that in particular") or have global extent (for example, "I believe I am a good person, and I feel proud of myself in general"). Implicit self-esteem refers to a person's disposition to evaluate by themselves positively or negatively in a spontaneous, automatic, or unconscious manner. It contrasts with explicit self-esteem, which entails more conscious and reflective self-evaluation. Both explicit self-esteem and implicit self-esteem are subtypes of self-esteem. According to Rosenberg (1965), self-esteem means that individuals respect themselves, consider themselves worthy, recognize their limitations, and they expect over time to grow and

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improve. It does not necessarily mean that an individual consider themselves better than the others, but they definitely do not consider themselves to be worse than others.

Self-esteem is a universal need for every human being and is a key component in maintaining and even improving mental and physical health. Low self-esteem can affect a person's well-being, resulting in unhappiness, withdrawal, or nervousness etc (Epstein, 1979). It was also negatively related to avoidant coping, depressive moods, anxiety and unhealthy eating behaviors (Martyn- Nemeth et al., 2009; Suliman and Halabi, 2007).

Self-esteem is important to nurses and nursing students as well because it is inextricably linked to the nurse's ability to communicate, and it enhances the potential for success. A high level of self-esteem in a nurse develops a strong and therapeutic relationship with patients (Ohlen and Segesten, 1998). Individuals with high self-esteem can more comfortably establish communication out in the society and also be able to use their professional knowledge and skills more effectively (Karagozoglu et al., 2008). An important finding is that university students who have low self-esteem will clearly display negative professional attitudes and behaviors after they graduate. The self-esteem according to the students' current area of study which included nursing students, midwifery, elementary mathematics teaching, classroom teaching, social sciences teaching, was examined and found that nursing students had the highest scores (Ohlen and Segesten, 1998). In addition, his study indicated that students who had nuclear families, or students whose families were compassionate towards them, had higher self-esteem and assertiveness than the other students. The students who described themselves to be assertive had a higher level of self-esteem than those who described themselves as shy or aggressive. Furthermore, self-esteem is indispensable in personal relationships and in daily life, as it plays an important role in situations which require making significant choices, such as deciding on a career or where to work. Because a nurse who has high self-esteem can pursue a job of her/his choice, and if satisfied with the job, she or he has a very low risk of burn-out and is able to provide quality nursing service for all their patients (Cho and Lee, 2006). Another research also showed that a nursing staff with low-esteem was more likely to eventually leave nursing altogether (Lee and Ellis, 1990). In comparison, nurses with higher levels of self-esteem would have a lower rate of burn-out and possess better coping skills than those with lower levels of self-esteem

(Carson et al., 2007). However, very few researches have studied the self-esteem of just nursing students in clinical practice, instead focusing only on full-fledged nurses. Nursing students are the precursor to actual nurses, so understanding the self-esteem of nursing students, and to increase it through training is necessary to establish a quality source of nurses.

2.4. The Associations among Stress, Coping Behaviors, and Self-Esteem

A variety of research works were referenced to examine the correlation among stress and coping behaviors. Students reporting lower level of stress tended to use more appropriate problem-solving methods of coping such as talking to others, getting help, seeking advise and following it, and changing things so that the situation may improve. On the contrary, students reporting high stress levels used emotion-based coping methods such as comfort eating, drinking, smoking or taking medications, or simply blocking the problem out of their minds (Tully, 2004; Lo, 2002). Another research also mentioned a correlation between stress and coping by asking 107 nurses to rate their occupational stress and the associated coping behaviors such as problem solving, social support, and avoidance (Tyson et al., 2002). Avoidance, which involves either physical or psychological withdrawal through distraction or fantasy, was positively correlated with stress that derives from dealing with patients, organizational stress, and workload. Social support was also based on the organization where the nurses work. Meanwhile, problem solving such as defining goals, planning and searching for alternative solutions was negatively related with dealing with patients. Regardless of the level of stress, an optimistic attitude and problem solving behaviors enabled students to deal with stress more effectively than those that did otherwise (Sheu et al., 2002). Nursing students who were more likely to use problem solving as a means of relieving stress reported that they perceived lower stress from taking care of patients. They also gave information about students who more frequently used an avoidance behavior reported higher stress from teacher and nursing staff (Chan et al., 2009). Overall, the positive coping behaviors can help students reduce stress, while the negative coping behaviors can do the other way.

Stress and self-esteem have been linked together in prior research. In 1984, Lazarus and Folkman showed that self-esteem was considered to be the important predictor for identifying stress. A negative correlation between self-esteem and stress was showed in a

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variety of studies that students with high self-esteem are less stressed than are those with low self-esteem (Edwards et al., 2010; Abouserie, 1994). In another study, results showed the relationship between stress and self-esteem was strong and clear but it remained unclear whether higher levels of stress lead to reduced esteem, or whether the pattern works in the opposite direction (Hudd et al., 2000).

There were some researchers who were interested in finding the correlations between stress, coping behaviors and self-esteem. In Chicago, these relationships were examined on adolescents and found that increased stress was correlated with low self-esteem and avoidant coping, while low self-esteem was associated with avoidant coping (Martyn-Nemeth et al., 2009). A research which investigated these variables of undergraduate nursing students in Australia also showed the same results (Lo, 2002). In the Asian countries, typically China, consistent outcomes were discovered on nursing students (Ni et al., 2010). Especially, a study investigated 743 Japanese and 309 Australian university students to find out the differences of these issues between two cultures and also identify the correlations between them. The results of the correlations were not changed between the two cultural groups, and were alike to above studies (Radford et al., 1993). The results, which indicated that stress had positive correlation with negative coping behaviors and negatively related with positive coping and self-esteem, were affirm consistent even though those studies were done in various continents with different kind of population.

Literature review provided the knowledge of stress, coping behaviors, self-esteem, and the correlations between them. The researchers identified that stress of nursing students was of high level and evaluated when they were in clinical practice. The common stress factors which nursing students experienced or will face when they become an actual nurse were described as well. Coping behaviors and self-esteem were the two parts, which usually were investigated along with stress. Therefore, the correlations among these three issues were also attractive to many researchers. However, it was hard to find studies which discussed about stress, coping behaviors, self-esteem and their correlations on nursing students in Vietnam related to clinical practice.

Chapter 3. Method

3.1. Research Design and Sample

The cross-sectional correlation descriptive study design was used. It was conducted at the Medical and Pharmacy University in Ho Chi Minh City, Vietnam. The eligible participants were nursing students who have not worked as a nurse but have experience in clinical practice during different study programs of the two educational levels (3rd and 4th year students of four-year program, 1st and 2nd year students of two-year program). Two hundred and twenty seven nursing students were selected, representing each grade of each level, and the questionnaires were completely filled in. Based on this number of sample, the power of this study was determined by using GPower 1.2.3 program. The effect size was calculated based on correlation coefficient between stress, coping behaviors and self-esteem. A two-tailed test with an alpha 0.05, sample size with 227 subjects, and the above mentioned effect size were used to calculate the power of this study. The power of this study was ranged from 0.76 to 0.99.

3.2. Translation and the Pilot Study

This research consisted of three instruments in the questionnaire: (1) Perceived Stress Scale (Sheu et al, 1997), (2) Coping Behavior Inventory (Sheu et al, 2002), (3) Self-esteem Scale (Rosenberg, 1965), and additional questions about general characteristics. All of the instruments were translated from English to Vietnamese, and then they were translated back from the Vietnamese version to English by two fluently bilingual nurses. After comparing original ones with the two English versions, the instruments with Vietnamese language were finally revised. The instruments were used after being tested on a small pilot study of 22 participants, in order to gauge the instruments' reliability and validity, based on the given responses. Reliability of these instruments in this pilot study was tested by Cronbach's alpha and had the results including 0.87 for PSS, 0.68 for CBI, and 0.63 for SES. Participants also reported no problem to understand the questionnaire.

3.3. Instruments

3.3.1. The Perceived Stress Scale (PSS) was used to examine nursing students' stress level and types of stress factors. This instrument was developed by Sheu et al. (1997). It is a 5-Likert scale that scores from 0 to 4, consisting of 29 items grouped into six factors labeled as follows: stress from taking care of patients (8 items), stress from teachers and nursing staff (6 items), stress from assignments and workload (5 items), stress from peers and daily life (4 items), stress from lack of professional knowledge and skills (3 items), and stress from clinical environment (3 items). Both the total score and individual subscale score were measured. A higher score indicates higher level of stress. Reliability was tested in some studies (Sheu et al, 2002; Chan et al., 2009) and Cronbach's alpha in this study was scored as 0.86.

3.3.2. Coping Behavior Inventory (CBI) was developed from Sheu et al. (2002), which was used to identify nursing students' various coping behaviors. It consists of 19 items divided into four types of coping: avoidance behaviors (efforts to avoid the stressful situation; 6 items), problem-solving behaviors (efforts to manage or change the stress arising out of stressful situations; 6 items), optimistic coping behaviors (efforts to keep a positive attitude toward the stressful situation; 4 items), and transference behaviors (efforts to transfer one's attention from the stressful situation to other things; 3 items). Each item is rated for frequency and effect on a 5-Likert scale, scored from 0 to 4. Higher scores for each factor indicate more frequent use and greater effectiveness of a certain type of coping behavior. Chan (2008) and Sheu et al. (2002) reported the reliability of this instrument as well and this study found reliability with Cronbach's alpha 0.71.

3.3.3. Self-Esteem Scale (SES) was used to measure a participant's general sense of self-worth and self-acceptance. It consists of 10 statements. Each of the statements score on a four-point scale from 0 (strongly agree) to 3 (strongly disagree). A higher score equated to a higher level of self-esteem. The advantage of this scale was that it had been extensively used in many studies (Gan & Jin, 2008; Begley & White, 2003; Hughes et al., 2003; Buddington, 2002). In this study, this scale found that internal consistency measured by Cronbach's alpha was 0.66.

General characteristics were added in questionnaire. It includes 11 questions about the participants' grades, gender, religion, financial status, part-time jobs, study time, result of study, physical exercise, interest in nursing, living with friends/family/alone and an evaluation about the importance of clinical nurses in the recovery of the patient.

3.4. Data Collection

After contacting the institute, researcher asked the assistance of four course instructors to give explanation about the study to the participants. Eligible participants who were willing to participate in the study filled in the questionnaires and 95% of the participants returned the questionnaire back to the researcher. Data was collected in the last two months of the school year (June 1st to July 20th, 2010), allowing the students to reflect upon their overall experience of clinical practice.

3.5. Data Analysis

The data was entered into a database using Statistical Package for the Social Science (SPSS version 17.0). Descriptive statistics will be used for describing general characteristics, stress, coping behaviors, and self-esteem. Comparison of the two groups of Vietnamese nursing students was examined by using Chi-square for general characteristic and independent t-test for stress, coping behaviors, and self-esteem. Pearson correlation was computed to determine the relationship between stress level, coping behaviors and self-esteem. Cronbach's alpha was used to identify the reliability of instruments.

Chapter 4. Results

4.1. General Characteristics

Most of Vietnamese nursing students were female, accounting for 88.1% of the sample. More than half of the students claimed they held no specific religious belief system (53.3%), while the largest religious group was represented by Buddhism (23.3%), and the remaining responses (23.4%) included Catholicism, Christianity, and Cao Dai, a localized religion in Vietnam. About 48.9% of the respondents have an average financial status; almost 30% of the respondents have a low financial status whereas 21.1% of the participants have high financial status. A vast majority of students had no jobs (79.7%), allowing significant time for self-study (95.2%). Almost, 50.2% of the students said that they did not perform physical exercises. Students living with their family were more often reported (56.4%) than those living with friends (41.4%). Students living alone were reported the least (2.2%). More than two-thirds of nursing students said they had an interest in the nursing. About 60% of the students achieved moderate study grades, while the remaining 40% reported good level of results. When they were asked to evaluate the importance of clinical nurse in the recovery of patients, almost all of the students responded it to be from Important to Very Important. Only a single student said it was Unimportant.

Comparing the general characteristics between the two groups of nursing students (two-year program and four-year program); this study found that there were three statistical significant differences. These were family financial status ($\chi^2 = 30.20, p < .001$), nursing interest ($\chi^2 = 36.37, p < .001$), and their perception about the importance of clinical nurse in the recovery of patients ($\chi^2 = 6.46, p = .04$). Four-year program students (32.6% were of higher status and 11.6% were of lower status) had higher overall status than students in a two-year program (12.9% of higher status and 43.2% of lower status). The two-year program group was more interested in nursing than four-year program group (92.4% of the two-year program group expressed interest, compared to just 57.9% in the four-year group). The two-year group also evaluated the importance of clinical nurse in the recovery of patients as more significant factor than the other group (68.9% versus 53.7%) (Table 1).

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Table 1

General Characteristics of Vietnamese Nursing Students according to 2 Nursing Programs

General characteristics		Total (N = 227) n (%)	2-year (n = 132) n (%)	4-year (n = 95) n (%)	χ^2	p
Gender	Male	27 (11.9)	13 (9.8)	14 (14.7)	0.84	.360
	Female	200 (88.1)	119 (90.2)	81 (85.3)		
Religion	Buddhism	53 (23.3)	25 (18.9)	28 (29.5)	4.72	.094
	Others	53 (23.4)	36 (27.3)	17 (17.9)		
	No	121 (53.3)	71 (53.8)	50 (52.6)		
Family economic	High	48 (21.1)	17 (12.9)	31 (32.6)	30.20	.000
	Average	111 (48.9)	58 (43.9)	53 (55.8)		
	Low	68 (30.0)	57 (43.2)	11 (11.6)		
Part-time job	Yes	46 (20.3)	24 (18.2)	22 (23.2)	0.57	.452
	No	181 (79.7)	108 (81.8)	73 (76.8)		
Living with	Family	128 (56.4)	82 (62.2)	46 (48.4)	4.41	.110
	Friend	94 (41.4)	47 (35.7)	47 (49.5)		
	Alone	5 (2.2)	3 (2.3)	2 (2.1)		
Self-study time	Yes	216 (95.2)	124 (93.3)	92 (96.8)	0.48	.489
	No	11 (4.8)	8 (6.1)	3 (3.2)		
Physical exercises	Yes	113 (49.8)	73 (55.3)	40 (42.1)	3.34	.068
	No	114 (50.2)	59 (44.7)	55 (57.9)		
Nursing interest	Yes	177 (78.0)	122 (92.4)	55 (57.9)	36.37	.000
	No	50 (22.0)	10 (7.6)	40 (42.1)		
Clinical nurse'role	Very important	142 (62.6)	91 (68.9)	51 (53.7)	6.46	.040
	Important	84 (37.0)	41 (31.1)	43 (45.3)		
	Unimportant	1 (0.4)	0 (0.0)	1 (1.1)		
Study's result	Good	91 (40.0)	47 (35.6)	44 (46.4)	2.21	.137
	Medium	136 (60.0)	85 (64.4)	51 (43.7)		

4.2. Stress

The scores of each subscale and the total scores of stress were transformed to a range of 0~4 point scores because the number of items in each stressful factor was different. The degree of stress that nursing students perceived in clinical practicum was expressed by a mean of 2.64 and standard deviation of 0.54. The most common stress factor was from assignment and workload ($M = 2.60, SD = 0.64$), followed by stress from taking care of patients ($M = 2.32, SD = 0.61$), followed by the clinical environment ($M = 2.21, SD = 0.71$), then teachers and nursing staff ($M = 2.60, SD = 0.64$) (Table 2). The stress factors from, “peers and daily life” ($M = 1.82, SD = 0.66$) and “lack of professional knowledge and skill” ($M = 1.70, SD = 0.73$) were reported with low scores, which meant that students had lower stress rate. The three stressful events most commonly encountered by nursing students were “seeing a discrepancy between theory and practice” ($M = 3.03, SD = 0.93$), “worry about poor grades” ($M = 2.95, SD = 0.95$), and “feelings that performance does not meet teacher’s expectations” ($M = 2.91, SD = 0.88$) (Table A1).

The differences between the two programs of nursing were found to be statistically significant for the three factors of stress, such as “taking care of patient” ($t = -1.98, p = .049$), “clinical environment” ($t = -2.40, p = .017$), and “teachers and nursing staff” ($t = -4.50, p < .01$). Four-year program students had higher stress than two-year program for the three stress factor when we compared mean of stress according to 2 groups of students (Table 2).

Table 2

Differences of Stress Level according to Two Nursing Programs

Variable	Total	2-year	4-year	<i>t</i>	<i>p</i>
	(<i>N</i> =227)	(<i>n</i> =132)	(<i>n</i> =95)		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>		
Assignment and workload	2.60 (0.64)	2.59 (0.64)	2.62 (0.64)	-0.35	.725
Taking care of patient	2.32 (0.61)	2.25 (0.58)	2.41 (0.63)	-1.98	.049
Clinical environment	2.21 (0.71)	2.11 (0.72)	2.34 (0.68)	-2.40	.017
Teachers and nursing staff	2.13 (0.65)	1.97 (0.59)	2.35 (0.66)	-4.50	.000
Peers and daily life	1.82 (0.66)	1.81 (0.67)	1.84 (0.66)	-0.32	.753
Lack of professional knowledge and skill	1.70 (0.73)	1.74 (0.72)	1.64 (0.75)	1.06	.290
Total stress score	2.64 (0.54)	2.57 (0.52)	2.74 (0.55)	-2.41	.017

4.3. Coping Behaviors

For the same reason with the stress scale, the scores of four types of coping behaviors were transformed to score range of 0~4. The result of this study showed that “staying optimistic” was the most frequent coping behavior that nursing students used in clinical practice ($M = 2.57$, $SD = 0.66$). The second most frequently used behavior was “problem solving” ($M = 2.26$, $SD = 0.61$), followed by “transference” ($M = 0.93$, $SD = 0.65$). The least frequently used behavior was “avoidance” ($M = 0.93$, $SD = 0.65$) (table 3). This type of coping has a big gap of score from others. Examining all of items, the three most common types of coping behaviors used by students were “not usually to cry, feel moody, sad or helpless” ($M = 2.83$, $SD = 1.05$), followed by positive attitude in dealing ($M = 2.64$, $SD = 0.94$), and “adopting different strategies to solve problems” ($M = 2.63$, $SD = 0.85$) (Table A2).

Using independent t-test, “transference” and “avoidance” were found to be significantly different for the two-year program and the four-year program ($t = -3.08$, $p = .002$ and $t = -2.23$, $p = .027$). Both of these types were used more frequently in the four-year group than the two-year group (Table 3).

Table 3

Differences of Self-Esteem and Coping Behaviors according to Two Nursing Programs

Variables	Total	2-year	4-year	<i>t</i>	<i>p</i>
	(<i>N</i> = 227) <i>M</i> (<i>SD</i>)	(<i>n</i> = 132) <i>M</i> (<i>SD</i>)	(<i>n</i> = 95) <i>M</i> (<i>SD</i>)		
Self-esteem	16.81 (3.22)	16.22 (3.01)	17.62 (3.33)	-3.31	.001
Coping behaviors					
Staying optimistic	2.57 (0.66)	2.60 (2.54)	0.54 (0.73)	0.73	.464
Problem solving	2.26 (0.61)	2.19 (0.61)	2.35 (0.61)	-1.96	.051
Transference	2.18 (0.74)	2.05 (0.71)	2.35 (0.75)	-3.08	.002
Avoidance	0.93 (0.65)	0.84 (0.65)	1.04 (0.64)	-2.23	.027

4.4. Self-Esteem

Self-esteem of nursing students ranged from 7 to 28 ($M = 16.81$, $SD = 3.22$). Four-year program and two-year program were significantly different ($t = -3.31$, $p = .001$). Four-year program had ($M = 17.62$, $SD = 3.33$) higher self-esteem than the two-year program ($M = 16.22$, $SD = 3.01$) (Table 3).

4.5. Associations among Stress, Coping Behaviors, and Self-Esteem

There were relationships between stress and self-esteem ($p = .008$), stress and optimistic behavior ($p = .003$), and stress and avoidance behavior ($p < .001$). Stress was negatively related to optimistic behavior ($r = -.20$) and self-esteem ($r = -.18$); positively related to avoidance behavior ($r = .27$).

Self-esteem had associations with all 4 types of coping behaviors such as transference ($p = .022$), optimistic ($p < .001$), problem solving ($p < .001$), avoidance ($p < .001$). Positive associations were indicated in pairs between self-esteem with transference ($r = .15$), optimistic ($r = .38$), and problem solving ($r = .35$). Negative association was between self-esteem and avoidance coping behaviors ($r = -.28$).

There were also relationships among types of coping behaviors. Transference associated with optimistic ($p = .005$), problem solving ($p = .001$). Both of these 2 associations were positive. Optimistic positively related to problem solving ($r = .48$, p

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< .001) and negatively related to avoidance ($r = -.22, p = .001$). Problem solving negatively related to avoidance ($r = -.13, p = .049$).

Table 4

Associations between Stress, Coping Behaviors (CB), and Self-Esteem (SE)

		CB1	CB2	CB3	CB4	SE
	Stress level	Transference	Optimistic	P- solving	Avoidance	level
	$r(p)$	$r(p)$	$r(p)$	$r(p)$	$r(p)$	$r(p)$
Stress level	1					
Transference	.11 (.097)	1				
Optimistic	-.20 (.003)	.19 (.005)	1			
P- solving	-.06 (.413)	.22 (.001)	.48 (.000)	1		
Avoidance	.27 (.000)	.07 (.291)	-.22 (.001)	-.13 (.049)	1	
SE level	-.18 (.008)	.15 (.022)	.38 (.000)	.35 (.000)	-.28 (.000)	1

Note. P-solving = problem solving

Chapter 5. Discussion

A high percentage of Vietnamese nursing students reported living with their families, which is a good condition for them because their family offer the most support to nursing students that are seeking to reduce stress, as indicated in research by Lo (2002). However, this study also indicated that more than half of nursing students lacked any physical exercise, which is known to effectively reduce stress. In the research of Sharon et al. (2006) about the healthiness of nursing students, the result showed that 81% of nursing students either never or only sometimes achieve the recommended level of exercise as well. Students should have good habits for physical health, as it reduces their own stress, but also because they will be the model that patients will follow. This lack of exercise needs to be alerted to educators in the health care system because of the influence that exercise has on their students, which will then affect the patients.

In comparing general characteristics between students in the two- and four-year programs, there was a significant difference in nursing interest. Students of two-year programs were more interested in nursing than were those of four-year programs. Four-year programs are new in Vietnam, being introduced in the middle of 1990s. There were only a few nursing schools in Vietnam that offered that level of nursing education. Most Vietnamese nurses who are working in clinical practice placements were trained in two-year programs, even chief nurses. This creates a bias against four-year students from nurses who attended two-year programs. This bias may be the root cause of the difference when the answers between the two groups are analyzed, since each group received different treatment from the nursing staff. In addition, a nursing job in Vietnam is still of low status when it is compared with other careers. This point may cause much disappointment regarding the nursing position for the four-year program group whom decided to study longer than the two-year group. To compound the problem, the role of the professional nurse (four-year trained nurse) and two-year trained nurse has a minimal difference in actual clinical settings (Sharif & Masoumi, 2005). Thus, the results of nursing interest by comparing the two groups can be strongly influenced by the biased treatment and lack of professional status.

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The results of evaluating the perceived stress of Vietnamese nursing students was consistent with previous studies (Sheu, 2002; Chan, 2009) where “assignment and workload,” “taking care of patients” were the most common stress factors. These results were reported in the studies of Hamill (1995), then again by Snape and Cavanagh (1995) as well. However, there was an interesting finding that the factor, “lack of professional knowledge and skills,” in this study was the least common stress factor whereas it was the most common in findings by Sheu (2002) and Chan (2009). To evaluate this factor, students were asked three items, “unfamiliar with medical history and terms,” “unfamiliar with professional nursing skills,” and “unfamiliar with patient’s diagnosis and treatments.” Most of the students answered these questions with low scores, which were inconsistent with previous studies. Students had been well trained in fundamental skills at school before they went to hospitals for practice. There was typically a teacher present during most practice times to support students while they studied in a clinical setting. The company of a teacher can help students evade stress due to potential lack of professional knowledge and skills, but the presence also meant more assignments and closer evaluation from the teacher. Therefore, “assignment and workloads” was reported as the first most stressful factor by Vietnamese nursing students. On the other hand, even students whom were well trained in fundamental skills were still inexperienced in communicating with patients and making judgments or lack of confidence to give quality care when faced with real patients in complicated situations. This inexperience caused stress from taking care of patients to become the second most stressful factor to Vietnamese nursing students.

This study also indicated a variety of significant differences on perceived stress factors between the two nursing program groups. Four-year program students reported being more stressful than those in two-year programs in three factors; “taking care of patients,” “clinical environment,” and “teacher and nursing staff.” Because four-year program students did not have as close a relationship with the nursing staff as two-year students, they felt it was harder to be familiar with the clinical environment and received less help from nursing staff. These students did not learn from the staff how to take care of patients in the clinics where the setting is extremely different from skill labs. In addition, they felt that teachers have higher expectations from them in clinical practice because they are on higher level of

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nursing training than two-year program students. Overall stress perceived by four-year program students was much higher than by two-year program students because of these reasons.

Stress of Vietnamese nursing students was generally moderate during the period of clinical practice, which was the same conclusion as found in other previous studies (Sheu et al., 2002; Chan et al., 2009). According to Lazarus and Folkman, two appraisals which are stress factors and coping behaviors can influence each other to determine the outcome which students will interpret either threatening or challenging. Nursing students in this study perceived stress not to be high because they reported using positive coping behaviors.

The most commonly used coping behaviors was “staying optimistic”, followed by “problem solving” and “transference.” Avoidance coping was the least chosen by Vietnamese nursing students for stress coping, which was consistent with findings by Sheu (2002) and Chan (2009). It was a positive result for Vietnamese nursing development because many researches indicated that avoidance coping behavior is a negative behavior that leads to burn out and poor mental health (Gibbons, 2010; Ni et al, 2010; Liu and Jia, 2008). On the contrary, the two most frequently used kinds of coping behaviors, which were staying optimistic and problem solving, were considered as positive behaviors for students that genuinely pursue nursing careers (Golbasi et al., 2002). To identify and compare the coping behaviors of each group, this study found that the primary coping behavior of two-year program students was staying optimistic whereas four-year program students used problem solving. However, the students of the four-year program chose avoidance coping behaviors more frequently than did those of the two-year program. This result may be caused by four-year program students feeling more stressful with the stress factor “teacher and nursing staff” more than two-year program students.

Self-esteem was the last interesting variable of this study because of its influence on stress and coping behaviors. Self-esteem of Vietnamese nursing students was examined and reported to be at a moderate level. The comparison of results of this study versus previous studies is limited because little research has been done on the self-esteem of nursing students. A higher sense of self-esteem for nursing students in Vietnam has not been reached because the Vietnamese nursing profession is developing. According to a report by the Vietnamese

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Ministry of Health about nursing resources in 2008, almost all active nurses were trained for two years (75%), followed by 1 year (22%), and then 3 years (1.7%). There was a small amount of nurses whom had higher education (1.2 % had bachelors, 0.05% had masters, and 0.002 were PhD). Most nurses were still at low levels of education which was reflected in low general self-esteem of Vietnamese nursing students.

Comparing the self-esteem between the two groups, the result of this study showed that the four-year program group had higher levels of self-esteem than the two-year program. The questionnaire of Self-esteem Scale is used for general situations, not only for use in clinical practice settings. Thus, the entire four-year program group had higher self-worth. The financial status of a student's family and their academic achievements can be factors which affected this result as well.

This study showed that stress negatively correlated with optimistic coping behaviors, which was know as active style of coping, and had positive correlation with avoidance, which was prime example for passive coping behaviors. These results did not deviate significantly from the results found in studie of Tully (2004). The result, which described the negative relationship between stress and self-esteem, was as same as the finding of Edward et al. (2010). The associations between self-esteem and coping behaviors in this study were indicated that self-esteem was significant higher on nursing students frequently using active coping behaviors which were included problem solving, staying optimistic, and transference). It was reported lower on those students, who chose avoidance as their frenquent behaviors. These outcomes of correlations between stress and coping behaviors was the same results of few studies (Martyn-Nemeth et al., 2009; Ni et al., 2010; and Lo, 2002). Even though these correlations were studied in a variety of countries, there was just a few. This study gave more evidence for the correlations of these issues. The consistent results increased the value and the exactitude of these findings.

Chapter 6. Conclusions and Suggestions

6.1. Conclusions

The questionnaire produced results from 227 Vietnamese nursing students using three instruments, which are the Perceived Stress Scale, Coping Behaviors Inventory, and Self-Esteem Scale to describe their stress, coping behaviors, and self-esteem while practicing in a clinical environment. The data was analyzed to find the differences of these variables between two groups of nursing students in two- and four-year Vietnamese nursing programs. In addition, the correlations between these variables were tested using the Pearson correlation analysis.

The results showed that the Vietnamese nursing students perceived to experience moderate stress. The most common stress factor indicated was "assignment and workload," followed, in descending order, by "taking care of patients," "clinical environment," "teachers and nursing staff," and lastly "lack of professional knowledge and skill." The four-year program students were more stressed than the two-year program students on the factors such as "taking care of patients", "clinical environment", and "teacher-nursing staff". The most frequently used coping behavior was to maintain a positive attitude, followed by problem solving, then transference. Avoidance coping behavior was the least frequently used, and its use vastly trailed behind the other options. Between the two groups, the two-year group used transference and avoidance much less often than did the four-year group. This study also showed that the self-esteem of nursing students in Vietnam was moderate, but the four-year group reported a significantly higher level than the two-year group. Among the correlations between stress, coping behaviors and self-esteem, stress was generally inversely related to self-esteem, as well as the use of any positive coping behavior. Subsequently, stress had a positive correlation with any negative coping behaviors that were used.

In summary, this study drew a picture about the stress of nursing students in Vietnam when they practiced in clinical settings. It also offered insight into their general self-esteem levels and the ways that they typically cope with stress. The correlations between stress, coping behaviors, and self-esteem were examined as well in this study. These results may provide valuable information about these issues to clinical educators to identify students' needs and to facilitate their effective learning in the clinical environment. However,

convenience sampling at a single university in Vietnam limited the generalization of this study.

6.2. Suggestions

According to the results, the following suggestions are made for clinical practice education and further studies:

1. Assignment and workload, along with the care of patients, were the two major stress factors which influenced Vietnamese nursing students. Therefore, the curriculum of nursing education should be reviewed to reduce any undue stress. Though stress is inherent in a nursing program, the control and any reduction of stress can pay large dividends in a student's effectiveness. Students should be trained well, not only in fundamental skills, but also in clinical simulations requiring critical thinking prior to any actual clinical practice. Communication skills should receive extra attention because efficient communication can form strong relationships with patients, their families, and the health care staff. This benefit can reduce future stress from taking care of patients and also facilitates receiving support from the health care staff.

2. Clinical teachers should be more interactive with students in the clinical environment. Instructors should encourage students to be optimistic, while also helping them to develop problem solving skills because these coping behaviors were shown to reduce stress in clinical practice. Moreover, teachers are the best medium between students and the actual nursing staff. With these requirements, all clinical teachers need to be fluent in clinical practice and be familiar with the department where students are practicing.

3. The sample of this study was quite small due to time constraints. It is strongly suggested that further studies expand the scope this study by including nursing students from other nursing schools to better understand the various situations of Vietnamese nursing students. Longitudinal studies should be conducted to monitor the change of students' stress and self-esteem year by year. Quality research on stress in clinical practice for nursing students is also suggested to clearly understand problems that nursing students, especially in the four-year program, have to face unnecessarily that limit their education.

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Stress, coping behaviors, and self-esteem all play considerable roles in the daily lives of nursing students, so to understand the effects of these variables is to also understand the needs and abilities of students. Moderating and reducing stress through the use of positive coping behaviors allows students to focus on studies and training instead of expending energy on negative behaviors that are detrimental to both health and education. Improving the self-esteem of students will give them pride in their studies and in their profession, resulting in job satisfaction and therefore better performance. Understanding and developing these factors will aid students' long-term success, which leads to additional growth of the entire Vietnamese nursing field.



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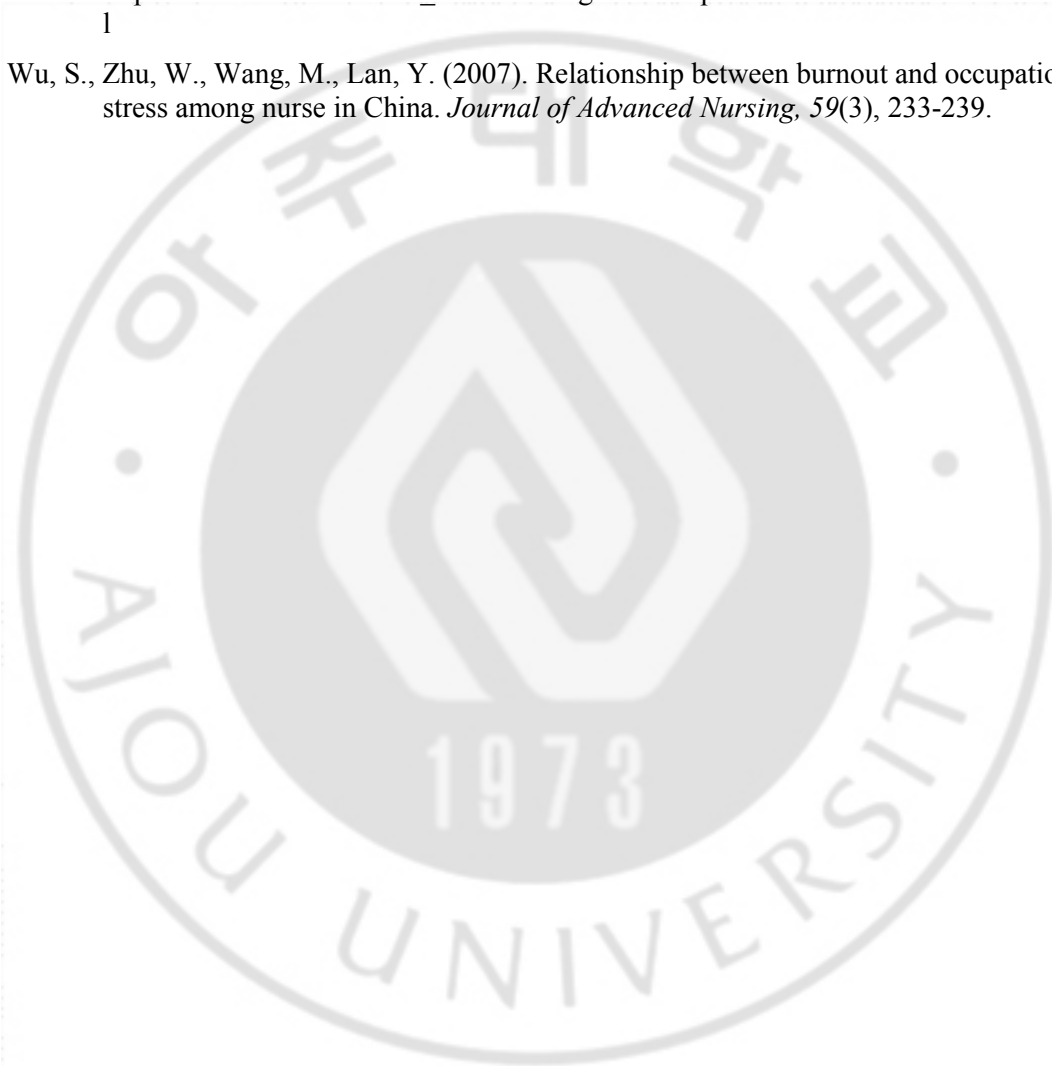
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Appendix A. Descriptive Statistics for Stress and Coping Behaviors

Table A1

Stress Factors Perceived by Nursing Students (N = 227)

Stress factors	Mean	SD
1. Stress from lack of professional knowledge and skills	1.70	0.73
Unfamiliar with medical history and terms	1.87	0.95
Unfamiliar with professional nursing skills	1.47	1.02
Unfamiliar with patient's diagnoses and treatments	1.75	1.02
2. Stress from assignments and workload	2.60	0.64
Worry about poor grades	2.95	0.95
Pressure from the nature and quality of clinical practice	2.74	0.93
Feelings that performance does not meet teacher's expectations	2.91	0.88
Feelings that dull and inflexible clinical practice affect family-social life	2.26	1.10
Feelings that the demands of clinical practice exceed physical and emotional endurance	2.17	1.09
3. Stress from taking care of patients	2.32	0.61
Lack of experience and ability in providing nursing care and in making judgments	2.60	0.96
Not knowing how to help patients -with physio-psycho-social problems	2.35	1.02
Unable to reach expectations	2.66	1.03
Unable to provide appropriate responses to doctor's, teacher's and patients' questions	2.56	0.85
Worry about not being trusted or accepted by patients or their families	2.53	0.96
Unable to provide patients with good nursing care	2.08	1.10
Not knowing how to communicate with patients	1.67	1.00
Difficulties in changing from the role of a student to that of a nurse	2.11	1.10
4. Stress from clinical environment	2.21	0.71
Feelings of stress in the environment where clinical practice takes place	2.22	1.10
Unfamiliarity with ward facilities	1.93	1.00
Feelings of stress from rapid changes in a patient's condition	2.47	1.01

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Table A1 (continue)

Stress Factors Perceived by Nursing Students (N = 227)

	Stress factors	Mean	SD
5.	Stress from teachers and nursing staff	2.13	0.65
	Seeing a discrepancy between theory and practice	3.03	0.93
	Not knowing how to discuss a patient's illness with teachers or medical and nursing personnel	1.69	1.00
	Feelings of stress when a teacher's instruction is different from expectations	1.98	1.05
	Medical personnel lacking empathy and willingness to help	2.47	1.09
	Feeling that teachers do not evaluate students fairly	1.93	1.04
	Lack of care and guidance from teachers	1.67	1.01
6.	Stress from peers and daily life	1.82	0.66
	Experience of competition from peers in school and clinical practice	2.15	1.01
	Feelings of pressure from teachers who evaluate students' performance by comparison	2.21	1.06
	Feeling that clinical practice affects involvement in extracurricular activities	1.75	1.04
	Inability to get along with group peers	1.17	0.97

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Table A2

Coping Behaviors of Vietnamese Nursing Students (N=227)

	Stress factors	Mean	SD
1.	Transference	2.18	0.74
	Eating large meals and taking a long sleep	1.78	1.08
	Saving time for sleep and maintaining good health in the face of stress	2.26	1.02
	Relaxing, via TV, movies, a shower or physical exercise (ball playing and jogging)	2.49	1.06
2.	Staying optimistic	2.57	0.66
	Keeping an optimistic and positive attitude in dealing with everything in life	2.64	0.94
	Seeing things objectively	2.50	0.91
	Having the confidence to overcome difficulties	2.33	0.88
	Crying and feeling moody, sad, and helpless	2.83	1.05
3.	Problem solving	2.26	0.61
	Adopting different strategies to solve problems	2.63	0.85
	Setting up objectives to solve problem	2.30	0.94
	Making plans and listing priorities to solve stressful events	2.10	0.99
	Finding the meaning of stressful incidents	2.12	1.02
	Employing past experience to solve problems	2.23	0.93
	Having confidence in performing as well as senior colleagues	2.17	0.82
4.	Avoidance	0.93	0.65
	Avoiding difficulties during clinical practice	.90	0.85
	Avoiding teachers	.86	0.89
	Quarrelling with others and losing one's temper	.75	0.82
	Expecting miracles to avoid facing difficulties	1.25	1.15
	Expecting others to solve the problem	.85	0.83
	Attributing everything to fate	.95	1.13

Appendix B. Consent Form

I understand that I am being asked to participate in a research study at Medical and Pharmacy University at Ho Chi Minh City in Vietnam. This research study will evaluate stress level, coping strategies and self-esteem of Vietnamese nursing students when nursing students practice in clinical. If I agree to participate in the study, I will do self-report by filling in questionnaires for approximate 30 minutes as a nursing student. There are no known risks associated with this study. This study will be not affected my study results as well.

I realize that the knowledge gained from this study may help either me or other nursing student in the future.

I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish.

If I need to, I can contact teacher Nguyen Thi Ngoc Phuong, Medical and Pharmacy University, Nursing department, any time during the study.

The study has been explained to me. I have read and understand this consent form, all of my questions have been answered, and I agree to participate.

Signature of Subject

Date

Signature of Researcher

Date

THƯ ĐỒNG Ý

Tôi được mời tham gia vào nghiên cứu tại Đại học Y dược Thành phố Hồ Chí Minh, Việt Nam. Nghiên cứu này sẽ đánh giá stress, các hành vi đối phó với stress và sự hài lòng về bản thân của sinh viên Điều dưỡng Việt Nam khi sinh viên Điều dưỡng thực hành tại lâm sàng. Nếu tôi đồng ý tham gia vào nghiên cứu, tôi sẽ trả lời bảng câu hỏi trong vòng 30 phút với tư cách là một sinh viên điều dưỡng. Không có một mối nguy hại nào liên quan đến nghiên cứu này. Nghiên cứu này cũng sẽ không ảnh hưởng đến kết quả học tập của tôi.

Tôi nhận thấy rằng kiến thức thu được từ nghiên cứu này có thể giúp ích cho không những tôi mà còn những sinh viên Điều dưỡng khác trong tương lai.

Tôi tham gia nghiên cứu này là hoàn toàn tự nguyện và có thể rút ra khỏi nghiên cứu bất cứ khi nào tôi muốn.

Nếu cần, tôi có thể liên lạc với giáo viên Nguyễn Thị Ngọc Phương tại bộ môn Điều dưỡng, đại học Y dược TPHCM bất cứ lúc nào trong suốt quá trình của nghiên cứu.

Tôi đã được giải thích về nghiên cứu, đã đọc và hiểu thư ngỏ. Tất cả câu hỏi của tôi đã được trả lời và tôi đồng ý tham gia vào nghiên cứu.

Chữ ký của người tham gia

Ngày

Chữ ký của người nghiên cứu

Ngày

Appendix C. Questionnaire

GENERAL CHARACTERISTICS

1. Grade
- | | |
|--|--------------------------|
| 1 st year of 2-year program | <input type="checkbox"/> |
| 2 nd year of 2-year program | <input type="checkbox"/> |
| 3 rd year of 4-year program | <input type="checkbox"/> |
| 4 th year of 4-year program | <input type="checkbox"/> |
2. Gender
- | | |
|--------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |
3. Age
4. Religion
- | | |
|----------|--------------------------|
| Buddhist | <input type="checkbox"/> |
| None | <input type="checkbox"/> |
| Others | <input type="checkbox"/> |
5. Family economic status
- | | |
|--------------------------------------|--------------------------|
| High (> 4 million dong) | <input type="checkbox"/> |
| Average (2 million – 4 million dong) | <input type="checkbox"/> |
| Low (< 2 million dong) | <input type="checkbox"/> |
6. Do you have part-time job?
- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
7. Living with:
- | | |
|--------|--------------------------|
| Family | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| Alone | <input type="checkbox"/> |
8. Do you have time for self-study?
- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
8. What is your GPA (grade point average)?
- | | |
|-------------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Very good | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Fairly good | <input type="checkbox"/> |
| Fail | <input type="checkbox"/> |

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9. Do you do exercise frequently?

- Yes
No

10. Are you interested in nursing?

- Yes
No

11. How do you evaluate the importance of clinical nurse in the recovery of patient?

- Very important
Important
Unimportant
Very unimportant



PERCEIVED STRESS SCALE (PSS)

Instruction: This questionnaire will assess your perceived stress when you are in clinical practice. You circle on number that is suitable with your feeling.

Stress factors	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Stress from lack of professional knowledge and skills					
Unfamiliar with medical history and terms	0	1	2	3	4
Unfamiliar with professional nursing skills	0	1	2	3	4
Unfamiliar with patient's diagnoses and treatments	0	1	2	3	4
2. Stress from assignments and workload					
Worry about poor grades	0	1	2	3	4
Pressure from the nature and quality of clinical practice	0	1	2	3	4
Feelings that performance does not meet teacher's expectations	0	1	2	3	4
Feelings that dull and inflexible clinical practice affect family-social life	0	1	2	3	4
Feelings that the demands of clinical practice exceed physical and emotional endurance	0	1	2	3	4
3. Stress from taking care of patients					
Lack of experience and ability in providing nursing care and in making judgments	0	1	2	3	4
Not knowing how to help patients - with physio-psycho-social problems	0	1	2	3	4
Unable to reach expectations	0	1	2	3	4
Unable to provide appropriate responses to doctor's, teacher's and patients' questions	0	1	2	3	4
Worry about not being trusted or accepted by patients or their families	0	1	2	3	4
Unable to provide patients with good nursing care	0	1	2	3	4
Not knowing how to communicate with patients	0	1	2	3	4
Difficulties in changing from the role of a student to that of a nurse	0	1	2	3	4

STRESS, COPING BEHAVIORS AND SELF-ESTEEM

Stress factors	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4. Stress from clinical environment					
Feelings of stress in the environment where clinical practice takes place	0	1	2	3	4
Unfamiliarity with ward facilities	0	1	2	3	4
Feelings of stress from rapid changes in a patient's condition	0	1	2	3	4
5. Stress from teachers and nursing staff					
Seeing a discrepancy between theory and practice	0	1	2	3	4
Not knowing how to discuss a patient's illness with teachers or medical and nursing personnel	0	1	2	3	4
Feelings of stress when a teacher's instruction is different from expectations	0	1	2	3	4
Medical personnel lacking empathy and willingness to help	0	1	2	3	4
Feeling that teachers do not evaluate students fairly	0	1	2	3	4
Lack of care and guidance from teachers	0	1	2	3	4
6. Stress from peers and daily life					
Experience of competition from peers in school and clinical practice	0	1	2	3	4
Feelings of pressure from teachers who evaluate students' performance by comparison	0	1	2	3	4
Feeling that clinical practice affects involvement in extracurricular activities	0	1	2	3	4
Inability to get along with group peers	0	1	2	3	4

COPING BEHAVIOR INVENTORY

Instruction: This questionnaire will assess the way you face with stress. You circle the number that describes the frequency of your behavior.

Coping strategies / Items	Never	Rarely	Sometimes	Often	Very often
1. Transference					
Eating large meals and taking a long sleep	0	1	2	3	4
Saving time for sleep and maintaining good health in the face of stress	0	1	2	3	4
Relaxing, via TV, movies, a shower or physical exercise (ball playing and jogging)	0	1	2	3	4
2. Staying optimistic					
Keeping an optimistic and positive attitude in dealing with everything in life	0	1	2	3	4
Seeing things objectively	0	1	2	3	4
Having the confidence to overcome difficulties	0	1	2	3	4
Crying and feeling moody, sad, and helpless	4	3	2	1	0
3. Problem solving					
Adopting different strategies to solve problems	0	1	2	3	4
Setting up objectives to solve problem	0	1	2	3	4
Making plans and listing priorities to solve stressful events	0	1	2	3	4
Finding the meaning of stressful incidents	0	1	2	3	4
Employing past experience to solve problems	0	1	2	3	4
Having confidence in performing as well as senior colleagues	0	1	2	3	4
4. Avoidance					
Avoiding difficulties during clinical practice	0	1	2	3	4
Avoiding teachers	0	1	2	3	4
Quarrelling with others and losing one's temper	0	1	2	3	4
Expecting miracles to avoid facing difficulties	0	1	2	3	4
Expecting others to solve the problem	0	1	2	3	4
Attributing everything to fate	0	1	2	3	4

STRESS, COPING BEHAVIORS AND SELF-ESTEEM

ROSENBERG SELF-ESTEEM SCALE

Instruction: Below is a list of statement dealing with your general feeling about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

No	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1	On the whole, I am satisfied with myself	SA	A	D	SD
2*	At times, I think I am no good at all	SA	A	D	SD
3	I feel that I have a number of good qualities	SA	A	D	SD
4	I am able to do things as well as most other people	SA	A	D	SD
5*	I feel I do not have much to be proud of	SA	A	D	SD
6*	I certainly feel useless at times	SA	A	D	SD
7	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8*	I wish I could have more respect for myself.	SA	A	D	SD
9*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10	I take a positive attitude toward myself.	SA	A	D	SD

Note: Items without *: SA=3, A=2, D=1, SD=0. Items with *: SA=0, A=1, D=2, SD=3

THÔNG TIN CHUNG

1. Bạn học năm thứ mấy, hệ nào của ngành Điều dưỡng

- 1.1 Năm nhất trung học
- 1.2 Năm hai trung học
- 1.3 Năm 3 cử nhân
- 1.4 Năm 4 cử nhân

2. Giới tính

- 2.1 Nam
- 2.2 Nữ

3. Tuổi:

4. Tôn giáo:

- 4.1 Phật giáo
- 4.2 Tin lành
- 4.3 Thiên chúa
- 4.4 Không
- 4.5 Khác: _____

5. Thu nhập của gia đình:

- 5.1 Trên 4 triệu
- 5.2 Từ 2 triệu đến 4 triệu
- 5.3 Dưới 2 triệu

6. Bạn có đi làm thêm không?

- 6.1 Có
- 6.2 Không

7. Bạn sống chung với ai trong thời gian đi học:

- 7.1 Gia đình
- 7.2 Ký túc xá
- 7.3 Bạn bè
- 7.4 Một mình
- 7.5 Người quen

8. Bạn có thời gian để tự học không?

- 8.1 Có
- 8.2 Không

10. Kết quả học tập ở trường của bạn như thế nào?

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- 10.1 Xuất sắc
- 10.2 Giỏi
- 10.3 Khá
- 10.4 Trung Bình
- 10.5 Yếu

11. Bạn có tập thể dục không?

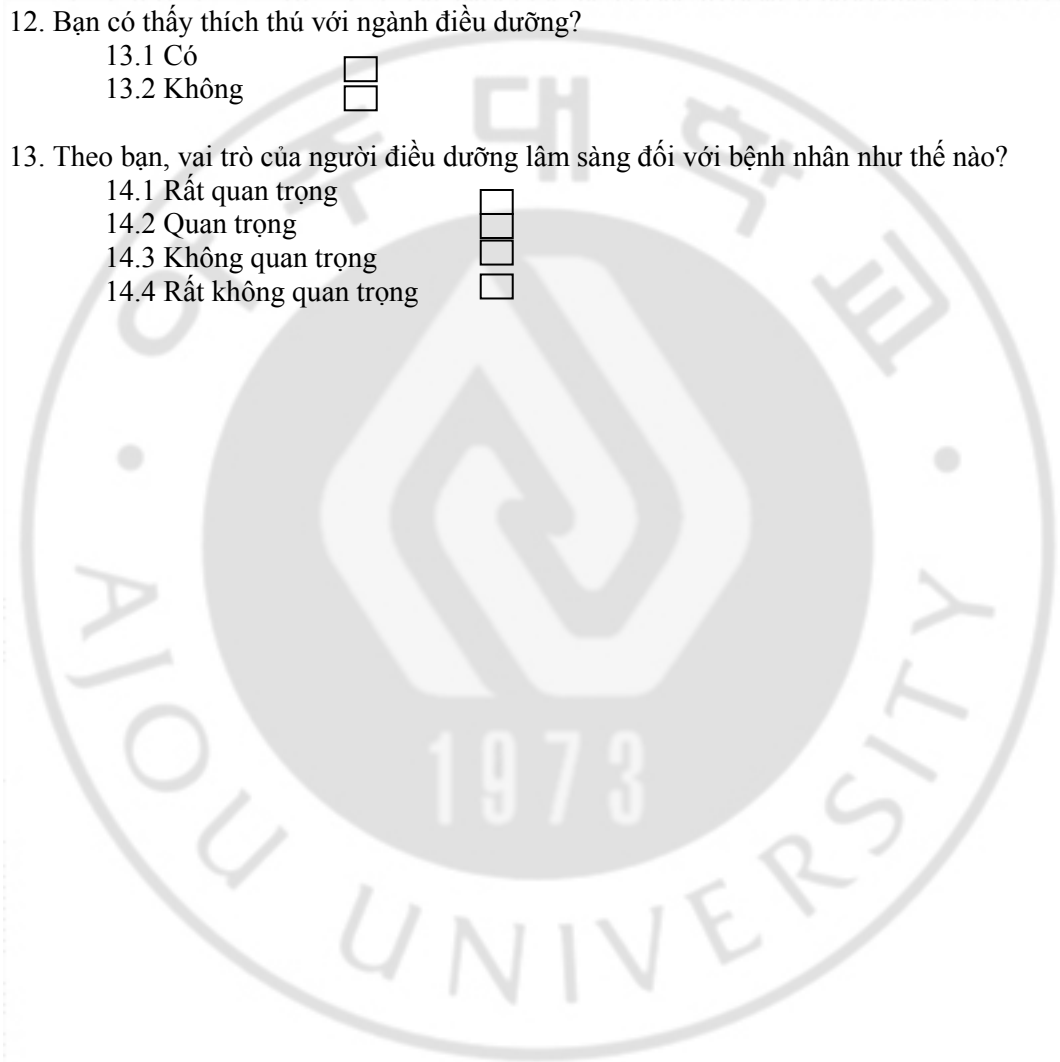
- 1. Có
- 2. Không

12. Bạn có thấy thích thú với ngành điều dưỡng?

- 13.1 Có
- 13.2 Không

13. Theo bạn, vai trò của người điều dưỡng lâm sàng đối với bệnh nhân như thế nào?

- 14.1 Rất quan trọng
- 14.2 Quan trọng
- 14.3 Không quan trọng
- 14.4 Rất không quan trọng



BẢNG ĐÁNH GIÁ STRESS

Hướng dẫn: Bảng câu hỏi này sẽ đánh giá stress mà bạn cảm nhận khi bạn thực hành trên lâm sàng. Vui lòng khoanh tròn con số mà phù hợp với cảm nhận của bạn.

Stt	Yếu tố gây stress	Rất không đồng ý	Không đồng ý	Không ý kiến	Đồng ý	Rất đồng ý
1	Không quen thuộc với lịch sử y khoa và những thuật ngữ y khoa	0	1	2	3	4
2	Không quen thuộc với những kỹ năng chuyên ngành điều dưỡng	0	1	2	3	4
3	Không quen thuộc với những chẩn đoán bệnh và việc điều trị của bệnh nhân	0	1	2	3	4
4	Lo lắng về những điểm số xấu	0	1	2	3	4
5	Chịu áp lực từ bản chất và chất lượng của nơi thực hành	0	1	2	3	4
6	Lo sợ rằng mình thực hành không đạt yêu cầu của giáo viên.	0	1	2	3	4
7	Nghĩ rằng cuộc sống gia đình và xã hội của mình bị ảnh hưởng do mình chưa thành thạo và linh động trong việc thực hành lâm sàng.	0	1	2	3	4
8	Cảm thấy những yêu cầu của nơi thực hành lâm sàng khiến cho mình thấy áp lực cả về thể chất lẫn tinh thần.	0	1	2	3	4
9	Thiếu kinh nghiệm và khả năng trong việc cung cấp chăm sóc điều dưỡng và trong việc nhận định tình trạng bệnh nhân	0	1	2	3	4
10	Không biết làm sao giúp bệnh nhân với những vấn đề về thể chất-tâm lý-xã hội.	0	1	2	3	4
11	Không thể đạt được những điều mình mong muốn	0	1	2	3	4
12	Không thể trả lời tốt các câu hỏi của bác sĩ, giáo viên và bệnh nhân	0	1	2	3	4
13	Lo lắng không được bệnh nhân và gia đình họ tin tưởng hay chấp nhận cho mình chăm sóc BN	0	1	2	3	4
14	Không thể chăm sóc điều dưỡng tốt cho bệnh nhân	0	1	2	3	4

STRESS, COPING BEHAVIORS AND SELF-ESTEEM

Stt	Yếu tố gây stress	Rất không đồng ý	Không đồng ý	Không ý kiến	Đồng ý	Rất đồng ý
15	Không biết làm sao giao tiếp với bệnh nhân	0	1	2	3	4
16	Khó khăn trong việc thay đổi vai trò sinh viên sang vai trò điều dưỡng.	0	1	2	3	4
17	Cảm thấy stress từ môi trường nơi mình đang thực hành lâm sàng.	0	1	2	3	4
18	Không quen thuộc với trang thiết bị ở khoa trại.	0	1	2	3	4
19	Cảm thấy stress khi tình trạng của bệnh nhân thay đổi một cách đột ngột.	0	1	2	3	4
20	Nhận thấy có sự khác nhau giữa lý thuyết và thực hành.	0	1	2	3	4
21	Không biết làm sao thảo luận bệnh của bệnh nhân với giáo viên hay nhân viên y tế và điều dưỡng.	0	1	2	3	4
22	Cảm nhận stress khi sự hướng dẫn của giáo viên không như mong đợi	0	1	2	3	4
23	Nhân viên y tế thiếu sự cảm thông và không vui lòng giúp đỡ sinh viên.	0	1	2	3	4
24	Cảm giác giáo viên không đánh giá sinh viên công bằng.	0	1	2	3	4
25	Thiếu sự chăm sóc và hướng dẫn từ giáo viên.	0	1	2	3	4
26	Trải qua sự cạnh tranh của bạn bè trong học tập ở trường và trong thực hành lâm sàng.	0	1	2	3	4
27	Cảm nhận áp lực khi giáo viên đánh giá việc thực hành lâm sàng của sinh viên dựa trên sự so sánh các sinh viên với nhau.	0	1	2	3	4
28	Cảm nhận rằng thực hành lâm sàng ảnh hưởng đến việc tham gia những hoạt động ngoại khóa.	0	1	2	3	4
29	Cảm thấy không có khả năng hòa nhập với nhóm bạn thực tập chung.	0	1	2	3	4

BẢNG ĐÁNH GIÁ HÀNH VI ĐỐI PHÓ VỚI STRESS

Hướng dẫn: Bảng câu hỏi này sẽ đánh giá cách bạn đối phó với stress. Vui lòng khoanh tròn con số mà miêu tả mức độ thường xuyên hành động của bạn.

Stt	Cách đối phó với stress	Không bao giờ	Ít khi	Thỉnh thoảng	Thường xuyên	Rất thường xuyên
1	Ăn thật nhiều trong một bữa ăn và giấc ngủ một giấc dài.	0	1	2	3	4
2	Dành thời gian cho ngủ và duy trì sức khỏe tốt để đối phó với stress.	0	1	2	3	4
3	Giải trí bằng cách xem TV, phim, đi tắm hoặc đi tập thể dục	0	1	2	3	4
4	Giữ sự lạc quan và thái độ tích cực khi đối phó với mọi thứ trong cuộc sống	0	1	2	3	4
5	Nhìn mọi thứ khách quan	0	1	2	3	4
6	Tự tin để vượt qua khó khăn	0	1	2	3	4
7	<i>Khóc và cảm thấy buồn rầu, tội tệ và không tự lo liệu được.</i>	4	3	2	1	0
8	Tìm nhiều cách khác nhau để giải quyết vấn đề.	0	1	2	3	4
9	Thiết lập những mục tiêu để giải quyết vấn đề	0	1	2	3	4
10	Lên kế hoạch và liệt kê những việc ưu tiên để giải quyết các vấn đề gây stress	0	1	2	3	4
11	Tìm ý nghĩa tích cực của các vấn đề gây stress	0	1	2	3	4
12	Dùng những kinh nghiệm trong quá khứ để giải quyết vấn đề	0	1	2	3	4
13	Tự tin thực hiện tốt như những sinh viên đi trước	0	1	2	3	4
14	Lẩn tránh những khó khăn trong suốt quá trình thực hành lâm sàng	0	1	2	3	4
15	Né tránh giáo viên	0	1	2	3	4
16	Cãi nhau với những người khác và mất sự bình tĩnh.	0	1	2	3	4
17	Mong đợi điều kỳ diệu sẽ xảy ra để tránh phải đối diện với những khó khăn	0	1	2	3	4
18	Mong đợi người khác giải quyết vấn đề dùm mình	0	1	2	3	4
19	Cho là mọi việc do định mệnh an bài	0	1	2	3	4

BẢNG ĐÁNH GIÁ VỀ SỰ HÀI LÒNG VỀ BẢN THÂN

Hướng dẫn: Dưới đây là những câu nói liên quan đến cảm nhận chung của bạn về bản thân bạn. Nếu bạn rất đồng ý, khoanh tròn RĐ. Nếu bạn đồng ý với câu nói, khoanh tròn Đ. Nếu bạn không đồng ý, khoanh tròn KĐ. Nếu bạn rất không đồng ý, khoanh tròn RKĐ.

Stt	Câu nói	Rất đồng ý	Đồng ý	Không đồng ý	Rất không đồng ý
1	Nhìn chung, tôi hài lòng với bản thân.	RĐ ³	Đ ²	KĐ ¹	RKĐ ⁰
2*	Thỉnh thoảng, tôi nghĩ tôi không giỏi gì cả.	RĐ ⁰	Đ ¹	KĐ ²	RKĐ ³
3	Tôi cảm thấy rằng tôi có một số phẩm chất tốt.	RĐ ³	Đ ²	KĐ ¹	RKĐ ⁰
4	Tôi có thể làm mọi việc tốt như hầu hết những người khác.	RĐ ³	Đ ²	KĐ ¹	RKĐ ⁰
5*	Tôi cảm thấy tôi không có nhiều thứ để tự hào.	RĐ ⁰	Đ ¹	KĐ ²	RKĐ ³
6*	Dĩ nhiên, thỉnh thoảng tôi cảm thấy vô dụng.	RĐ ⁰	Đ ¹	KĐ ²	RKĐ ³
7	Tôi cảm thấy rằng tôi là người có giá trị, ít nhất ngang bằng với người khác	RĐ ³	Đ ²	KĐ ¹	RKĐ ⁰
8*	Tôi ước tôi có thể tôn trọng bản thân tôi nhiều hơn.	RĐ ⁰	Đ ¹	KĐ ²	RKĐ ³
9*	Nói chung, tôi đang có khuynh hướng cảm nhận là tôi thất bại	RĐ ⁰	Đ ¹	KĐ ²	RKĐ ³
10	Tôi giữ thái độ tích cực cho bản thân	RĐ ³	Đ ²	KĐ ¹	RKĐ ⁰