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Factors Affecting the Anxiety of Level II Nursing Students of Perpetual Help College of Manila and its Contribution to their Coping Styles in the Pediatric Ward

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Abstract

Anxiety is an instinctive state of mind triggered by circumstances, affecting cognitive, psychomotor, and physiological responses, particularly during initial clinical experiences and unfamiliar settings. Numerous studies on various aspects of anxiety have occurred across diverse outlets, the linkage between stressors and coping mechanisms remains underexplored. This study aims to identify the connection between anxiety-inducing factors and its effect on coping styles among second-year nursing students during their first pediatric rotation. A total of 193 students participated in the study, with 163 in the main data collection and 30 in the pilot test. Using a quantitative-correlational research design, the researchers gathered data through a validated three-part Likert-scale questionnaire on factors affecting anxiety, and coping styles, including demographics. Data were analyzed using SPSS. For all the categories, all p-values were greater than 0.05, resulting in the failure to reject the null hypothesis. This indicates that there is no

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https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

statistically significant connection between these anxiety factors and the coping strategies employed by respondents. Despite students reporting anxiety during their initial clinical experience, their coping strategies did not show a significant correlation with any specific stressor. This implies that clinical stress may arise from multiple, interconnected factors rather than single, isolated sources. Research gaps were also found, leading the researchers to recommend further study. Additionally, the inclusion of a "neutral" option in the Likert scale should be carefully considered in future studies.

Keywords: *Anxiety, Nursing Students, Coping Styles, Pediatric Ward, Clinical Exposure, Nursing Education*

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

I. Introduction

The transition from textbook and theoretical learning to actual application in clinical practice is part of the nursing curriculum, often accompanied by an overwhelming feeling of stress and anxiety. According to Videbeck (2023), anxiety is a feeling of worry or nervousness about something uncertain- the opposite of fear, which is a feeling of being threatened or scared by a specific external stimulus. It is an anticipation of a future concern and is commonly seen in nursing students who tend to have a higher level of anxiety due to numerous challenges. This includes adapting to the environment, mastering clinical knowledge and skills, and effectively communicating with patients and healthcare professionals like nursing staff, doctors, etc.

Anxiety can influence a person's cognitive, psychomotor, and physiological responses. If the anxiety level is mild, their alertness may be enhanced, their senses and perception may sharpen, and it causes fidgeting, restlessness, and gastrointestinal "butterflies". In such cases, anxiety can be beneficial as it drives a person to become more focused and motivated and may improve problem-solving skills and learning ability (Videbeck, 2023). However, a higher level of anxiety can have a negative impact on someone's well-being, as physical symptoms include elevated vital signs, excessive sweating, chest pain, trembling, and gastric discomfort. According to Gros (2024), these physiological responses can impair concentration, memory retention, and even speech. In other words, anxiety can affect nursing students' performance in the clinical area.

Pediatrics is one of the areas in the hospital that provides specialized care, as taking care of children requires not only skills but also a deep understanding of their emotional, psychological, and developmental skills. To accomplish these, someone has to be adaptive, patient, and effective in communication. According to Liu et al. (2022), with anxiety, these skills can be affected positively and negatively. Therefore, it is important to understand the perspective of nursing students who are assigned to the clinical area for the first time, particularly in the pediatric ward.

This study aimed to identify the factors contributing to anxiety among second-year students, particularly in their first clinical experience in the pediatric ward, and examine how these factors influence their coping styles. By identifying these, the research seeks to provide insights that may help educators, clinical instructors, and the school management create and develop programs to enhance their coping styles. The results of the study may contribute to the development of interventions that promote mental health and well-being and enhance the overall clinical experience and learning of nursing students.

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

II. Methodology

2.1 Study Design

A quantitative, descriptive design was used to identify and describe how the factors affecting anxiety contributed to the coping styles of level II nursing students of Perpetual Help College of Manila in the pediatric ward during their first clinical exposure. This method was chosen as it allowed researchers to identify, measure, and analyze how these factors affecting anxiety influenced the coping style by assessing the respondents' perception of their initial exposure in the pediatric ward experience.

2.2 Participants

The respondents were consisted of 163 out of 276 level II nursing students enrolled in Perpetual Help College of Manila in the 2024-2025 academic year, with the sample size determined using Slovin's formula. The coverage of the study was limited to second-year nursing students who have completed their initial pediatric ward exposure, excluding students from other academic levels, departments, or those who had not been exposed to the pediatric area. Additionally, it focused solely on clinical exposure and does not include anxiety related to other nursing activities. While the study will not include pre-existing mental health conditions, respondents had the option to indicate any relevant conditions during the survey.

2.3 Data Collection Instrument

Data were gathered using a questionnaire that consisted of three parts. The first part gathered demographic information of the respondents, including gender, age, and other related background information. The second part assessed the factors that affect the anxiety of the respondents in the pediatric ward using an adapted questionnaire by Elfaki & Ahmad (2020) and this part also integrated the coping mechanism from the study by Algorani & Gupta (2023). The third part focused on how the factors affecting anxiety have shaped the respondents' coping styles and the way students manage challenges using selfmade questionnaires created by researchers.

2.4 Instrument Validation and Reliability

A pilot study was conducted with 30 nursing students to validate the instrument. The responses were analyzed using Cronbach's alpha, calculated with SPSS, yielding a value between 0.706 and 0.54, indicating good reliability. The questionnaire was then reviewed by the research adviser to ensure its accuracy and relevance to the study.

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

2.5 Data Collection Procedure

Following the validation of the questionnaire, the researchers made further revisions and prepared a request letter addressed to the Department of Nursing, along with a consent form signed by both research professor and research adviser. The letter of request, consent form, and questionnaires were then delivered to the campus. Data collection took place over a course of a week due to the schedule and availability of the respondents. The researchers initially approached the clinical instructor and class president of each second-year section for data gathering. After that, the researchers explained the questionnaire to respondents and gave the link of the Google Form to the president. Before answering, the respondents reviewed and signed the consent form.

2.6 Statistical Treatment of Data

The researchers organized, calculated, and appropriately summarized the collected data., ensuring its reliability through statistical analysis. SPSS was used to process the data and address the research questions. The data collected in the study underwent the specified statistical analysis methods for processing:

1. Frequency and Percentage: The frequency of each response was calculated based on the number of respondents selecting a specific item. The demographic profile was analyzed using percentages.

2. Mean: The mean, also referred to as the average, was calculated by adding all values in the dataset and dividing by the total number of terms. This measure helped summarize the data and identify its central tendency.

3. Pearson Chi-Square Test: The Pearson Chi-Square Test was used to assess the relationship between categorical variables. It evaluates the observed frequencies in a contingency table against the expected frequencies, under the assumption that the variables are independent. This method is frequently employed in research to test hypotheses, particularly in studies that involve categorical or nominal data.

III. Results and Discussion

This study primarily aimed to explore the factors affecting the anxiety among level II nursing students of Perpetual Help College of Manila during their first clinical experience in the pediatric ward and examine how these factors influence their coping styles. The researchers seek to identify the factors that affect anxiety, the common coping styles used for each, and the relationship between these factors and coping styles. The study utilized an adapted questionnaire by Elfaki & Ahmad (2020) to assess the factors that affect anxiety and integrated coping styles from the study by Algorani & Gupta (2023). Additionally, a self-made list of questions was also utilized to examine how these

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

factors shape students' coping styles. The standardized questionnaire was administered to 163 Level II nursing students to gather data.

3.1 Demographic Profile of the Respondents

The study included a total of 163 respondents, with 79.1% (129 respondents) identifying as female, 19% (31 respondents) as male, and 1.8% (3 respondents) as non-binary. In terms of age distribution, 58.9% (96 respondents) were between 20-21 years old, 31.3% (51 respondents) were aged 18-19, 7.4% (12 respondents) were between 22 and 23 years old, and 2.5% (4 respondents) were over the age of 23.

3.2 Factors that Contribute to the Anxiety Experienced by Respondents and their Coping Styles in the Pediatric Ward.

Table 1. Factors that Contribute to Anxiety Experienced by Respondents in terms of **Knowledge and Skills.**

Statement	Weighted Mean	Verbal interpretation
Differences between what is the taught in the books/school and what happens in practice	3.71	Likely
Having difficulty applying Related Learning Experience (RLE) knowledge to the area (preparation and administration of medication, performing nursing interventions, etc.)	2.70	Neutral
Unfamiliarity with patient's diagnoses and treatments	3.11	Neutral
Struggles with medical terms	3.04	Neutral
Uncertainty in using charting system	2.90	Neutral
Uncertainty in using charting system	2.90	Neutral
Grand Total	**3.06**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

In terms of Knowledge and Skills, on table 1, the statement "Difference between what is taught in the books/school and what happens in practice" exhibited the highest weighted mean of 3.71, with a verbal interpretation of "Likely". Conversely, the

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

statement "Having difficulty applying Related Learning Experience (RLE) knowledge to the area had the lowest weighted mean of 2.70, with a verbal interpretation of "Neutral". The overall weighted mean for the Knowledge and Skills parameter was 3.06, which falls under the verbal interpretation of "Neutral"

Table 2. Coping Styles in terms of **Knowledge and Skills.**

Coping Styles	Frequency	Percent
A. Problem focused	31	19
B. Emotion-focused	10	6.1
C. Avoidance	23	14.1
D. Cognitive Restructuring	34	20.9
E. Social Support	38	23.3
F. Humor Coping	8	4.9
G. Acceptance	10	6.1
H. It does not affect me	9	5.5
Total	**163**	**100.0%**

As for coping styles in terms of Knowledge and Skills in Table 2, the frequent coping style was "Social Support: accounting for 23.3%. In contrast, "Humor Coping" was the least frequent, with the percentage of 4.9%. The overall frequency for the parameter of "Coping Styles in terms of Knowledge and Skills" is 163 with a total of 100 percent.

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Table 3. Factors that Contribute to Anxiety Experienced by Respondents in terms of **Personal**

Statement	Weighted Mean	Verbal interpretation
Experiencing pressure due to the demanding nature and standards of	3.38	Neutral
clinical practice		
Having dull and inflexible clinical practice affects family/social life	2.94	Neutral
Physical and emotional exhaustion due to the high demands of clinical practice	3.56	Likely
Challenges in effectively managing time	3.42	Neutral
The emotional strain of taking care of a critically ill patient	3.13	Neutral
Perception of receiving poor grades/low grades	3.61	Neutral
Grand Total	**3.34**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

In table 3, the results in terms of Personal revealed that the statement "Perception of receiving poor grades/low grades" had the highest weighted mean of 3.61, with a verbal interpretation of "Likely". On the other hand, the statement "Having dull and inflexible clinical practice affects family/social life" showed the lowest weighted mean of 2.94, with a verbal interpretation of "Neutral". The overall weighted mean for "Personal" parameter is 3.34, with a verbal interpretation of "Neutral".

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Table 4. Coping Styles in terms of **Personal**

Coping Styles	Frequency	Percent
A. Problem focused	7	4.3
B. Emotion-focused	30	18.4
C. Avoidance	19	11.7
D. Cognitive Restructuring	34	20.9
E. Social Support	27	16.6
F. Humor Coping	21	12.9
G. Acceptance	16	9.8
H. It does not affect me	9	5.5
Total	**163**	**100.0%**

The table 4 presents the coping styles in terms of Personal. The result showed that "Cognitive Restructuring" was the most frequently used coping style, with a frequency of 20.9%. In contrast, the "Problem Focused" coping style had the lowest frequency, with 4.3%. The overall frequency for the
"Personal" parameter was 163, totaling 100%.

Table 5. Factors that Contribute to Anxiety Experienced by Respondents in terms of **Nurse-PatientFamily Interaction.**

Statement	Weighted Mean	Verbal interpretation
Not knowing how to approach pediatric patients	2.55	Neutral
Not knowing how to communicate with patients and family	2.39	Unlikely
Concern about not being trusted or accepted by patients or their families	2.91	Neutral

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Feeling observed by family members while performing interventions	3.39	Neutral
Explaining medical procedures to patients and their families in a clear and empathetic manne	3.48	Likely
Not knowing how to help patients with physio-psychosocial problems	2.97	Neutral
Grand Total	**2.95**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

Table 5 illustrates the Nurse-Patient-Family Interactions which indicated that the statement "Explaining medical procedure to patients and their families in a clear and empathetic manner" had the highest weighted mean of 3.48, with a verbal interpretation of "Likely". Conversely, the statement "Not knowing how to communicate with patients and family", had the lowest weighted mean of 2.39, with a verbal interpretation of "Unlikely". The overall weighted mean for the "Nurse-Patient-Family" parameter was 2.95, with a verbal interpretation of "Neutral".

Table 6. Coping Styles in terms of **Nurse-Patient-Family Interaction.**

Coping Styles	Frequency	Percent
A. Problem focused	13	8.0
B. Emotion-focused	15	9.2
C. Avoidance	15	9.2
D. Cognitive Restructuring	32	19.6
E. Social Support	40	24.5
F. Humor Coping	11	6.7
G. Acceptance	16	9.8
H. It does not affect me	21	12.9
Total	**163**	**100.0%**

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

The coping style in terms of Nurse-Patient-Family Interaction, in Table 6, revealed that "Social Support: was the most frequent coping style, accounting for 24.5% (40 out of 163). On the other hand, the

"Humor Coping" category had the lowest frequency, with 6.7% (11 respondents). The overall frequency for the "Nurse-Patient-Family" parameter was 163, making up 100% of the responses.

Table 7. Factors that Contribute to Anxiety Experienced by Respondents and their Coping Styles in terms of **Clinical Environment.**

Statement	Weighted Mean	Verbal interpretation
Experiencing stress in the clinical area environment (general	3.36	Neutral
Lack of familiarity with the ward's facilities	3.00	Neutral
Managing sudden changes in a patient's condition	3.10	Neutral
Managing multiple nurse-patient responsibilities at the same time	3.22	Neutral
Inability to appropriately respond to doctors, nurses, and other healthcare professional's question/query	3.84	Neutral
Difficulty understanding doctor's written orders	3.67	Likely
Grand Total	**3.20**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

In terms of Clinical Environment, in table 7, the statement "Difficulty understanding doctor's written orders" had the highest weighted mean of 3.67, with a verbal interpretation of "Likely". In contrast, the statement "Lack of familiarity with the ward's facilities" had the lowest weighted mean of 3.00, with a verbal interpretation of "Neutral". The overall weighted mean for the "Clinical Environment" parameter was 3.20, with a verbal interpretation of "Neutral".

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Table 8. Coping Styles in terms of **Clinical Environment.**

Coping Styles	Frequency	Percent
A. Problem focused	24	14.7
B. Emotion-focused	12	7.4
C. Avoidance	21	12.9
D. Cognitive Restructuring	30	18.4
E. Social Support	43	26.4
F. Humor Coping	9	5.5
G. Acceptance	14	8.6
H. It does not affect me	10	6.1
Total	**163**	**100.0%**

Table 8 presents the coping styles used by the respondents in relation to the Clinical Environment and the results showed that "Social Support" had the highest frequency of 43, accounting for 26.4%. On the contrary, "Humor Coping" had the lowest frequency of 9 (5.5%). The total frequency of all coping styles was 163, representing 100%.

Table 9. Factors that Contribute to Anxiety Experienced by Respondents in terms of **Nursing Staff / Clinical Instructor.**

Statement	Weighted Mean	Verbal interpretation
Experiencing stress in the clinical area environment (general)	3.13	Neutral
Lack of familiarity with the ward's facilities	2.98	Neutral
Managing sudden changes in a patient's condition	2.98	Neutral
Managing multiple nurse-patient responsibilities at the same time	2.96	Neutral

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Inability to appropriately respond to doctors, nurses, and other healthcare professional's question/query	2.80	Neutral
Difficulty understanding doctor's written orders	3.10	Neutral
Grand Total	**2.99**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 –

1.81), Least Likely (1.80 – 1.00).

In terms of Nursing Staff/Clinical Instructor, in table 9, the statement "Feeling anxious about meeting the clinical instructor or nursing staff for the first time" had the highest weighted mean of 3.13, with a verbal interpretation of "Neutral". Alternatively, the statement "Being criticized in front of other students or staff" had the lowest weighted mean of 2.80, also with a verbal interpretation of "Neutral". The overall weighted mean for the "Nursing Staff/Clinical Instructor" parameter was 2.99, with a verbal interpretation of "Neutral".

Table 10. Coping Styles in terms of **Nursing Staff / Clinical Instructor.**

Coping Styles	Frequency	Percent
Problem focused	15	9.2
Emotion-focused	11	6.7
Avoidance	24	14.7
Cognitive Restructuring	27	16.5
Social Support	35	21.4
Humor Coping	20	12.2
Acceptance	18	11.04
It does not affect me	13	7.9
Total	**163**	**100.0%**

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

The results from the Coping Styles in terms of Nursing Staff/Clinical Instructor, in table 10, showed that "Social Support" had the highest frequency, accounting for 21.4% (35 responds). On the other hand, the coping style "Emotion-Focused" had the lowest frequency of 11 (6.7%). The total frequency for the "Nursing Staff/Clinical Instructor" parameter was 163, representing 100%.

3.3 How these Factor of Anxiety Have Shaped the Respondent's Coping Styles?

Table 11. How these Factor of Anxiety have shaped the Respondent's Coping Styles in terms of **Psychological Factors.**

Statement	Weighted Mean	Verbal interpretation
I often think that I should've done better	4.01	Likely
I am afraid to make mistakes.	4.01	Likely
I get upset when things don't go as I expected them to be	3.61	Likely
I often feel inferior to others	2.69	Neutral
I often worry about certain things.	2.65	Likely
I panic and get stressed out easily	3.23	Neutral
I am calm and do not worry about things.	3.06	Neutral
Grand Total	**3.46**	**Likely**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

The results in table 8, that shows the psychological factors on respondents' coping style in the pediatric ward, showed that the statement "I am afraid to make mistakes" had the highest weighted mean of 4.01, with a verbal interpretation of "Likely". In contrast, the statement "I often feel inferior to others" had the lowest weighted mean of 2.69, with a verbal interpretation of "Neutral". The total weighted mean for the "Psychological Factors" parameter was 3.46, representing 100%.

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Table 12. How these Factor of Anxiety have shaped the Respondent's Coping Styles in terms of **Environmental Factors.**

Statement	Weighted Mean	Verbal interpretation
I get easily irritated by noise.	3.53	Likely
I often feel overwhelmed by the demands of my academic responsibilities.	3.60	Likely
The expectations make me doubt and worry about my capabilities.	3.67	Likely
I can balance school and life activities without worry.	3.01	Neutral
I panic when I'm exposed to a stressful environment.	3.36	Neutral
I feel uneasy when people constantly give order after order	3.36	Neutral
I don't do well under pressure	3.04	Neutral
Grand Total	**3.38**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

For the Environmental Factors, shown in Table 12, the statement "I often feel overwhelmed by the demands of my academic responsibilities" had the highest weighted mean of 3.67, with a verbal interpretation of "Likely". However, the statement "I can balance school and life activities without worry" had a lower weighted mean of 3.01, with a verbal interpretation of "Neutral". The total weighted mean for the "Environmental Factors" parameter was 3.38, with a verbal interpretation of "Neutral".

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

Table 13. How these Factor of Anxiety have shaped the Respondent's Coping Styles in terms of Social and Cultural Factors.

Statement	Weighted Mean	Verbal interpretation
I get easily irritated bI have a strong support system that helps me handle stressful situationsy noise.	3.50	Likely
I feel isolated and lonely	2.77	Neutral
The people around me make me feel uneasy.	2.60	Unlikely
Religious and spiritual activities help me to relax.	3.44	Likely
I feel pressure about societal expectations.	3.51	Likely
I often voice out my worries with those around me.	3.22	Neutral
Discrimination and bias based on cultural background make me feel uneasy	3.21	Neutral
Grand Total	**3.18**	**Neutral**

Note: Most Likely (5.00 – 4.24), Likely (4.23 – 3.43), Neutral (3.42 – 2.62), Unlikely (2.61 – 1.81), Least Likely (1.80 – 1.00).

In terms of Social and Cultural Influences, in table 13, the statement "I feel pressure about social expectations" received the highest weight mean of 3.51, with a verbal interpretation of "Likely". By contrast, the statement "The people around me make me feel uneasy" had the lowest weighted mean of 2.60, with a verbal interpretation of "Unlikely". The total weighted mean for the "Social and Cultural Factors" parameter was 3.18, with a verbal interpretation of "Neutral".

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

3.4 Do these Factors Contribute to the Respondents' Coping Styles in the Pediatric Ward?

Variable Tested	Value	Knowledge and Skills	Personal	Nurse-Patient-Family Interaction	Clinical Environment	Nursing Staff / Clinical Instructor
Knowledge and Skills Coping Strategies	2	172.370	143.448	148.837	129.582	154.331
	df	147	140	168	147	161
	Likelihood Ratio (Value)	143.906	158.764	137.704	134.885	146.078
	Asymptomatic Significance(2-sided)	.557	.133	.958	.754	.794
	p	0.075	0.404	0.853	0.846	0.633
Personal Coping Strategies	2	180.829	143.448	190.098	142.779	190.503
	df	147	147	168	147	161
	Likelihood Ratio(Value)	153.739	146.063	169.458	132.294	183.060
	Asymptomatic Significance(2-sided)	.335	.506	.454	.802	.112
	p	0.030	0.434	0.117	0.583	0.056
Nurse-Patient-Family Coping Strategies	2	146.905	157.997	168.627	130.372	162.617
	df	147	140	168	147	161
	Likelihood Ratio(Value)	146.294	165.584	161.885	140.596	167.194
	Asymptomatic Significance(2-sided)	.501	.069	.618	.633	.353
	p	0.487	0.142	0.472	0.834	0.449
Clinical Environment Coping Strategies	2	148.480	129.697	161.447	132.915	154.465
	df	147	140	168	147	161

Online ISSN: 3082-5121
Aloysian Interdisciplinary Journal of Social Sciences, Education, and Allied Fields
https://journals.aloysianpublications.com
Volume 2 Issue 5 (2026)

	Likelihood Ratio(Value)	140.329	146.976	149.292	129.904	155.671
	Asymptomatic Significance(2-sided)	.639	.326	.847	.841	.604
	p	0.450	0.723	0.628	0.791	0.630
Nursing Staff / Clinical Instructor Coping Strategies	2	143.012	142.515	169.167	122.386	164.815
	df	147	140	168	147	161
	Likelihood Ratio(Value)	146.063	155.715	165.325	126.560	162.053
	Asymptomatic Significance(2-sided)	.506	.172	.544	.887	.462
	p	0.578	0.425	0.460	0.931	0.402

Note: Test at 0.05

Based on the results from the tables while using Pearson's Chi-square test, only Personal Coping Strategies show a significant link to the anxiety felt by respondents, in the parameter Knowledge and skills factors, with a p-value of 0.030 ($p < 0.05$). This means that people who focus on solving problems and using their inner resources handle anxiety better. According to Ren et. al (2025), there are two important coping methods. Problem-focused coping involves tackling issues and setting goals, leading to lower negative feelings and a better quality of life. People who use this method often feel less negative and more satisfied. Solution-focused thinking, which emphasizes using resources and setting goals, is also linked to lower anxiety and stress, resulting in better mental health (Karahan & Hamarta, 2020). In contrast, Knowledge and Skills Coping Strategies, Nurse-Patient-Family Coping Strategies, Clinical Environment Coping Strategies, and Nursing Staff/Clinical Instructor Coping Strategies had p-values greater than 0.05 across all tables, the relationship between their use and factors like personal anxiety is not strong, felt by respondents. This suggests that these strategies are commonly used in clinical settings. According to Hamadi et al. (2021), nursing students

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shifted from problem-focused coping strategies—like improving their knowledge and skills and seeking support from instructors—to emotion-focused coping methods such as avoidance and transference during high-stress times.

IV. Conclusion

Based on the findings, several conclusions were drawn regarding the factors contributing to anxiety among Level II nursing students and their coping styles.

The study highlights that knowledge and skills, personal factors, nurse-patient-family interactions, clinical environment, and interactions with nursing staff and clinical instructors contribute to varying levels of anxiety. Among these, the most significant anxiety-inducing factor in the category of knowledge and skills is the "Difference between what is taught in the books/schools and what happens in practice". In terms of personal factors, anxiety is most affected by "Perception of receiving poor grades/low grades", while nurse-patient-family interactions are most challenging when students have to explain medical procedures to the patient and their family in a clear and empathetic manner. In the clinical environment, difficulties in understanding doctors' written orders contribute most to anxiety, whereas in nursing staff/clinical instructor interactions, meeting them for the first time is the most anxiety-inducing factor.

Social support emerges as the most common coping style strategy, except for personal factors, where cognitive restructuring is more prevalent. Upon analyzing the broader influence of psychological, environmental, and socio-cultural factors on coping styles, respondents have reported that fear of making mistakes, academic demands, and having a strong support system were the most influential. However, their interpretations were neutral, indicating that while they play a role in anxiety and coping, their impact is not strong. And, statistical analysis further revealed that Personal Coping Strategies were found to have a significant relationship with the anxiety factors related to Knowledge and Skills ($p=0.030$).

However, all other coping strategies- including those linked to Nurse-Patient-Family interactions, clinical environment, and interactions with nursing staff- did not show statistically significant relationships with their respective anxiety factors (p-values > 0.05). This suggests that while students employ several coping styles, only personal coping strategies effectively mitigate anxiety related to knowledge and skills.

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V. Recommendations

The following recommendations are proposed to address the findings of the study. First is to maintain a supportive school community as stated on the study of Choi, et al. (2024), social support plays an important aspect in the human life and it is crucial for maintaining mental well-being- as it enhances a person's ability to manage stress. Therefore, fostering such environment can contribute to the well-being of the nursing students. Second is to have a regular student-instructor anxiety evaluation to evaluate the effectiveness of clinical instructions and make adjustments as needed to ensure students' knowledge gap are addressed and they are prepared for clinical practice. This includes assessing students' outcomes, soliciting feedback from students. There by, clinical instructors can optimize student learning and ensure that students well-prepared to provide high quality of patient care. Third, for future nursing researchers, it is advised to avoid using the "neutral" option, as it may hinder the proper assessment of the research study's intended objectives. Based on the findings of the study of Kankaraš & Capecchi (2024), neutral option was being used by some of their respondents as an "escape" to avoid answering questions. And lastly, to conduct a qualitative study to collect additional comprehension on how the factors affecting anxiety level contribute to the influence of acquired and learned coping styles of second year nursing students through extensive interviews. Detailed interviews can provide useful insights into students' actual experiences, allowing for a more thorough investigation of individual coping processes.

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