

Impact of Performance Anxiety in Obtaining Vital Signs During the First Clinical Placements Among Second-Year Nursing Students of Perpetual Help College of Manila

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Abstract

Performance anxiety is commonly experienced by nursing students, particularly during their initial exposure to clinical environments where theoretical knowledge is applied in actual patient care. This study explored the lived experiences of second-year nursing students regarding performance anxiety during vital signs assessment in their first clinical placements at the University of Perpetual Help System Manila.

A qualitative phenomenological research design was utilized to understand these experiences. Fifteen (15) second-year nursing students were selected through purposive sampling. Data were gathered through semi-structured interviews and analyzed using Colaizzi's Seven-Step Method, from which key themes were generated.

Findings showed that performance anxiety was experienced as affecting students' cognitive focus, emotional state, and physical responses, including trembling, overthinking, and reduced confidence, which influenced their performance during vital signs assessment. Anxiety was described as more intense in hospital settings compared to simulation environments due to real patient interaction, fear of making mistakes, and the presence of clinical instructors. Participants also described coping through self-regulation techniques, peer support, spiritual practices, and repeated practice to manage anxiety during clinical exposure.



The study concludes that performance anxiety is an important factor in shaping nursing students' clinical learning experiences. It is recommended that nursing institutions strengthen simulation preparation, provide supportive clinical supervision, and consider programs that help students manage anxiety during clinical practice.

Keywords: *Performance anxiety, nursing students, vital signs assessment, clinical placement, phenomenological study, coping strategies*



I. INTRODUCTION

Performance anxiety is recognized as a barrier to effective learning in nursing education, particularly during students' initial exposure to clinical environments where theoretical knowledge is applied in actual patient care. In this phase, nursing students are required to perform essential procedures such as vital signs assessment, including temperature, pulse, respiration, and blood pressure. Anxiety in these situations may interfere with cognitive processing and psychomotor performance, making routine clinical tasks more difficult for novice learners.

The shift from classroom-based learning to clinical practice is commonly identified as a highly stressful stage in nursing education. During this transition, students encounter various stressors such as fear of making mistakes, evaluation by clinical instructors, and unfamiliar hospital environments. These conditions are often accompanied by emotional and physical responses, including nervousness, difficulty concentrating, trembling, and reduced confidence, which may also affect communication with patients and clinical staff.

Differences between simulation-based learning and actual clinical exposure have also been noted in nursing education. Simulation provides a structured and controlled environment that allows students to develop skills with reduced pressure, while real hospital settings involve direct patient interaction, time constraints, and unpredictable clinical situations that may heighten anxiety. Although simulation supports technical skill development, it may not fully prepare students for the emotional demands of real clinical practice.

A contributing factor to performance anxiety is the presence of clinical instructors, who are often perceived as evaluators. This perception may increase pressure to perform procedures accurately, resulting in fear of judgment and mistakes. Such anxiety may also interfere with communication and learning processes, consistent with Peplau's Interpersonal Relations Theory, which emphasizes the impact of anxiety on interaction and learning in nursing practice.

In this context, performance anxiety may shape nursing students' clinical experiences during vital signs assessment. This study therefore explores the lived experiences of second-year nursing students at the University of Perpetual Help System Manila, focusing on how performance anxiety manifests in clinical settings, how it differs between simulation and hospital environments, and what coping strategies students use to manage it.

Review of Related Literature and Studies

Local

Local studies also revealed challenges experienced by nursing students during clinical duties. Nizamuddin et al. (2024) found that although nursing students had adequate knowledge and positive attitudes toward vital signs monitoring, their practical skills in real clinical settings remained limited. Likewise, Argamosa et al. (2023), in a study conducted among second-year nursing students in Iligan City, identified inaccurate vital signs measurement as a common concern during first clinical exposure. Fear of making mistakes and lack of confidence were recognized as factors affecting students' performance.

These studies suggest that performance anxiety significantly influences the clinical skills of nursing students, especially in obtaining vital signs, emphasizing the importance of effective coping strategies and supportive clinical learning environments.

International

Clinical practice is a vital part of nursing education, yet many nursing students experience performance anxiety during their first clinical exposure. Studies show that anxiety and stress negatively affect students' concentration, confidence, and clinical performance, particularly in basic procedures such as obtaining vital signs. Ahmed et al. (2023) found that performance anxiety reduced students' ability to perform clinical tasks effectively. Similarly, Wu et al. (2024) reported that clinical stress decreases professional competence among nursing students, while Cho (2024) identified poor communication skills and high stress levels as contributors to increased performance anxiety.

Several studies also highlighted strategies to reduce anxiety and improve performance. Emotional and instructional support, communication training, simulation-based learning, repeated practice, and stress reduction interventions were found effective in enhancing students' confidence and clinical competence (Ahmed et al., 2023; Gillan et al., 2022; Hanif et al., 2024). In addition, supportive mentorship and caring learning environments help strengthen resilience and improve overall clinical performance among nursing students (Aryuwat et al., 2024).

Statement of the Problem

1. How do nursing students experience performance anxiety during vital signs assessment in their first clinical placements?
2. How do nursing students describe their performance anxiety in hospital settings compared to simulation or return demonstration settings?



3. What coping strategies do nursing students use to manage performance anxiety during vital signs assessment?
4. What interventions do nursing students perceive as helpful in managing performance anxiety in clinical settings?

Assumptions of the Study

- Nursing students experiencing performance anxiety may encounter difficulties in effectively communicating with patients, clinical instructors, and peers during clinical practice.
- Students with performance anxiety are expected to report reduced confidence and perceived challenges in performing clinical tasks during their clinical exposure.
- Nursing students may adopt various coping strategies to manage performance anxiety during clinical duties, including personal, emotional, and cognitive approaches.

Significance of the Study

This study is expected to benefit the following:

- **Nursing students**, by providing insight into their experiences of performance anxiety during clinical practice and helping them identify effective ways of coping during vital signs assessment.
- **Clinical instructors**, by offering a better understanding of how performance anxiety manifests among students, which may support the development of more empathetic and supportive teaching approaches in clinical settings.
- **Nursing institutions**, by generating qualitative insights that may guide the development of programs and learning strategies aimed at supporting students' emotional well-being and clinical adjustment.
- **Future researchers**, by serving as a reference for further qualitative studies exploring performance anxiety and related experiences in nursing clinical education.



II. METHODOLOGY

Research Design

This study employed a qualitative phenomenological research design to explore the lived experiences of second-year nursing students regarding performance anxiety during vital signs assessment in their clinical practice. Phenomenology is appropriate for this study as it seeks to understand how participants experience and interpret performance anxiety in real clinical settings, particularly during their transition from classroom learning and simulation to actual patient care. It allows for an in-depth exploration of students' feelings, perceptions, and coping strategies as they navigate anxiety during clinical performance.

Participants and Settings

Fifteen (15) second-year nursing students enrolled at the University of Perpetual Help College of Manila during the Academic Year 2024–2025 participated in the study. Participants were selected through purposive sampling based on their direct experience in performing vital signs assessment during their first clinical placement.

The participants consisted of students aged 18 to 22 years old from different sections within the second-year level. Both male and female students were included to capture varied perspectives of performance anxiety in clinical practice.

Research Instrument

The researchers used a semi-structured interview guide as the primary research instrument to gather data on the lived experiences of second-year nursing students regarding performance anxiety during vital signs assessment. The interview guide consisted of open-ended questions designed to encourage participants to freely express their experiences, perceptions, and coping strategies related to anxiety in clinical settings.

The guide included questions on participants' demographic profile, their experiences of performance anxiety during clinical procedures, comparisons between simulation and hospital settings, and the coping strategies they used to manage anxiety. These questions were developed to ensure that the data collected were aligned with the study's objectives and could capture the depth of participants' lived experiences.

Data Gathering Procedure

Prior to data collection, the researchers obtained approval from the College of Nursing and secured informed consent from all participants. The purpose and procedures of the study were explained to the participants to ensure voluntary participation and ethical compliance.



Face-to-face semi-structured interviews were conducted in a quiet and comfortable environment to encourage open and honest sharing of experiences. With the participants' permission, all interviews were audio and video recorded to ensure accuracy of data collection. Participants were encouraged to freely express their thoughts and experiences without fear of judgment or evaluation.

Each interview lasted approximately 20–35 minutes, depending on the depth of the participants' responses. All recorded data were transcribed verbatim to preserve the authenticity of the responses. Throughout the process, confidentiality was strictly maintained by assigning codes to participants instead of using their real identities

Data Analysis

The data collected from the semi-structured interviews were analyzed using Colaizzi's Seven-Step Method, which is appropriate for phenomenological studies as it allows for a systematic examination of participants' lived experiences. The process began with familiarization, where the researchers read all transcripts repeatedly to gain a full understanding of the data. Significant statements related to performance anxiety were then identified and extracted from the transcripts. These statements were further analyzed to formulate meanings that reflected the essence of the participants' responses. The formulated meanings were then organized into clusters of themes, which represented common patterns across participants' experiences. From these themes, an exhaustive description of the phenomenon was developed to provide a comprehensive understanding of performance anxiety among nursing students during clinical practice. This was followed by the identification of the fundamental structure, which summarized the core essence of the participants' lived experiences. Finally, validation was conducted through member checking, where the findings were returned to the participants to confirm accuracy and credibility. This rigorous process ensured that the interpretation of data remained faithful to the participants' actual experiences.



III. Results

This section presents the findings derived from the qualitative analysis of interview data using Colaizzi's Seven-Step Method. The results reflect the lived experiences of the participants and are organized according to the themes and subthemes that emerged from their responses regarding performance anxiety during clinical practice.

Participant Characteristics

The participants of this study were second-year nursing students who were undergoing their initial clinical exposure involving vital signs assessment in real patient settings. As novice clinical practitioners, they were in the transition phase from simulation-based learning to actual hospital practice, where they encountered performance anxiety for the first time in real clinical situations.

The participants included both male and female students from the same academic level, representing a typical composition of nursing cohorts and providing varied perspectives on their clinical experiences.

1.) How do nursing students experience the effects of performance anxiety while demonstrating clinical skills in clinical settings?

CODES	THEME
CODE 1: Performance anxiety affecting communication and procedural accuracy	THEME 1: Emotional and cognitive interference during clinical performance
CODE 2: Overthinking and fear of judgment during skill demonstrations	THEME 2: Influence of instructor and peer observation on student performance
CODE 3: Physical manifestations of anxiety such as trembling and nervousness	THEME 3: Physical and psychological responses to clinical pressure

Performance anxiety was experienced by nursing students during clinical demonstrations and was described as influencing their communication, focus, and procedural performance. Participants shared that even with adequate preparation, the presence of clinical instructors and peers created pressure that led to fear, overthinking, and nervousness. This emotional strain often resulted in difficulty concentrating, mental blocks, and forgetting procedural steps during skill

demonstrations. Several students also reported physical responses such as trembling hands, which affected their ability to perform clinical procedures accurately. The presence of clinical instructors was frequently perceived as evaluative and intimidating, increasing self-consciousness and fear of making mistakes. These combined emotional, cognitive, and physical responses shaped how students performed during clinical demonstrations.

2.) How do nursing students describe performance anxiety experienced when taking vital signs in hospital settings?

CODES	THEME
CODE 1: Higher performance anxiety in hospital settings due to real-life consequences	THEME 1: Heightened anxiety in real clinical environments
CODE 2: Simulation perceived as a low-stakes and safer environment	THEME 2: Reduced anxiety in structured learning environments (simulation and return demonstrations)
CODE 3: Experiences of stress during return demonstrations due to evaluation and grading	THEME 3: Performance anxiety in structured academic skill assessments
CODE 4: Fear of making mistakes in front of real patients or staff	THEME 4: Emotional and cognitive pressure in real patient care situations

Nursing students consistently described experiencing higher levels of performance anxiety in hospital settings compared to simulation and return demonstration activities. This heightened anxiety was associated with the presence of real patients, where students felt increased responsibility and fear of causing harm during procedures such as vital signs assessment. Participants also shared that being observed by clinical instructors and hospital staff contributed to increased self-consciousness, leading to overthinking and hesitation during performance. In contrast, simulation environments were described as safer and more controlled, where mistakes were accepted as part of learning and therefore resulted in reduced anxiety. Although return demonstrations were still associated with stress due to grading and evaluation,



students perceived them as less intimidating than actual clinical exposure. Overall, the unpredictability and real-life consequences present in hospital settings were described as key factors that intensified performance anxiety and influenced students' emotional and cognitive responses during clinical practice.

3.) How do nursing students describe the coping skills that they employ if feeling performance anxiety in obtaining vital signs in a clinical setting?

CODES	THEME
CODE 1: Self-soothing and relaxation techniques	THEME 1: Emotional regulation through relaxation strategies
CODE 2: Cognitive reframing and positive mindset toward learning experiences	THEME 2: Cognitive strategies for confidence building and performance preparation
CODE 3: Social support from peers, mentors, and clinical instructors	THEME 3: Utilization of social support systems to manage performance anxiety
CODE 4: Feedback-seeking during skill rehearsal and clinical practice	THEME 4: Reflective learning through feedback and experiential improvement

Nursing students described using a combination of emotional, cognitive, and social coping strategies to manage performance anxiety during vital signs assessment in clinical settings. Emotional coping strategies included self-soothing techniques such as deep breathing and listening to music, which helped students calm themselves before performing clinical procedures. These strategies were used to regain focus and reduce nervousness during skill execution. Cognitive coping strategies involved reframing clinical exposure as a learning experience rather than a stressful evaluation. Students also reported engaging in mental rehearsal and recalling prior knowledge to improve confidence and preparedness before performing procedures. Social support played an important role in reducing anxiety, as participants shared that encouragement and feedback from peers, mentors, and clinical instructors helped them feel more supported and less pressured during clinical tasks.



Lastly, students expressed that accepting mistakes as part of the learning process contributed to emotional growth and resilience, allowing them to gradually become more confident in clinical practice.

IV. DISCUSSION

The findings of the study suggest that performance anxiety is an important factor influencing the lived experiences of second-year nursing students during vital signs assessment in their first clinical placements. Participants described that anxiety affected their cognitive focus, psychomotor skills, and communication, which often resulted in difficulty performing clinical procedures with confidence and accuracy.

These findings are consistent with Peplau's Interpersonal Relations Theory (1952), which explains that anxiety can interfere with learning processes and interpersonal interactions in nursing practice. The theory helps explain how emotional responses such as anxiety may affect students' ability to communicate effectively and perform clinical tasks.

The results also reflect the assumptions of the study, showing that performance anxiety is experienced among nursing students, becomes more evident in real clinical settings, and influences their clinical learning experiences. The study further highlights the importance of supportive clinical environments, the use of anxiety management strategies, and stronger preparation during the transition from simulation to actual clinical practice to help students adapt more effectively.

Conclusion

This qualitative phenomenological study explored the lived experiences of second-year nursing students at Perpetual Help College of Manila regarding performance anxiety during their first clinical placement with real patients, particularly during vital signs assessment. Findings revealed that performance anxiety was experienced as affecting students' cognitive focus, emotional state, and psychomotor performance. Participants described reduced confidence, physical manifestations of anxiety, and difficulties in accurately performing clinical procedures during actual patient care.

Students also shared that anxiety was more pronounced in real clinical settings compared to simulation-based learning, which they perceived as a more controlled and less stressful environment. However, simulation was noted as not fully replicating the emotional demands of actual clinical practice.

To manage performance anxiety, participants reported using various coping strategies, including self-regulation through repeated practice, peer support, positive self-talk, and spiritual



coping mechanisms such as prayer. These strategies were described as helpful in gradually improving confidence and reducing anxiety over time.

The findings suggest that performance anxiety plays an important role in shaping nursing students' clinical learning experiences. The study highlights the need for supportive clinical environments and structured transition programs from simulation to actual clinical practice to help students develop competence and confidence.

Recommendation

Based on the findings of the study, nursing institutions may consider strengthening support systems that assist students in managing performance anxiety during clinical practice. This may include providing access to counseling services, peer mentoring programs, stress management workshops, and enhanced simulation-based learning experiences to better prepare students before actual hospital exposure.

Clinical instructors may also play a key role in fostering a supportive and non-judgmental learning environment by recognizing signs of performance anxiety, encouraging open communication, and providing constructive feedback that focuses on learning and improvement.

Students may benefit from developing personal coping strategies such as positive self-talk, relaxation techniques like deep breathing and mindfulness, and adequate preparation before clinical duties, which may help improve confidence and reduce anxiety during performance.

For future researchers, it is recommended to further explore performance anxiety in nursing students through qualitative approaches and to examine related experiences in different clinical settings to deepen understanding of its impact on learning and clinical performance.

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