

## ASSESSMENT OF ANXIETY AND STRESS LEVELS AMONG UNDERGRADUATE NURSING STUDENTS IN PRIVATE HOSPITALS OF KARACHI

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### ABSTRACT

*Anxiety and stress are common issues among undergraduate nursing students because nursing education is both academic and clinical. Students in private hospital clinical settings may face additional pressure from the clinical workload, patient-care responsibilities, academic demands, financial concerns and professional expectations. The objective of the study was to assess the anxiety and stress level of the undergraduate nursing students in private hospitals. The design of this study was descriptive research design. A non-probability convenience sampling method was used to select 30 undergraduate nursing students that were available and willing to participate during the data collection period. Data were collected using a structured questionnaire consisting of demographic data and anxiety and stress items. The reliability of the instrument was acceptable with Cronbach's alpha = 0.732. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to analyze the data. Results indicated that the undergraduate nursing students experienced anxiety prior to starting clinical shifts and stress related to clinical workload, problems in balancing academic studies with hospital duties, frequent tests and assignments, financial pressure, availability of counselling support, and mental health issues. The highest mean scores for the anxiety and stress related items were scored for feeling anxious before starting a clinical shift and availability of counselling or support systems. Mean of 1.27 for other items including clinical workload, balancing studies with hospital duties, use of exercise, unmanageable tests and assignments. Mean of 1.10 for financial stress and worry about mental health. Proper clinical orientation, supportive supervision, counselling services, balanced academic and clinical workload and stress management programmes were suggested to reduce anxiety and stress among undergraduate nursing students in nursing colleges and private hospitals.*

### Keywords:

### Introduction:

Combining classroom instruction, laboratory simulation, and hands-on patient care experiences, nursing education is a challenging career path. Undergraduate nursing students must become proficient in science, acquire technical skills, interact with patients and families in an efficient manner, and act professionally in clinical situations. These demands can put a lot of psychological strain on students, particularly when they go on clinical assignments in actual hospitals. The World Health Organization defines mental health as a state that helps people manage life's challenges, learn well, work efficiently, and give back to their communities (WHO, 2022, 2025). Mental health is an essential component of total health. Because their learning experience is closely linked to patient care, professional identity, and future employment preparation, nursing students should prioritize maintaining excellent mental health. Among the psychological issues that undergraduate

nursing students report most frequently are stress and anxiety. Anxiety is characterized by feelings of concern, fear, tension, and apprehension about uncertain or frightening events, whereas stress is defined as the perceived imbalance between environmental demands and an individual's capacity to cope (Cohen et al., 1983; Lovibond & Lovibond, 1995). Because students must deal with academic exams, clinical evaluations, unfamiliar procedures, patient suffering, fear of making mistakes, and pressure to perform well in front of instructors and medical professionals, stress and anxiety frequently coexist in nursing education (Onieva-Zafra et al., 2020). While some stress may encourage students to prepare and perform better, excessive or ongoing stress can interfere with learning, impede focus, impair memory, and weaken self-confidence.

One of the most difficult aspects of nursing school is clinical placement. Students transition from controlled classroom or skills-lab settings to intricate hospital settings during clinical practice, where patient requirements are actual, unpredictable, and occasionally urgent. Students may experience anxiety due to a lack of confidence in their clinical skills, a lack of familiarity with hospital procedures, or a concern of making mistakes that could endanger patients (García-Velasco et al., 2025; Hwang et al., 2021). Onieva-Zafra et al. (2020) discovered that many nursing students underwent moderate stress during their clinical training, and that anxiety was substantially correlated with perceived stress. Similar to this, García-Velasco et al. (2025) found that among undergraduate nursing students during clinical placements, a lack of skills, uncertainty, and a sense of helplessness were significant stressors. These results demonstrate that stress and anxiety are tightly linked to the structure and experience of clinical learning rather than being separate emotional responses. Students' psychological experiences are significantly shaped by the clinical learning environment. Students can gain confidence through opportunities for safe practice, clear standards, friendly staff nurses, and supportive clinical instructors. On the other hand, tension and anxiety can be increased by inadequate supervision, unfavorable comments, a lack of direction, a severe task, and a fear of being judged (Karaduman et al., 2022; Labrague et al., 2017). According to Hwang et al. (2021), nursing students felt stressed out during their first clinical practicum, especially because of the practical workload and the practical learning environment. This implies that stress levels are influenced by how clinical learning is structured rather than just the students' individual coping skills. Thus, establishing a helpful learning environment is a shared obligation between hospitals and educational institutions.

Academic workload can also be a source of stress for undergraduate nursing students. Lectures, assignments, skill demonstrations, exams, case presentations, care plans, and clinical attendance requirements are typical components of nursing programs. Students frequently have to juggle their social lives, study time, clinical responsibilities, family obligations, transportation, and financial worries. In an international study, Labrague et al. (2018) highlighted that nursing students encounter stress in a variety of nations and cultures, while the severity and causes may differ. When students believe they don't have enough time, resources, or emotional support to fulfill program requirements, academic stress might worsen. Students may be more susceptible to psychological suffering when clinical anxiety and academic pressure coexist. Numerous studies and reviews have shown how common mental health issues are among nursing students. A systematic study and meta-analysis by Tung et al. (2018) revealed a significant prevalence of depression among nursing students, suggesting that psychological discomfort in this demographic is a worldwide concern. In a systematic review and meta-analysis on anxiety among nursing students during the COVID-19 pandemic, García-Rivas et al. (2024) discovered that academic factors, gender, age, fear of infection, and social circumstances all contributed to anxiety levels in nursing students. The results are nonetheless significant because they show how vulnerable nursing

students can be when academic and clinical expectations are increased by uncertainty, even if the pandemic imposed particular stressors.

Nursing students may be impacted by stress and anxiety in a number of ways. Psychologically, students may feel agitated, afraid, depressed, unmotivated, have trouble sleeping, and have low self-esteem. Anxiety can have an impact on academic achievement, involvement in class, clinical confidence, and the capacity to put theoretical knowledge into practice. In the clinical setting, stress can hinder professional competence development, communication, decision-making, and patient safety awareness (Labrague et al., 2017; Onieva-Zafra et al., 2020). Persistently distressed students may start to doubt their career decision or feel unprepared for nursing employment in the future. This is problematic because the goal of nursing education is to develop emotionally stable professionals who can operate in intricate healthcare systems in addition to graduates. Nursing students' reactions to stress and anxiety are influenced by their coping mechanisms. Problem-solving, seeking out social support, time management, relaxation, introspection, spirituality, and interacting with peers or teachers are examples of constructive coping mechanisms. Avoidance, self-blame, withdrawal, denial, or unhealthy habits are examples of negative coping mechanisms. While Hwang et al. (2021) discovered that students who used passive coping techniques reported higher levels of stress in specific areas of clinical practice, Onieva-Zafra et al. (2020) revealed that coping strategies were connected to felt stress among nursing students. These results imply that stress reduction should entail building students' resilience and coping mechanisms in addition to identifying stressors.

Private hospitals are a significant but little-studied location for clinical education for nursing students. Because private hospitals offer exposure to cutting-edge facilities, specialized services, and professional standards of patient care, many undergraduate students are allocated to these facilities for clinical practice. Private hospitals, however, could potentially produce particular pressures. Students could experience pressure to live up to the high standards set by clinical supervisors, hospital employees, families, and patients. Additionally, they could feel anxious about fast-paced service delivery, institutional policies, patient satisfaction requirements, and a low error tolerance. Private hospitals may have different staffing patterns, patient flow, documentation systems, and communication cultures than public hospitals. Students' perceptions of stress and anxiety during clinical exposure may be impacted by these variations. There is still a need for context-specific research in private hospital settings despite the increasing amount of data on stress among nursing students. The majority of the material that is currently available concentrates on public hospitals, university-based clinical settings, or general nursing student populations. Although these studies offer important insights, their conclusions could not adequately account for the experiences of undergraduate nursing students assigned to private hospitals. Due to the growing involvement of private hospitals in nursing education and clinical training, research in this field is crucial. Nursing schools and private hospitals can create more effective orientation programs, mentorship programs, counseling services, and stress-reduction strategies by having a better understanding of the anxiety and stress levels of students in these environments.

Additionally, the evaluation of nursing students' stress and anxiety is crucial for evidence-based instructional design. Stress and psychological symptoms in student and health-related populations have been extensively measured using standardized instruments as the Perceived Stress Scale and the Depression Anxiety Stress Scales (Cohen et al., 1983; Lovibond & Lovibond, 1995).

Researchers can determine the severity of the issue, compare groups, look at related factors, and suggest focused interventions by measuring stress and anxiety. Without this kind of evaluation, student suffering could go unnoticed until it has an impact on clinical behavior, academic achievement, or nursing program retention. Because it tackles a pertinent topic in nursing education and student mental health, this study, "Analyzing Anxiety and Stress Levels Among Undergraduate Nursing Students in Private Hospitals," is noteworthy. The study can help better understand students' psychological needs in clinical learning contexts by looking at stress and anxiety among undergraduate nursing students in private hospitals. The results may help hospital administrators, clinical instructors, and nursing faculty develop student-centered, supportive practices that lower stress, enhance coping, and encourage safe and efficient clinical learning. In the end, nursing students' anxiety and stress must be addressed in order to safeguard their wellbeing, improve academic performance, and train qualified nurses for future healthcare practice.

### **Problem Statement:**

In a comparatively short amount of time, undergraduate nursing students are expected to acquire academic knowledge, clinical judgment, psychomotor skills, communication ability, and professional values. Nursing education exposes students to real-world clinical settings where they engage with patients, families, nurses, doctors, and other health professionals, in contrast to many other undergraduate programs. High levels of anxiety and stress can result from these demands, especially during clinical placements when students may worry about making mistakes, hurting patients, receiving a poor grade, or falling short of the standards set by clinical instructors and hospital staff (García-Velasco et al., 2025; Hwang et al., 2021; Onieva-Zafra et al., 2020). Undergraduate nursing students' anxiety and stress are significant issues because they can have a detrimental impact on their focus, self-assurance, capacity for learning, academic achievement, clinical judgment, and general psychological health. According to studies (Labrague et al., 2017; Labrague et al., 2018; Onieva-Zafra et al., 2020), nursing students frequently experience stress because of their workload, lack of clinical skills, unfamiliar hospital environments, fear of making mistakes, patient suffering, and relationships with clinical supervisors and staff nurses. Stress can lead to emotional weariness, poor coping, absenteeism, lower motivation, and less preparedness for professional nursing practice if it is not acknowledged or addressed (Tung et al., 2018; WHO, 2022).

Undergraduate nursing students enrolled at private hospitals have received less attention, despite the fact that anxiety and stress among nursing students have been extensively researched in university and public hospital settings. In terms of patient expectations, institutional rules, clinical supervision systems, workload patterns, service standards, and student performance requirements, private hospitals may differ from public ones. Students' experiences of stress and anxiety during clinical learning may be impacted by these variations. However, nursing schools, hospital managers, and clinical instructors can find it challenging to create effective student-support programs in the absence of local evidence. Thus, the inadequate knowledge of stress and anxiety levels among undergraduate nursing students in private hospitals is the issue this study attempts to address. Determining the degree and potential causes of stress and anxiety in this population is crucial for enhancing clinical education, bolstering student support, advancing mental health, and training capable future nurses. In order to enable nursing faculty, clinical preceptors, and administrators of private hospitals design interventions to lessen stress, increase coping, and raise the standard of nursing education, this study will contribute evidence.

### **Research Objective**

To assess the level of anxiety and stress among undergraduate nursing students in private hospitals.

### **Research Question**

What are the levels of anxiety and stress among undergraduate nursing students in private hospitals?

### **Literature Review:**

Stress is usually recognized to be a physiological and psychological reaction that happens when a someone believes that demands are greater than their capacity to handle them. According to Cohen et al. (1983), perceived stress is the degree to which people believe that life circumstances are unexpected, unmanageable, and overwhelming. Conversely, anxiety is typified by tension, concern, fear, and apprehension about perceived or actual dangers. According to Lovibond & Lovibond (1995), stress and anxiety are distinct but connected emotional states that can coexist when people experience pressure or uncertainty. Because clinical learning entails unexpected scenarios, patient-care obligations, and fear of poor evaluation, nursing students frequently experience stress and anxiety at the same time (Onieva-Zafra et al., 2020). Because students must acquire theoretical information, hone technical abilities, and utilize professional judgment in actual patient-care settings, nursing education is widely acknowledged as a challenging academic and clinical field. Exams, assignments, clinical evaluations, patient care obligations, fear of making mistakes, and expectations from instructors and hospital personnel are just a few of the academic and clinical sources of stress experienced by undergraduate nursing students. Because students must conduct nursing operations, interact with patients, and adjust to hospital routines while still gaining competence and confidence, clinical placement is particularly demanding (García-Velasco et al., 2025; Hwang et al., 2021; Onieva-Zafra et al., 2020). Clinical placement is still a significant cause of stress and anxiety for nursing students, according to recent research.

According to a number of studies, nursing students endure moderate to high levels of stress while they are in school. After reviewing the literature on stress and coping mechanisms among nursing students, Labrague et al. (2017) discovered that interpersonal conflict, clinical expectations, academic burden, fear of failure, and ignorance were common stressors. among a distinct worldwide study, Labrague et al. (2018) found that clinical practice, academic pressure, and a lack of professional confidence caused stress among nursing students from various nations. These results imply that stress among nursing students is a worldwide issue in nursing education and is not specific to any one nation or school. Because it enables students to apply what they have learned in the classroom to actual healthcare settings, clinical practice is seen as a crucial component of nursing education. For undergraduate nursing students, however, clinical practice is also one of the most taxing experiences. When it comes to performing procedures, interacting with patients, documenting treatment, and adhering to hospital standards, students frequently experience anxiety. According to Onieva-Zafra et al. (2020), nursing students' perceptions of stress and anxiety were linked to clinical training. Additionally, their study demonstrated how coping mechanisms affected students' ability to handle challenging clinical situations. In a similar vein, García-Velasco et al. (2025) noted that feelings of helplessness, uncertainty, and a lack of skills were significant stressors during clinical placement. These results are significant for descriptive research because they emphasize the necessity of measuring students' stress and anxiety levels in certain clinical contexts. Students' tension and anxiety are significantly impacted by the clinical learning environment. Students' self-esteem, drive, and contentment with their education can all rise in a supportive setting. On the other hand, an unsupportive clinical setting might exacerbate emotional anguish, perplexity, and terror. Karaduman et al. (2022) discovered a connection between nursing

students' mental health and how they perceived the clinical learning environment. Positive perceptions of the clinical setting were associated with higher rates of psychological well-being among students. Similarly, nursing students' happiness and learning outcomes are impacted by clinical placement experiences, supervision, and mentoring, according to Dimitriadou et al. (2022). These studies demonstrate that stress and anxiety in nursing students are not simply personal issues but are also impacted by the hospital and educational settings.

The worry of making mistakes is one of the main factors contributing to clinical stress. Undergraduate nursing students may be concerned that their inexperience could endanger patients or result in condemnation from doctors, nurses, or clinical instructors. In hospital settings, where students are exposed to actual patient circumstances and professional demands, this dread could be more intense. According to Hwang et al. (2021), nursing students encountered stress during their first clinical practicum, particularly in relation to workload, unfamiliar surroundings, and coping mechanisms. Stress levels were higher among students who employed ineffective coping mechanisms. This bolsters the notion that educators and clinical personnel must provide strong supervision and emotional support during early clinical exposure. Another significant cause of stress for nursing students is their academic workload. Attending lectures, finishing assignments, creating care plans, demonstrating skills, taking part in clinical rotations, and getting ready for exams are all typical requirements for nursing schools. Particularly when students have little time for relaxation, family time, and social activities, this workload may become too much to handle. Tung et al. (2018) discovered that depression was prevalent among nursing students in a comprehensive review and meta-analysis, indicating that clinical and academic demands may be a factor in more general mental health issues. The discovery is significant because it indicates that nursing students are susceptible to psychological discomfort, even though depression is distinct from anxiety and stress. Additionally, the COVID-19 epidemic raised nursing students' awareness of mental health. According to Savitsky et al. (2020), fear of infection, uncertainty, and disruption of teaching caused anxiety in nursing students during the pandemic. Additionally, García-Rivas et al. (2024) discovered that academic variables, fear of infection, age, gender, and social factors all had an impact on anxiety among nursing students during the pandemic. Pandemic-related research are nevertheless helpful since they demonstrate how stressful situations can raise anxiety in nursing students, even though the current descriptive study is not specifically focused on COVID-19. In order to promote the wellbeing of students, these studies also underscore the significance of assessing stress and anxiety.

Nursing students' academic performance and clinical learning may be impacted by stress and anxiety. High levels of anxiety can impair focus, memory, self-assurance, and the capacity to make decisions. Stressed-out students may avoid clinical assignments, communicate inadequately, or find it difficult to put their theoretical knowledge into practice. According to Labrague et al. (2017), ineffective stress management might have a detrimental impact on learning and professional growth. Additionally, Onieva-Zafra et al. (2020) highlighted how students' clinical experiences can be impacted by perceived stress and anxiety. Therefore, determining the degree of stress and anxiety is essential for enhancing clinical support systems and nursing education. Coping mechanisms are crucial to nursing students' ability to handle stress. Problem-solving techniques, social support, time management, relaxation, spiritual support, and talking to peers or teachers about issues are examples of constructive coping mechanisms. Avoidance, denial, withdrawal, and self-blame are examples of negative coping mechanisms. According to Labrague et al. (2018),

nursing students employ a variety of coping mechanisms based on their educational and personal circumstances. Additionally, coping strategies were linked to perceived stress and anxiety, according to Onieva-Zafra et al. (2020). More recently, Alkouri et al. (2025) found that nursing students' stress levels were strongly predicted by avoidance and transference coping, underscoring the significance of teaching resilience-building and effective coping techniques.

Another significant component of stress and anxiety in nursing students is resilience. The capacity to adjust constructively in the face of challenges or pressure is known as resilience. Resilient students might be better equipped to handle both clinical and academic difficulties. Stress and resilience became significant subjects in nursing education both during and after the COVID-19 pandemic, according to Smith et al. (2023). According to a recent study, anxiety during clinical practice may hinder nursing students' transition into professional responsibilities, but clinical competence and resilience assist this shift (Kim et al., 2025). This implies that lowering stress and anxiety is crucial for both present student wellbeing and future career advancement.

Undergraduate nursing students may experience particular stresses in private hospitals. High standards for patient satisfaction, professional conduct, confidentiality, communication, and service quality may apply to students assigned to private hospitals. Additionally, they could experience pressure to develop fundamental therapeutic skills while still meeting institutional norms. Private hospitals may have distinct staff-student interaction, patient flow, paperwork, and oversight procedures than state hospitals. Fewer studies specifically focus on students placed in private hospitals, despite the fact that numerous studies have looked at nursing students in general clinical settings. Descriptive research is therefore required to evaluate the stress and anxiety levels of undergraduate nursing students in private hospital settings. Patient safety is also related to the significance of researching stress and anxiety in nursing students. High levels of stress or anxiety might make it difficult for nursing students to concentrate, communicate clearly, or carry out procedures with confidence. Nursing institutions must identify and manage sources of distress since clinical placement stress can impact learning outcomes, student well-being, and patient safety (García-Velasco et al., 2025; Labrague et al., 2017). Stress-reduction treatments in nursing education are necessary since recent evaluations have shown how clinical placement-related anxiety might impact students' learning outcomes and well-being. Students' stress and anxiety are frequently measured using standardized instruments. The Perceived Stress Scale, which was created by Cohen et al. in 1983, is frequently used to gauge how difficult people think their lives are. Symptoms of sadness, anxiety, and stress are also frequently measured using the sadness Anxiety Stress Scales created by Lovibond and Lovibond (1995). Because they offer quantifiable data that can be examined and contrasted, these resources are helpful for nursing students conducting research. The quality and dependability of descriptive research findings can be enhanced by the use of validated instruments.

Overall, research indicates that academic overload, clinical placement, fear of making mistakes, lack of confidence, interpersonal interactions, and pressure to perform professionally are the main causes of anxiety and stress among undergraduate nursing students. Because clinical practice demands students to operate in actual healthcare settings while they are still learning, it is frequently cited as a significant source of stress. Effective coping mechanisms, resilience, supportive supervision, and a supportive clinical learning environment can all help students feel less stressed and perform better. Undergraduate nursing students in private institutions, meanwhile,

have received less attention. Because it will evaluate the stress and anxiety levels of undergraduate nursing students in private hospitals and offer evidence for enhancing clinical learning and student assistance, the current descriptive study is crucial.

**Research Methodology :**

**Research Design:**

This study evaluated the stress and anxiety levels of undergraduate nursing students in private hospitals using a descriptive research approach. This design was appropriate because the study aimed to describe the existing condition of anxiety and stress among the participants without manipulating any variables or testing an intervention. The researchers were able to gather data from the chosen participants all at once and present the results in connection with the study's goal thanks to the descriptive approach.

**Research Instrument:**

A systematic questionnaire was used to gather data. The questionnaire was divided into two parts: the first portion asked participants about their age, gender, academic year, and clinical experience; the second part measured undergraduate nursing students' levels of stress and anxiety. The pupils' answers were measured using a validated anxiety and stress evaluation scale. The tool was chosen because it offered a methodical approach to evaluating nursing students' psychosocial experiences in a clinical setting.

**Sampling Technique:**

The study's participants were chosen using a non-probability convenience sampling technique. The study comprised undergraduate nursing students who matched the inclusion criteria, were available throughout the data collecting period, and were willing to participate. Because it made it possible for the researchers to get information from easily accessible participants within the chosen private hospitals, this sampling strategy was appropriate. The study did not include students who refused to participate or who were not present when the data was being collected.

**Ethical Consideration:**

The study was conducted in accordance with ethical guidelines. Prior to data collection, permission was acquired from the relevant institution and hospital authorities. The study's goal was explained to the participants, and prior to their involvement, they provided signed informed consent. Students were informed that their participation in the study was entirely voluntary and that they might leave at any time without facing any consequences. The questionnaire and report did not use participant names or other personal identifiers in order to protect confidentiality and anonymity. The collected data were used only for research purposes.

**Data Analysis:**

Data was analyzed using SPSS version 21. First of all cronbach alpha was run to test the internal consistency of the items after that descriptive statistics is run to find our the answer of research question.

**Table 1:Reliability Statistics**

Cronbach's Alpha	N of Items
.732	11

Table 1 is a reliability test. Cronbach's alpha was used to evaluate the research instrument's dependability. An adequate degree of internal consistency was shown by the reliability analysis's Cronbach's alpha score of 0.732 for 11 items. This indicates that undergraduate nursing students' anxiety and stress levels were fairly consistently measured by the scale's items. For research purposes, a Cronbach's alpha value greater than 0.70 is typically regarded as adequate. As a result, the study's questionnaire was deemed trustworthy for gathering data. Additionally, the outcome indicated that the 11 items consistently evaluated the study variables. This result indicated that the tool was appropriate for use in the current descriptive investigation.

**Table 2: Demographic**

	Frequency	Percent	Valid Percent	Cumulative Percent
4.00	9	30.0	30.0	30.0
5.00	10	33.3	33.3	63.3
6.00	9	30.0	30.0	93.3
Valid 7.00	1	3.3	3.3	96.7
9.00	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Table 2 shows the demographic distribution of the participants, it shows that a total of 30 undergraduate nursing students participated in the study. Among them, 9 participants (30.0%) were included in category 4.00. The highest number of participants belonged to category 5.00, with 10 students (33.3%). Another 9 participants (30.0%) were included in category 6.00. Only 1 participant (3.3%) belonged to category 7.00. Similarly, 1 participant (3.3%) was included in category 9.00. The valid percent was the same as the frequency percent, which showed that there were no missing responses in this demographic variable. The cumulative percentage showed that categories 4.00, 5.00, and 6.00 together represented 93.3% of the total sample. This indicated that most of the participants were concentrated in these three demographic categories. Overall, the demographic data showed that the sample was mainly represented by participants from categories 4.00, 5.00, and 6.00, while very few participants were found in categories 7.00 and 9.00.

**Descriptive Statistics**

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Age	30	1	4	2.07	.106	.583
Gender	30	1	2	1.57	.092	.504
Qualification	30	1	4	1.57	.124	.679
Do you feel anxious before starting a clinical shift in the hospital?	30	1	2	1.33	.088	.479
Do you feel that the clinical workload in this private hospitals is too heavy for a student?	30	1	2	1.27	.082	.450
Do you find it difficult to balance your theoretical studies with hospital duties?	30	1	2	1.27	.082	.450
Does the high cost of tuition at the private institute cause you financial stress?	30	1	2	1.10	.056	.305

Is there a formal counselling or support system available for you in this hospital/college?	30	1	2	1.33	.088	.479
Do you use exercise or physical activity to manage your stress?	30	1	2	1.27	.082	.450
Do you feel that the frequency of tests and assignment is unmanageable?	30	1	2	1.27	.082	.450
Do you worry about your mental health as you progress through the Nursing years?	30	1	2	1.10	.056	.305
Valid N (listwise)	30					

Table 3 presents descriptive statistics of demographic variables and study-related items among undergraduate nursing students. The total number of participants was 30 and the valid N showed that there were no missing data. The age variable ranged from a minimum of 1 to a maximum of 4, with a mean score of 2.07 and a standard deviation of 0.583, showing that most participants were in the lower to middle age groups. Gender ranged from 1 to 2, with a mean of 1.57 and a standard deviation of 0.504, indicating variability between the two gender categories. Qualification ranged from 1 to 4 with a mean score of 1.57 and a standard deviation of 0.679, which shows that most of the participants were concentrated in the lower qualification categories.

For anxiety and stress related items, the average score of feeling anxious before starting a clinical shift was 1.33 and standard deviation was 0.479, indicating a significant number of students felt anxious before clinical duty. The mean score for the item of heavy clinical workload was 1.27 with a standard deviation of 0.450, which implies that some of the participants were of the view that the workload in private hospitals was stressful. Likewise, the challenge of balancing theoretical studies and hospital duties had a mean score of 1.27 and a standard deviation of 0.450 suggesting that academic and clinical responsibilities put pressure on the students. Mean score of 1.10 and standard deviation of 0.305 were obtained for financial stress due to high tuition cost showing that some participants reported financial stress but with less variation compared to other items.

The mean score for availability of a formal counselling or support system was 1.33 with a standard deviation of 0.479. This shows mixed responses of participants on institutional support. The mean score of the use of exercise or physical activity to manage stress was 1.27 with a standard deviation of 0.450. This showed that some students used physical activity as a coping strategy. The item on unmanageable frequency of tests and assignments also had a mean score of 1.27 and a standard deviation of 0.450 which also suggests that academic workload contributed to stress among the participants. The average score for worry about mental health during the nursing years was 1.10 with a standard deviation of 0.305, suggesting that some students were concerned about their psychological well-being. Overall, the findings revealed that undergraduate nursing students had varying levels of anxiety and stress associated with clinical rotations, workload, academic responsibilities, financial concerns, and mental health issues.

## Discussion :

The present descriptive study aimed to assess the level of anxiety and stress among undergraduate nursing students in the clinical settings of private hospitals. The results of the study revealed that students were anxious before starting clinical shifts, perceived clinical workload as stressful, found it difficult to balance theoretical learning with hospital duties, and expressed concerns about academic workload, financial pressure, counselling support, coping practices, and mental health. The results are in line with recent evidence suggesting that nursing students are frequently exposed to psychological stress caused by the combination of classroom demands and direct patient-care responsibilities (Abaribe et al., 2025; García-Velasco et al., 2025). Clinical placements have been identified as crucial for professional development, but they may also create psychological distress that can negatively impact students' wellbeing, learning outcomes, and readiness for practice (Ko et al., 2025). Recent studies also found that clinical learning environments expose students to less familiar procedures, patient suffering, fear of errors, and high expectations of instructors and hospital staff, which may increase stress and anxiety (Alkouri et al., 2025; Ozsaker et al., 2025).

Pre-start anxiety in a clinical shift was an important finding in this study. This finding could be explained by the fact that often undergraduate nursing students enter clinical areas with limited confidence and fear of doing procedures wrong. A lack of skills, uncertainty and powerlessness were major stressors for undergraduate nursing students during clinical placements, reported García-Velasco et al. (2025). Similarly, a narrative synthesis on Generation Z nursing students showed that anxiety during clinical placement may impact students' physical health, mental health, confidence, and learning experiences (Mushangwe et al., 2025). The finding of the present study therefore suggested that pre-shift anxiety was not a solitary issue but a part of a wider pattern of psychological pressure experienced by nursing students during clinical learning. This was especially the case in the private hospital setting, where students may feel that there are higher expectations regarding professionalism, communication, patient satisfaction and quality of service.

Another important finding of this study was the perception of a heavy clinical workload. Students expressed stress related to demands of hospital duties which was in agreement with findings from recent studies on nursing students during clinical placement. Abaribe et al. (2025) discovered that nursing students experienced moderate stress, mostly attributed to patient care, academic workload, and clinical expectations. Alkouri et al. (2025) also found that undergraduate nursing students experienced moderate stress during intensive care unit clinical placements, with workload and peer-related stress among the highest-ranking stressors. These findings supported the current study as they suggested that clinical workload can be a significant stressor while students are required to perform in real health-care settings and develop practical competence simultaneously. Therefore, the clinical workload should be planned according to the level of training, experience and supervision needs of the students.

The study also showed that students had difficulties in combining theoretical study and hospital duties. This finding was congruent with recent literature that nursing students are exposed to dual academic and clinical demands. Yosep et al. (2025) found that nursing students often experience stress, anxiety, depression, and burnout because of tight class schedules, clinical assignments, examinations, and direct patient-care responsibilities. Similarly, Ozsaker et al. (2025) observed that nursing students experience considerable stress and anxiety in clinical environments, potentially impacting their academic success and professional growth. Thus, the finding of the

present study reflected the pressure created when students have to manage classroom learning, assignments, tests and clinical duties simultaneously. This suggests that nursing colleges and clinical sites need to better align academic and clinical schedules to relieve the undue strain on students.

The research also indicated financial stress among the participants. Although the response pattern was less variable than for some other items, financial pressure remained an important issue in private nursing education. Recent systematic review evidence showed that financial issues were among the sociodemographic and interpersonal factors associated with stress and depressive symptoms among undergraduate nursing students (Bressington et al., 2026). In private institutions, the psychological burden can be increased by the cost of tuition, transportation, uniforms, books, clinical materials and other educational expenses. Financial stress also can lead to reduced focus for students, and increased anxiety about the continuation of their education. Hence, institutions may need to consider financial counselling, scholarship opportunities, flexible payment systems and student support funds to reduce stress related to educational costs.

The findings on counselling and support systems were also significant. Responses from students showed that formal counselling or support systems were limited or not clearly available to all participants. This finding aligns with recent literature emphasizing the importance of structured mental health interventions in nursing education. Yosep et al. (2025) reported that interventions such as stress-management training, mindfulness activities, peer support programs, and psychological counseling may help nursing students in regulating emotions, increasing resilience, and managing psychological distress. Ko et al. (2025) also found that pre-clinical placement interventions often focused on coping strategies, stress and anxiety reduction and reinforcement of clinical skills. The findings reinforced the importance of strengthening formal student-support systems, including counseling, mentorship, clinical orientation, and regular mental health screening, in private hospitals and nursing colleges.

Another observation from the present study was the use of exercise or physical activity as a way to cope. It indicated some students tried to deal with stress through personal strategies. Recent studies have confirmed the importance of coping style in the experience and management of stress in nursing students. Alkouri et al. (2025) reported that problem-focused coping was associated with lower stress and that avoidance and transference coping predicted higher stress in nursing students during their clinical placement. Abaribe et al. (2025) also found the students used different coping mechanisms including optimistic coping and problem-solving actions to manage stress during clinical posting. The results indicate that students should be encouraged to adopt healthy coping strategies such as exercise, time management, peer support, relaxation, reflection, and problem solving rather than avoidance-based coping.

Some students also commented on the unmanageable frequency of tests and assignments. The finding indicated the academic workload was a factor for the overall stress of participants. This finding is supported by recent literature as nursing students often experience stress due to coursework, exams, clinical documentation, and academic expectations (Abaribe et al., 2025; Yosep et al., 2025). Undergraduate nursing students experience high levels of stress and depressive symptoms, with multiple academic, sociodemographic and interpersonal factors contributing to these outcomes (Bressington et al., 2026). If students are assigned clinical duties on the same days

or assignments are due during clinical rotations, the academic pressure can exacerbate the stress. Therefore, faculty should review academic calendars and minimize competing deadlines, and ensure assessment schedules are realistic and support student learning.

Another significant finding was the concern about mental health as students moved through nursing education. This finding was consistent with recent evidence that mental health problems are common among nursing students. Efstathiou et al. (2025) undertook an umbrella review of meta-analytic evidence and identified mental health issues such as sleep disturbance, burnout, depression, anxiety, and stress among nursing students. Similarly, a systematic review and meta-analysis conducted in 2026 from Pakistan identified depression as one of the major mental health problems among nursing students and recommended the implementation of psychological support services and stress management interventions in nursing education (Sarfranz et al., 2026). This study looked at anxiety and stress, not depression. But the result showed that the mental health concerns of nursing students need to be addressed early to prevent more serious psychological consequences.

The findings of the current study also have implications for students' transition to professional nursing roles. Anxiety and stress during clinical practice can reduce confidence, inhibit learning and impact on the development of clinical competence. Kim et al. (2025) found that anxiety in clinical practice was a negative influence on the role transition of nursing students, whereas resilience and clinical competence were positive factors in successful transition. This indicates that anxiety and stress are not only concerns for students in the moment but also have the potential to impact future professional adjustment. Repeatedly stressed students who lack adequate support may enter professional practice with less confidence and poor coping skills. Therefore, in nursing education, interventions to improve clinical competency, resilience, and emotional preparedness should be introduced.

The present study also pointed out the importance of emotional regulation and self-efficacy. Shubayr and Dailah (2025) noted that perceived stress has been associated with emotional intelligence and self-efficacy in undergraduate nursing students engaged in clinical practice. Ozsaker et al. (2025) also highlighted that academic self-efficacy has an important role in managing perceived clinical stressors. These findings indicate that students who are confident in their academic and clinical abilities may be better able to cope with stress and anxiety. Nurse educators need to adopt strategies like simulation, guided clinical practice, feedback, peer mentoring and reflective learning to increase students' confidence before and during their hospital placement.

The overall findings of this descriptive study indicated that the undergraduate nursing students of private hospitals experienced anxiety and stress related to clinical shifts, workload, academic responsibilities, financial concerns, support systems, coping practices and mental health. These findings are consistent with recent studies in 2025 and 2026, which all reported that nursing students experience stress and anxiety related to academic demands, clinical expectations, workload, lack of confidence, and limited support (Abaribe et al., 2025; Alkouri et al., 2025; García-Velasco et al., 2025; Ko et al., 2025). This study was descriptive in nature and, therefore, did not establish a causal relationship. However, it provided useful evidence of the existing condition of anxiety and stress among undergraduate nursing students in private hospital clinical

settings. The findings revealed that nursing colleges and private hospitals should plan structured orientation programmes, effective counseling services, manageable academic and clinical schedules, stress management training, mentorship and supportive supervision to enhance the well-being and clinical learning outcomes of students.

### Conclusion:

This current descriptive study concluded that the undergraduate nursing students in the clinical setting of the private hospital had anxiety and stress over their academic and clinical responsibilities. The findings revealed that students felt anxiety before starting clinical shifts and found clinical work, tests, assignments, and the balance between theoretical studies and hospital duty as stressors. The study also found financial pressure, concerns about mental health and availability of counselling or support services as key factors. The results showed that there was anxiety and stress among the nursing students and it could affect their confidence, learning, clinical performance and overall well-being. The study also found that students used some coping strategies like exercise or physical activity to cope with stress. As a descriptive study, it did not establish cause and effect relationships but provided useful information regarding the existing anxiety and stress related experiences of undergraduate nursing students. Based on the findings, it is recommended that nursing colleges and private hospitals should provide proper clinical orientation, supportive supervision, counselling services, manageable academic work load and stress management programs. The study overall emphasized the importance of reinforcing academic and clinical supports to promote mental health, confidence and professional development of undergraduate nursing students in private hospitals.

### Recommendations:

- Nursing colleges and private hospitals should provide proper clinical orientation before students begin hospital duties to reduce anxiety and improve confidence.
- Formal counselling and psychological support services should be made available for undergraduate nursing students to help them manage stress and mental health concerns.
- Clinical workload, tests, assignments, and hospital duties should be planned in a balanced way to prevent excessive academic and clinical pressure.
- Clinical instructors and hospital staff should provide supportive supervision, guidance, and constructive feedback during clinical practice.
- Stress-management programs, including coping skills training, relaxation techniques, time management, and physical activity promotion, should be arranged for nursing students.

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