

Challenges Faced and Coping Strategies Adopted by Nursing Students in Psychiatric Ward

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Abstract

Mental illness is devastating disorders. Unfortunately, this diagnosis is not well understood by the public. Often, those who have mental illness are stigmatized as being “crazy,” “mad;” and millions of them suffer in silence. There are reports of increase in mental illness across the country. These increases have serious implications for psychiatric nursing as more persons are diagnosed with mental illness, the greater the need for psychiatric nurses. Clinical learning plays an important role in nursing education, as it provides opportunities for student nurses to apply the theory learned in the classroom to the real world of clinical nursing. It is also a socialization process through which student nurses are inducted into the practices, expectations, and real-life work environment of the nursing profession. Clinical education is a vital component of psychiatric nursing science, as it provides student nurses with the opportunity to combine cognitive, psychomotor, and affective skills, thus gaining knowledge, skills, and experience in the clinical psychiatric learning environment. Reviewers search nine databases for systematic reviews published in English language peer-reviewed journal between 2010 and 2020. Systematically, the search of significant articles was carried out in various search engines with the following key word: “Coping,” “Adaptation,” and “coping strategies” from the search. Among them, 30 were evaluated to be higher quality. Studies recruiting samples of nursing students posted in psychiatric ward. The findings conclude that majority of students who were posted in the psychiatric ward had moderate level of coping strategies to adapt and work in the psychiatric ward.

Keywords: Coping strategies, Nursing students, Psychiatric ward.

INTRODUCTION

Mental illness is devastating disorders. Unfortunately, this diagnosis is not well understood by the public. Often, those who have mental illness are stigmatized as being “crazy,” “mad;” and millions of them suffer in silence. There are reports of increase in mental illness across the country.^[1]

These increases have serious implications for psychiatric nursing as more persons are diagnosed with mental illness, the greater the need for psychiatric nurses.^[2]

Psychiatric nurses are the nursing professionals providing a large portion of the care to individuals and families who are

fortunate enough to access psychiatric hospitals. Yet, just as the mental health field is not without obstacles and challenges, psychiatric nurse faces a number of obstacles and challenges as well.^[3]

A descriptive cross-sectional study was conducted to determine the type of stress and coping strategies among nursing students. The level of stress was evaluated through Perceived Stress Scale (PSS) and type of coping strategies was assessed by the use of Coping Behaviors Inventory (CBI). The questionnaire required students to record their impression about stress level. Students perceived moderate level of stress, most commonly attributed to assignments and workload, teachers and nursing staff, peers and daily life, and taking care of patients. The most frequently used coping mechanism was problem solving. The study found that age, GPA, education level, and residence are good predictors of the use of transference as a coping behavior. The conclusion of the study moderate level of stress among students illustrates the need for stress management programs and the provision of suitable support.^[4]

Access this article online

Website: <http://innovationalpublishers.com/Journal/ijnh>

ISSN No: 2454-4906

DOI: 10.31690/ijnh.2021.v07i01.005

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The study conducted on stress and coping among psychiatric nurses to gain more information about psychiatric nursing job stress, coping strategies, and the relationship between job stress and coping strategies. Method is adopted by systemically retrieved, interrogated, and analyzed. Result of the study psychiatric nurses' experiences related to workplace stress and interpersonal relationships, particularly with patients and colleagues. These stressors can lead to poor health and daily functioning. Nurses also experience job dissatisfaction and report their intention to change profession as a result of work-related stress. Psychiatric nurses use mainly problem-focused strategies to deal with work stress. Commonly used problem focused strategies include problem orientation and social support. Overall, psychiatric nurses perceive social support, particularly family support, as an essential component in their coping with stress. It is recommended that health organizations recognize the need to provide appropriate support to nurses, perhaps in line with western initiatives.^[5]

Clinical learning plays an important role in nursing education, as it provides opportunities for student nurses to apply the theory learned in the classroom to the real world of clinical nursing (Hayman-White and Happel, 2005). It is also a socialization process through which student nurses are inducted into the practices, expectations, and real-life work environment of the nursing profession. Clinical education is a vital component of psychiatric nursing science, as it provides student nurses with the opportunity to combine cognitive, psychomotor, and affective skills, thus gaining knowledge, skills, and experience in the clinical psychiatric learning environment. Secomb (2008) states that it is important for student nurses to have access to the "real-world situations" (clinical placements) to apply their skills, knowledge, and attitudes, which enable a level of competence during clinical practice. Student nurses often perceive the psychiatric nursing placement as a stark contrast to the general nursing settings (Charleston and Happel, 2006). This view on psychiatric nursing placement is supported by Sharif and Masoumi (2005) who added that the 3rd and 4th year nursing students reported that the clinical psychiatric learning environment was the most stressful part of the nursing program, as it involves unfamiliar areas and difficult psychiatric patients.^[6]

Ahmad *et al.*, (2017). The aim of the study was to undertake a psychometric analysis of the Psychiatric Nurses Methods of Coping Questionnaire (PNMCQ) – Arabic version when used to measure coping skills in psychiatric nurses in Jordan. The PNMCQ demonstrated valid and reliable values when administered to psychiatric nurses in Jordan after it had been submitted to factor analysis.^[7]

Renato *et al.* (2015) study conducted in Brazil in November 2013, to identify the coping strategies of nurses in hospital emergency services, and relate them to sociodemographic and professional variables. It was concluded that coping strategies can be aided by listening, monitoring, educational

programs, and creation of a space for discussion of work-related difficulties.^[8]

The study determining the learning challenges of nursing students in clinical environments in Iran. Method is adopted by 18 undergraduate nursing students who were selected using purposive sampling method from the Faculty of Nursing and Midwifery of Tehran and Shahid Beheshti Universities. Semi-structured interviews were used to collect data. The content analysis method was used to determine relevant themes. Two themes were derived from the data analysis, which represented the students' clinical learning challenges. These two themes included insufficient qualification of nursing instructors and unsupportive learning environment. The study concluded that two themes were derived from the data analysis, which represented the students' clinical learning challenges. These two themes included insufficient qualification of nursing instructors and unsupportive learning environment.^[9]

MATERIALS AND METHODS

Reviewers searched nine databases for systematic reviews published in English language peer-reviewed journals between 2010 and 2020. Relevant articles were identified by search engine; PubMed, Medline, SCOPUS, CINAHL, PsycInfo, EMBASE, Elsevier, Ebscohost, and Google Scholar with the following key words: "OER, Blended learning, Collaborative learning environments, Computer Supported Collaborative Learning, and Learning object repositories."

Review articles

Review articles divided into following heading:

1. Literature related to challenges faced by nursing students in psychiatric wards
2. Literature related to coping strategies adopted by nursing students in psychiatric wards.

Literatures related to challenges faced by nursing students in psychiatric wards

A study conducted on identify the challenges of nursing students in the clinical learning environment (CLE) to improve training and quality of its planning and promotion of students. The method adopted by qualitative study the content analysis approach. As sample selected was 17 nursing students and 3 clinical instructors. The samples are selected through purposive sampling method and attended semi-structured interview and focus groups. The result of the study reflects that three themes emerged after data analysis including ineffective communication, inadequate readiness, and emotional reaction. Nursing students in Iran are faced with many challenges in a CLE. This study identified all challenges of student's learning in clinical setting and how instructors prepare students with a specific focus on their communication and psychological needs.^[10]

A study was conducted in at Shiraz Nursing and Midwifery school to explore the views of nursing trainers and students

about nursing students' clinical evaluation problems and drawbacks. The method adopted by qualitative exploratory approach in which sample 8 nursing instructors and 40 nursing students were interviewed and the data on their opinions about the problems of the clinical evaluation were collected through semi-structured deep interviews, four open-ended questions. The result of study indicated that clinical evaluation problems: "Inappropriate clinical evaluation method," "problems of clinical evaluation process," "problems related to clinical instructors," "unsuitable programming of clinical education," and "organizational shortcomings."^[11]

The study explores challenges experienced by student nurses during skills acquisition in the clinical area. Method is adopted by a systematic review in which Google Search engines and Google Scholar, and CINAHL were used to obtain published journal articles. Result of the study challenges experienced by student nurses during skills acquisition are related to issues in the clinical environment, and learning opportunities such as shortage of clinical staffs and clinical tutors, little support supervision, shortage of materials, student allocations, role model, and short time for practicing in the clinical area, interpersonal relationship, and theory-practice gap. Study concluded that the challenges experienced by student nurses cut across the clinical area environment, the students, and the clinical instructors.^[12]

A study focusing specially on health nursing student in required. The method used were one to one interviews with mental health nursing students ($n=12$). Data were thematically analyzed. The result suggested that many participants disclosed feeling highly stressed, with negative consequences for their mental health.^[13]

A study was undertaken to determine and understand the challenges that student nurses encounter in the CLE in Limpopo Province, South Africa, and how these challenges can be addressed. A quantitative, descriptive, cross-sectional survey was used. The population consisted of levels 2, 3, and 4 years student nurses from three campuses of Limpopo College of Nursing. The researcher used a self-developed questionnaire for data collection. Out of 206 questionnaires, 152 were returned fully completed, yielding 74% effective response rate. The study revealed some of the challenges which negatively affect students' education and clinical learning and strategies were devised to address these challenges.^[14]

Learning in clinical environment has several benefits, but it can be challenging, unpredictable, stressful, and constantly changing. Eighteen undergraduate nursing students are selected using purposive sampling method. Semi-structured interview was collect data. Result of the study is two themes which were derived from data analysis which represented the student's clinical learning challenges. It includes insufficient qualification of nursing instructors and unsupportive learning environment. The study concluded identification of the students' clinical learning challenges and actions to remove or modify them will create more learning opportunities for the students, improve the achievement of educational

goals, provide training to nursing students with the needed competencies to meet the complex demands of caring and for application of theories in practice, and improve the quality of health-care services.^[9]

A study highlighting the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education was carried out. A quantitative non-experimental descriptive design was used and a survey questionnaire used to collect data from psychiatric nurses at in-patient psychiatric facilities. The most common issues faced in psychiatric nursing practice were that "mental health care users deny mental illness" and the challenges associated with exposure to patients' unpredictable behavior. Of significance was that nurses were also exposed to increased levels of aggression and violence. Psychiatric nurses reported experiencing feelings of anger and frustration, as well as high levels of burnout. While psychiatric nurses indicated that they were suitably trained to deal with mental health-care users, most supported the need for further training.^[15]

The study was to explore the challenges nurses faced while working in acute psychiatric wards. A qualitative design using content analysis was used. Fifteen nurses working in psychiatric wards in hospitals affiliated to a university hospital in an urban area of Iran were chosen using a purposive sampling approach. Semi-structured interviews were used for data collection. An inductive content analysis method was used to analyze the collected data. Four themes were developed based on the analyzed data: "Experiencing psychosocial challenges," "experiencing psychological challenges," "encountering catalysts causing challenges," and "employing various strategies for coping with challenges." Given the importance of physical and mental well-being of nurses and the moral and professional responsibility of an organization to protect staff health, it is of prime importance to examine the inpatient psychiatric nurses' experiences to better understand them and hopefully use such knowledge so as to improve their work life.^[16]

Literature related to coping strategies adopted by nursing students in psychiatric wards

The study to understand evaluates mental health and coping strategies among nursing staff in two public hospitals of Greece. The method adopted was cross-sectional study conducted on 318 nurses working in two public hospitals in Attica. Data were collected using the Patient Health Questionnaire-2, the Generalized Anxiety Disorder-2 Questionnaire, and the Greek version of the Ways of Coping Questionnaire. Results are revealed that 44% of nurses were suffering from depression and 40.3% from anxiety, with the type of hospital ($P \leq 0.001$) and marital status ($P = 0.031$) affecting stress levels. Conclusions of the study working in mental health hospital and married nurses were the main risk factors for manifestation of anxiety/depression symptoms among nursing staff. Individual nurse characteristics, such as working experience as well as working environment (general and mental health hospital), were found

to be associated with the nurses' coping strategies in their attempt to deal with their work.^[17]

A study was done to explore the coping strategies of Iranian nursing students with stress in a clinical setting. Twenty nursing students were selected using purposive sampling at the Razi Nursing and Midwifery School in Kerman in Iran during a 10-month period in 2016. Data were collected using semi-structured face-to-face interviews and analyzed through Graneheim and Lundman's qualitative content analysis method. The result is revealed that "Seeking well-being" as the main theme and three categories of "Active confrontation with stress," "mastering the mind and body," and "avoidance" were obtained from data analysis.^[18]

A study was carried out to identify the coping strategies of nurses in hospital emergency services. The method is adopted by cross-sectional study with 89 nurses. Research instruments included the Ways of Coping Questionnaire by Folkman and Lazarus. Result revealed that the strategies of confrontation, positive reappraisal, and escape-avoidance were associated with the male sex, not having a partner and working night shifts, respectively. The study included 89 nursing professionals from the urgency and emergency care unit, most of which were female (62%). Study subjects' ages ranged from 19 to 51 years, with a mean of 34.5 years, median 33 years, and standard deviation of 7.61 years. Most subjects reported living in São José do Rio Preto (73.0%) and having a partner (39.3% were married and 13.5% were in a stable relationship).^[8]

A study was performed to assess the stress level and coping strategies among nursing students. A total of 180 students participated in the study. PSS-14 was used to assess stress level and ACOPE was used to identify the coping strategies. Results revealed that 34% of students were having moderate stress and 33% each were having mild and severe stress. Class of the students and their courses were found to be significantly associated with the stress level of nursing students. Majority of subjects tend to use more of healthy coping strategies as compared to negative or unhealthy ones.^[19]

The study was conducted to identify levels and types of stressors among nursing students during their clinical training and their coping behaviors. Method was adopted by data collected using a purposive sampling method from 100 nursing students using a self-reported questionnaire composed of PSS and Coping Behavior Inventory. The result showed that "assignment and workload" as well as "teachers and nursing staffs" were the highest sources of stress in clinical training. The most common coping behavior used were "problem solving" and "staying optimistic." The study concluded that nursing teachers and staff are encouraged to develop strategies that decrease level of stress and promote adaptive coping behaviors among nursing students during their clinical training.^[20]

The study was conducted to identify stressful events of the 1st year Nepalese nursing students in the clinical setting and

to determine how they cope with the stressful events. The sample consisted of 104 nursing students who had been in the clinical setting for 6–8 weeks. Four stressful events identified were interpersonal relationships, initial experiences, feeling helpless, and demeaning experiences. The most frequently reported stressful event was interpersonal relationship (50%). Eight categories of coping from students' description were problem solving, accepting responsibility, seeking social support, self-control, tension reduction, avoidance, wishful thinking, and negative feelings. The majority of students utilized the "seeking social support" category of coping.^[21]

Study explores the self-identified strategies that female youth in the NWT uses to cope with mental health issues. The arts-based qualitative method of body mapping and a trauma-informed, strengths-based approach grounded in social ecological theory was used to collect data during in-depth semi-structured interviews. Forty-one participants (aged 13–17 years) attended FOXY body mapping workshops in six NWT communities in 2013 then completed interviews regarding the content of their body maps. Thematic analysis was used to identify five themes related to coping strategies: Grounding through nature, strength through Indigenous cultures, connection with God and Christian beliefs, expression using the arts, and relationships with social supports. These results can be used to develop culturally relevant, strengths based, trauma-informed interventions that improve coping and resiliency among northern youth.^[22]

The aim of the study was to the prevalence of stress, and the association between sociodemographic factors, stressors, and coping strategies with stress. Method is adopted by cross-sectional study on 96-year 1–3 nursing students. Stressors in Nursing Student Scale Questionnaire and Brief COPE Questionnaire were used in this study. This study had Malay (95.9%) and female (91.7%) dominated population. The prevalence of stress in student nurses was 25%. No association was reported between sociodemographic factors and stress. Among the four stressors, educational, clinical, confidence and financial, and clinical stressor scored the highest mean 6.40 (SD \pm 3.66). Confidence stressor (adjusted odds ratio [AOR] = 1.26 95% confidence interval [CI] = 1.04–1.53) was the only stressor associated with stress. The top three coping strategies practiced by the student nurses were religion (praying), acceptance, and planning. Self-blame (AOR = 8.18 95% CI = 1.86–35.91) was the only coping strategy associated with stress.^[23]

This study examined the types of coping strategies used by hospital nurses in Hong Kong. The impacts of these coping strategies on the mental health of nurses were also investigated. Results showed that coping strategies were both situation specific and culture specific, with direct action coping, acceptance, and positive thinking used more frequently than avoidance and alcohol. It was found that more than one-third of the nurses were considered to be at risk of developing poor mental health, and the most frequent

symptomatic complaints included anxieties and feelings of inadequacy in handling daily activities. Nurses who were mentally healthy, used more direct action coping and positive thinking, and fewer avoidance strategies and drinking than did the nurses who were at risk of developing poor mental health. Contrary to our hypothesis, nurses who adopted more acceptance strategies had poorer mental health. Implications of the study are discussed.^[24]

Assessing stress level and coping behaviors of psychiatric nursing students in pre- and post-clinical practice. Method is adopted by a quasi-experimental pre- and post-test design. This tool was used for data collection consists of three parts: Part I: It was concerned with sociodemographic characteristic of the studied subjects. Part II: The PSS was adopted by Sheu *et al.* (1997) to examine nursing students' stress levels. Part III: CBI scale adopted by Sheu *et al.* (2002). Result of study are minimal improvements in stress level among psychiatric nursing students in 4th year at Benha University. Study sample pre were compared by post clinical practice and it also revealed the more frequently used coping strategies regarding avoidance, problem solving, optimistic, and transference behavior in pre compared by post clinical practice. Furthermore, it has proved that there is a highly statistically significant correlation between stress level and coping behaviors of the study sample pre- and post-clinical practice. Study was conducted only at one nursing college in one country. Future studies should consider replicating the study at multiple nursing colleges and multiple countries.^[25]

A study was performed with the objectives to identify the possible causes and frequency of stress experienced by registered nurses working in a hospital, to identify the coping strategies used, to assess the relationship between stress and coping mechanisms of registered nurses, to compare stress and adopted coping strategies among registered nurses in the different units/wards, to identify the support systems that minimize stress, and to address stress among nurses in South Africa. Method is adopted by a descriptive correlational study was used to identify sources of stress experienced by registered nurses, describing the relationship between stress and coping. With the use of a purposive sampling, 150 standardized self-report questionnaires including Nursing Stress Scale and Ways of Coping Checklist were distributed to registered nurses in the following units/wards, medical, surgical, theatre, trauma and emergency, intensive care unit, and maternity. The findings of the study revealed that registered nurses are stressed. The greatest perceived source of stress appears to be workload followed by emotional issues related to death and dying. Registered nurses seem to be resorting more to positive reappraisal, planful problem solving, and seeking social support strategies.^[26]

A descriptive cross-sectional study was conducted by a simple random sampling technique on 125 nursing students during their clinical practice. The data were collected by a self-administered questionnaire consisting of demographic variables, the PSS, and the Coping Behavior Inventory. Result

of the study, the perceived stress provoking factors included taking care of patients (1.56 ± 0.45), assignments and workload (1.60 ± 0.43), lack of professional knowledge and skills (1.24 ± 0.45), field of practice (1.47 ± 0.49), peers and daily life (1.89 ± 0.67), and teachers and nursing staff at hospitals (1.45 ± 0.79). The strategies used by students to minimize stress included taking a problem-solving approach (1.84 ± 0.67), staying optimistic (1.56 ± 0.76), transference (1.34 ± 1.20), and avoidance (1.23 ± 0.56). Conclusion of the study, the nursing students in the study cohort were exposed to moderate stress due to different stressors. In response, they frequently used a problem-solving approach and avoidance.^[27]

Stigma leads to discrimination of the patient, family, health-care providers, and services. A workshop type qualitative analysis was conducted with a panel of 40 psychiatrists to attempt to apply evidence-based anti-stigma strategies to five given hypothetical case vignettes. Various combinations of protest, education, and challenge strategies were selected as effective by the panel. The analysis also revealed a number of stigmatizing beliefs related to psychiatry as a profession and behavior of patients. Psychiatrists themselves need to change such beliefs as part of reducing stigma related to mental illnesses.^[28]

CONCLUSION

The findings conclude that majority of students who were posted in the psychiatric ward had moderate level of coping strategies to adapt and work in the psychiatric ward.

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How to cite this article: Hange A, Khare S. Challenges faced and coping strategies adopted by nursing students in psychiatric ward. Innov J Nurs Healthc. 2021;7(1):22-27.