

Coping strategies and social support in nursing students during clinical practice: A scoping review

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Abstract

Aim: To identify the coping strategies and social support received by nursing students during clinical practice.

Design: Scoping review.

Methods: Primary studies on coping strategies and social support, in full text, in English, French, Spanish or Portuguese and published in 2018 or later were included. Search was carried out in January 2023 on EBSCOhost, PubMed, SciELO, ScienceDirect, OpenAIRE, MedNar Search, WorldWideScience and the references of previously selected articles.

Results: A total of 24 studies were identified. Seven studies mentioned social support as a useful strategy and several instruments were identified that allow measurement.

Conclusions: Few studies establish a direct relationship between the effectiveness of coping strategies with stressful situations. Positive coping strategies are associated with effective stress management. The relationship between social support and stress reduction is scarcely addressed.

Implications for the Profession and/or Patient Care: Stressful situations can have an impact on students' health and on the quality of care. Nursing schools and healthcare institutions must work together in programmes to improve students coping abilities.

Impact: This review addressed coping strategies used by nursing students during clinical practice. A set of relevant coping strategies were identified that can be used by teachers to improve students' outcomes.

Reporting Method: The review was performed according to Preferred Reporting Items for Scoping Reviews (PRISMA-ScR).

Patient or Public Contribution: No patient or public contribution.

KEYWORDS

literature review, nursing

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1 | INTRODUCTION

Students in nursing programmes participate in several internships that provide them the chance to improve their skills and contact with the professional demands. Nursing students may have higher stress levels than other higher education students and these are amplified in the clinical setting as opposed to the classroom (Bhurtun et al., 2019).

Sources are multifactorial including assignment work, clinical environment, complex patients, lack of clinical skills, fear of the unknown, gap in practical/theoretical knowledge and communication difficulties with nurse staff, peers and patients and their families (Rudberg et al., 2022). Stress may have a negative impact on academic performance (Hadi et al., 2018) and physical and mental health lowering students' capacity for a respectful and safe interaction (Cornine, 2020).

According to a review by McCarthy et al. (2018), there are three main definitions of stress, regarding nursing students. These are focused on different stress characteristics: stress as a response to a stimulus, stress that emanates from an external source and stress as a dynamic process that includes both internal and external factors. The same authors also point that stress can be neutral, good or bad (McCarthy et al., 2018). Stress is unavoidable and usually problematic to overcome. Therefore, an effective coping strategy might support nursing students to deal with stress.

Coping is defined as a "dynamic, behavioral and cognitive effort in controlling internal and external stress" (Rafati et al., 2017, p. 3). More recently Gurvich et al. (2021) indicated that coping is the ability to make use of mechanisms that aim to reduce psychological stress. Research on this matter traditionally is directed towards coping styles or coping strategies.

Coping styles refers to the disposition regarding defiant circumstances or stressors. Three basic coping styles are identified in literature: task-oriented, emotion-oriented and avoidance oriented (Endler & Parker, 1990). The coping style may remain consistent across a variety of situations and experiences, while the coping strategies employed within it may change and evolve. In literature studies employing coping instruments or measurements that measure coping strategies for specific situations or stressors have been found to be more valid and reliable (Daniels & Harris, 2005; Lazarus & Folkman, 1984).

Coping strategies can be adaptative such as talking to friends and sports or maladaptive such as the use of alcohol (Reeve et al., 2013). Lazarus and Folkman (1988) classified coping strategies as problem-focused, when students seek to reduce the stressful demands or expand resources to deal with stress and emotion focused, when students aim to regulate the emotional response. Labrague, McEnroe-Petitte, Al Amri, et al. (2018) presents a simpler arrangement by classifying them as active or passive coping strategies.

2 | THE REVIEW

Educational institutions have the responsibility to help future nurses face their educational challenges through support (Gidman

et al., 2011). Support is a concept that means to sustain something and is defined by Sarason et al. (1983, p. 127) as the "existence or the availability of people on whom we can rely, people who let us know that they care, value, and love you". In nursing students' population, the existence of social support is a predictor of resilience (Narayanan & Alexius Weng Onn, 2016) and a protective factor (Wilks & Spivey, 2010).

The strategy of nursing students seeking support from family members is described (Labrague, McEnroe-Petitte, De Los Santos, & Edet, 2018) however it is unclear what form of support is offered and by whom.

Previous literature reviews on this theme have been performed. Galbraith and Brown (2011) systematically reviewed interventions effectiveness for reducing stress in this population. The most effective interventions provided skills either for coping with stressful events or for changing maladaptive cognitions.

Later Pulido-Martos et al. (2012) systematically reviewed the sources of stress in nursing students. They concluded that both academic and clinical practice were stressful for students irrespective of the students' year of education.

Labrague and colleagues presented different literatures revisions from 2017 to 2018. In the first review Labrague et al. (2017) assessed stress and coping strategies in nursing students. From the 13 studies found the authors concluded that stress levels ranged from moderate to high and were primarily caused by patient care, assignments and responsibilities, and negative staff and faculty interactions. Problem-solving strategies were frequently employed as coping mechanisms (e.g., developing objectives to resolve problems).

Later (Labrague et al., 2018), a systematic review examined Saudi nursing students' stress perceptions and coping strategies. Stress levels ranged from moderate to high, with inconclusive findings on the influence of sociodemographic factors on stress. The authors of this review concluded that pupils employed both active and passive coping strategies. In the same year, Labrague, McEnroe-Petitte, De Los Santos, and Edet (2018), in an integrative review, also assessed the coping skills of nursing students and its implications for policymaking. Students primarily employed problem-focused coping strategies and specific coping behaviours, such as problem-solving behaviours, self-confident approaches, and support-seeking from family and friends. The implementation of structured student orientation programmes was suggested as a means of enhancing the positive coping skills of nursing students. In the same year, other researchers published an integrative review on the stress and coping strategies of nursing and midwifery students during their educational programmes (McCarthy et al., 2018). Although clinical, academic and financial contexts were identified as sources of stress, clinical practice emerged as the predominant one. Different kinds of adaptive and maladaptive coping strategies were utilized by students.

Numerous authors emphasize the significance of additional research on this topic and the need to evaluate the efficacy of interventions on student stress reduction. In recent years, there has

been an increase in investment in this area of knowledge; however, as described previously, literature reviews are not current. To determine the coping strategies and social support received by nursing students during clinical practice, a literature review was conducted.

We chose a scoping review methodology based on the recommendation of Munn et al. (2018), as it is particularly well-suited for systematically and comprehensively synthesizing a large body of literature. In addition, scoping reviews are appropriate for mapping the breadth and diversity of coping strategies used in this particular population.

3 | AIM

Following the protocol defined by Johana Briggs Institute (JBI) updated methodological guidance (Peters et al., 2021), a scoping review was conducted that aimed to identify the coping strategies and social support received by nursing students during clinical practice.

Research question was defined according to PCC (Pollock et al., 2023): which are the coping strategies and the social support received by nursing students during clinical practice? (population: nursing students; concept: coping strategies and social support; context: clinical practice).

4 | METHODS

Scoping review steps Peters et al. (2021) were followed as detailed below.

4.1 | Protocol and registration

The protocol was drawn according to JBI updated methodological guidance for scoping reviews and registered on Open Science Framework (OSF) (<https://osf.io/3n6be/>).

4.2 | Eligibility criteria

Published articles on coping strategies and/or social support in nursing students' clinical practice were considered for analysis. All types of methodological approaches were included (quantitative, qualitative, and mixed methods). Articles written in English, French, Portuguese, or Spanish available in open access and full text were considered. As far as publication dates were concerned, we only considered articles published in the last 5 years (in 2018 or later, based on previous literature reviews). If coping strategies and/or social support were evaluated during an academic course component, the manuscript was excluded. We also excluded articles about the COVID 19 pandemic because it was a period with unique characteristics. Advertising, blog articles, editorials, letters to the editor,

literature reviews, methodological studies (for example, instrument validation/construction), opinion articles, protocols, and theoretical studies were also excluded.

4.3 | Information sources

Review was conducted in a three steps approach as proposed by Peters et al. (2021).

In step one, search was performed in two databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) and PubMed. Both summary and title were analysed to determine the most pertinent search terms for articles. We sought to determine the optimal search terms to include in the equation.

In the next step, the research was performed in electronic platform EBSCOhost in the following database: Cumulative Index to Nursing and Allied Health Literature (CINAHL) [complete], MEDLINE [complete], Nursing & Allied Health Collection [comprehensive]; Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register; Library, Information Science & Technology Abstracts (LISTA), Cochrane Clinical Answers, MedicLatina, ERIC, Regional Business News, Academic Search Complete, Business Source Complete, APA PsycInfo, APA PsycArticles, Psychology and Behavioural Sciences Collection, Education Source, Humanities Source Ultimate and MLA Directory of Periodicals. Additionally, PubMed, SciELO, ScienceDirect and OpenAIRE were also searched. For grey literature we used: MedNar Search and WorldWideScience.org – The Global Science Gateway.

Finally, in step three, the references of the articles chosen in step two were thoroughly searched to identify additional relevant articles for inclusion in this review.

4.4 | Search

The research equation was created using keywords and boolean operators and was tailored to the characteristics of each database/platform. In addition, the asterisk operator (*) was used, when permitted by the platform/database, to enable the identification of variants of the original term. In January of 2023, all authors conducted the research simultaneously. Search strategy is publicly available at OSF (<https://osf.io/3n6be/>).

4.5 | Selection of sources of evidence

Initially, articles were selected based on their titles. When it was uncertain whether the article was appropriate for this review, the abstract was read. After removal of duplicates, inclusion and exclusion criteria were applied. To increase consistency, all authors examined the same publications and discussed disagreements until a consensus was reached.

4.6 | Data charting process

Researchers determined which variables to extract and combined them into a data-charting table. Each author performed data extraction individually. To increase precision, all authors compared the extracted data and resolved any disagreements until the final extraction chart was approved.

4.7 | Data items

Considering the aim of this review, data related to general characteristics (author, year, country, methodology, and key findings) as well as coping strategies and/or social support were extracted. In addition, we collected information regarding the instrument used in quantitative studies.

4.8 | Critical appraisal of individual sources of evidence

To appraise article's quality, studies were assessed and all authors discussed evaluation until consensus was reached. Hawker et al. (2002) developed an evaluation instrument that considers nine factors: abstract and title; introduction and aims; method and data; sampling; data analysis; ethics and bias; results; transferability or generalizability; and implications and usefulness. Each item is graded on a four-point scale (1=very poor; 2=poor; 3=fair; 4=good) and the final score ranges from 9 to 36. Higher scores indicate a higher quality article.

4.9 | Synthesis of results

Quantitative data were synthesized using data tables. Descriptive synthesis was performed for qualitative data. After each article was reviewed, the results were summarized in a full data extraction table, available at OSF (<https://osf.io/mq43c>), which included evidence from all articles that had been separately extracted and approved by all authors. Information was reorganized in different tables to facilitate the synthesis of results presentation.

5 | RESULTS

5.1 | Selection of sources of evidence

4513 articles were included in our initial sample. After removing duplicates and applying inclusion/exclusion criteria, a total of 24 articles were included in the final sample. Studies that addressed other types of students (for example, medical students), methodological articles, literature reviews, study protocols, or studies that specifically addressed the recent COVID pandemic period were all

excluded. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) flow chart, in Figure 1, to summarize the studies selection process.

5.2 | Characteristics of sources of evidence

Twenty-four studies were identified for inclusion in this review. Only three studies used qualitative research methods, one used a mixed methods approach and the other used quantitative methods to identify stressors, stress levels and coping strategies. A table with all the data collected was constructed to synthesize findings (available at <https://osf.io/3n6be/>). Table 1 provides a summary of studies' main characteristics, including study identification (author, year and country), aim and methods (type of study, data collection method and sample).

5.3 | Critical appraisal within sources of evidence

Overall, the quality assessment of studies was quite high, ranging from 23 to 36 as shown in Table 2. Principal limitations of the investigations were ethics and bias, implications and usefulness, and transferability or generalizability. Only two studies included information on how the authors' own bias was addressed (Tambağ, 2021; Wang et al., 2021), only four studies fully addressed implications for policy and/or practice (Latif & Nor, 2019; Ma et al., 2022; Tambağ, 2021; Wang et al., 2021), and a detailed description of the context or setting in which the study was conducted fully described in only four studies (Alanazi et al., 2023; Ma et al., 2022; Tambağ, 2021; Wang et al., 2021).

5.4 | Results of individual sources of evidence

Each study's findings were summarized in the primary table. To facilitate reading, we reorganized information into additional tables to illustrate our findings, including a summary of the characteristics of the studies (Table 1) and the instruments identified in quantitative studies (Table 3).

5.5 | Synthesis of results

To summarize our results, we followed the recommendations of Pollock et al. (2023) and Bradbury-Jones et al. (2021).

All studies that compose our sample ($n=24$) are focused on nursing students during clinical practice. Regarding methodology, three studies used a qualitative methodology (Kalyani et al., 2019; Lavoie-Tremblay et al., 2022; Wang et al., 2021), one used a mixed methods approach (Alshahrani et al., 2018) and the remaining studies used quantitative methods.

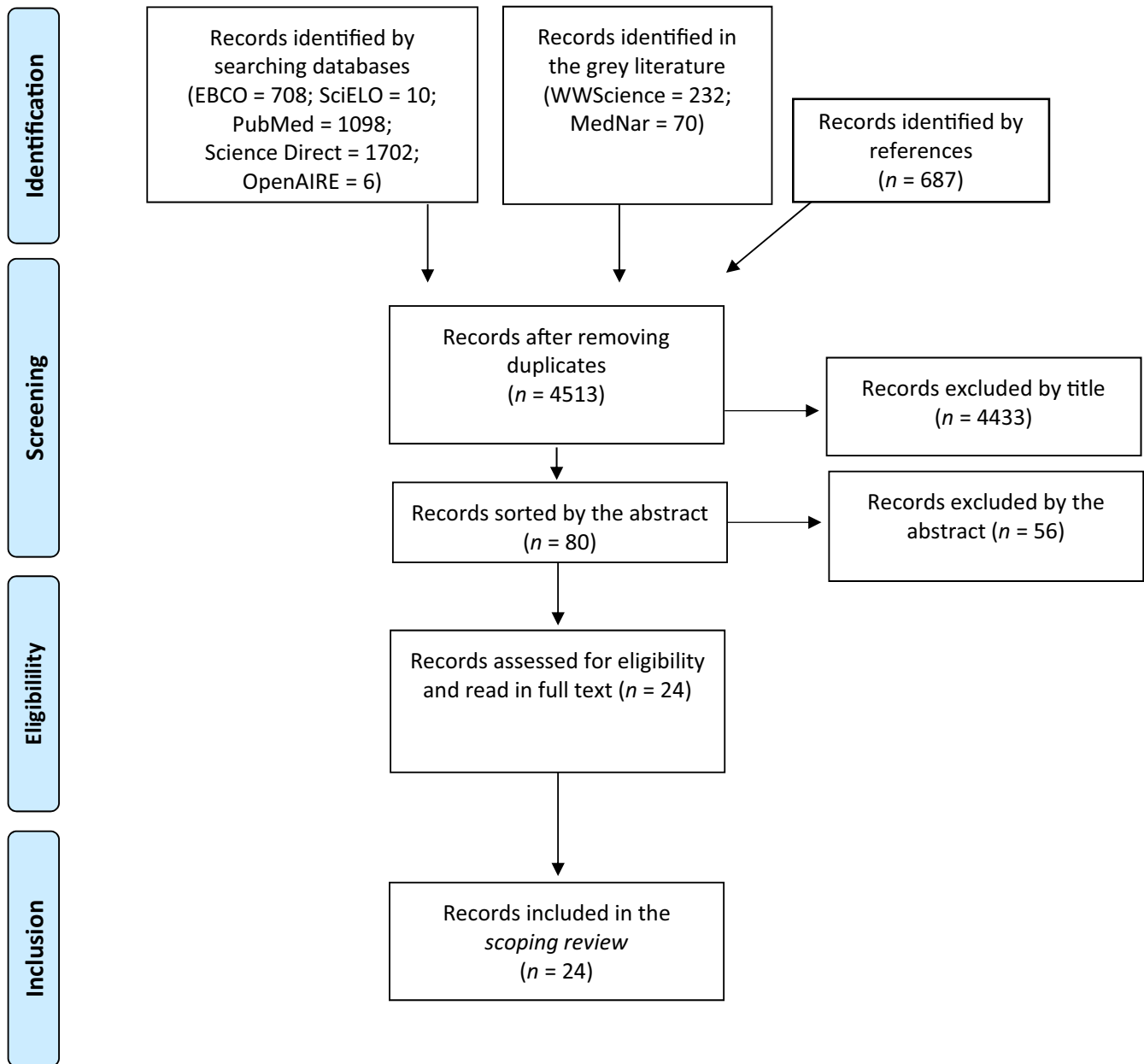


FIGURE 1 PRISMA flow chart of study selection.

We aimed to identify both coping strategies and social support received by nursing students during clinical practice. As far as coping strategies are concerned, in our sample, three studies evaluated coping styles (Hwang et al., 2021; Liu et al., 2022; Ma et al., 2022; Wang et al., 2021), four studies measured coping processes by identifying the thoughts and behaviours students employed (Bektaş et al., 2018; Durgun Ozan et al., 2020; Hou, 2019; Karaca et al., 2019) and the remaining studies focused on coping strategies. Because most studies assessed coping strategies using instruments (Alanazi et al., 2023; Al-Gamal et al., 2018; Alshahrani et al., 2018; Bhurtun et al., 2021; Bodys-Cupak et al., 2018; Dasgupta et al., 2020; Karaca et al., 2019; Labrague, McEnroe-Petitte, De Los Santos, & Edet, 2018; Latif & Nor, 2019; Nebhinani et al., 2020; Onieva-Zafra et al., 2020; Qalawa & Ibrahim, 2021),

coping strategies appeared mostly categorized in each instrument, as detailed in Table 4. The most used instrument was the Coping Behaviour Inventory (CBI), which categorizes coping strategies into four categories: avoidance, problem-solving approach, staying optimistic and transference. Problem solving is identified as the most used strategy, as shown in Table 4. In Gurková and Zeleníková (2018), the most used category of coping strategies is not mentioned because the authors focused on the relationship between supervisory approaches in clinical practice, experience level of nursing students, perceived stress, coping strategies and physio-psychosocial status.

Social support was identified in seven studies (Alshahrani et al., 2018; Durgun Ozan et al., 2020; Fang et al., 2020; Lavoie-Tremblay et al., 2022; Onieva-Zafra et al., 2020; Tambağ, 2021; Wang

TABLE 1 Summary of studies characteristics.

Study	Aim	Methods
Latif and Nor (2019) Malaysia	To survey the type of stressors and identify the coping strategies used by diploma NS during clinical practice	Quantitative (questionnaires) n = 346 NS (1st, 2nd, 3rd years)
Ahmed and Mohammed (2019) KSA	To assess the degree of stress experienced by NS at Alabama University, KSA and the coping strategies they subsequently employ	Quantitative (questionnaires) n = 125 NS (5th year)
Al-Gamal et al. (2018) KSA	To determine the stress level and coping strategies among undergraduate Saudi female NS during their clinical education	Quantitative (questionnaires) n = 121 NS
Alanazi et al. (2023) KSA	To explore the level of stress, stressors sources, and coping strategies used among female Saudi undergraduate NS during their clinical practice	Quantitative (questionnaires) n = 332 NS
Alshahrani et al. (2018) Australia	To identify factors and strategies that enable a positive experience of the first clinical placement for first year NS	Mixed methods (online questionnaire) n = 58 NS (1st year)
Bektaş et al. (2018) Turkey	To assess stress and ways of coping among first year NS; the coping strategies they used to overcome these stresses, and identify the relationships between the clinical stress and the coping strategies	Quantitative (questionnaires) n = 90 NS (1st year, first clinical practice e re-test in last year)
Bhrtun et al. (2021) Finland	To explore changes in stress levels and coping strategies among NS in clinical learning environment	Quantitative (questionnaires) n = 131 NS (1st and 2nd years)
Bodys-Cupak et al. (2018) Poland	To assess first year NS' coping strategies in stressful clinical practice situations	Quantitative n = 110 NS (1st year)
Dasgupta et al. (2020) India	To explore the levels and sources of perceived stress and coping behaviour among undergraduate NS in West Bengal	Quantitative (questionnaires) n = 182 NS (with at least 6 months of clinical exposure)
Durgun Ozan et al. (2020) Turkey	To examine the effect of the clinical education program-based o Watson's human caring theory on coping and anxiety levels of NS	Quantitative (RCT) n = 53 (CG) and n = 53 (IG) NS (3rd year)
Fang et al. (2020) Taiwan	To explore the student nurses' bullying, social support and their health status during clinical practicum programmes	Quantitative (questionnaires) n = 200 NS (5th year)
Gurková and Zeleníková (2018) CR	To investigate the relationship between supervisory approaches in clinical practice on the one hand, and NS' level of experience, perceived stress, coping strategies, and physio-psychosocial status on the other	Quantitative (questionnaires) n = 275 NS (1st, 2nd, 3rd year)
Hou (2019) Taiwan	To examine NS coping behaviours towards English communicative skills and kind of stress encountered during their clinical practice period	Quantitative (questionnaires) n = 309 NS (5th year)
Hwang et al. (2021) Korea	To examine the stress and coping styles of NS who completed the initial clinical practicum	Quantitative (questionnaires) n = 184 NS (1st clinical practice)
Kalyani et al. (2019) Iran	This study aimed to explore NS' experiences in a clinical learning environment and the way they responded to these experiences	Qualitative (grounded theory methodology) n = 19 NS (internship experience)
Karaca et al. (2019) Turkey	To investigate the relationship between the mental health of Turkish NS and the stress experienced during their education, their ways of coping, self-esteem, social support, and individual factors	Quantitative (questionnaires) n = 516 NS (4th year)

TABLE 1 (Continued)

Study	Aim	Methods
Labrague, McEnroe-Petitte, Al Amri, et al. (2018), Labrague, McEnroe-Petitte, De Los Santos, and Edet (2018) USA	To determine the level of stress, its sources, and coping strategies among NS from three countries: Greece, the Philippines and Nigeria	Quantitative (questionnaires) n = 547 NS
Lavoie-Tremblay et al. (2022) Canada	To understand NS' sources of stress and coping strategies in each year of study	Qualitative (interviews) n = 26 NS (1st, 2nd and 3rd year)
Liu et al. (2022) China	To explore the level of stress, types of stressors, type of coping styles, and factors influencing stress levels and coping styles among NS during the initial period of the clinical practicum	Quantitative (questionnaires) n = 158 NS
Ma et al. (2022) China	To examine the levels of stress, coping style, and burnout among Chinese NS in late-stage clinical practice and to identify their relationships	Quantitative (questionnaires) n = 197 NS (3th and 4th year)
Nebhinani et al. (2020) India	To assess stress and coping strategies among NS	Quantitative (questionnaires) n = 220 NS (1st, 2nd, 3rd and 4th year)
Onieva-Zafra et al. (2020) Spain	To investigate the relationship between anxiety, perceived stress, and the coping strategies used by NS during their clinical training	Quantitative (questionnaires) n = 190 NS
Tambağ (2021) Turkey	To investigate the relationship between stress and anxiety levels of NS at during their first clinical practice	Quantitative (questionnaires) n = 26 NS (1st year)
Wang et al. (2021) Taiwan	To identify the protective factors and coping strategies involved in supporting and enhancing NS' academic resilience	Qualitative (interviews) n = 19 NS

Abbreviations: CG, control group; CR, Czech Republic; IG, intervention group; KSA, Kingdom of South Arabia; NS, nursing students; RCT, randomized control trial; USA, United States of America.

et al., 2021). Studies identify social support received specifically from family and friends (Alshahrani et al., 2018; Fang et al., 2020), and also from peers (Tambağ, 2021). Social support is most often described as a type of coping strategy (Durgun Ozan et al., 2020; Lavoie-Tremblay et al., 2022; Onieva-Zafra et al., 2020), but is also associated with resilience (Wang et al., 2021) and reduced anxiety (Durgun Ozan et al., 2020).

We used the PAGER framework (Bradbury-Jones et al., 2021) to synthesize our findings as detailed in Table 5.

6 | DISCUSSION

6.1 | Summary of evidence

Throughout their nursing education, nursing students are exposed to numerous sources of stress, particularly during clinical practice, and they must develop effective coping strategies to manage it. To minimize the influence of stress on nursing students and their learning process, it is crucial to comprehend the use of coping strategies during this phase.

In this review, we identified a total of 24 studies, which demonstrates the global interest of the scientific community in this topic.

Four studies (Ahmed & Mohammed, 2019; Alanazi et al., 2023; Latif & Nor, 2019; Tambağ, 2021) established direct relationship between coping strategies and stress reduction, which is essential for evaluating the effectiveness of strategies and enabling their implementation. Nursing students' stress levels during clinical practice and their coping strategies were assessed in the additional 18 studies included in this review. The study by Alanazi et al. (2023) is the only one that identifies specific stressful situations and links stress reduction to specific coping strategies. The authors conclude that avoidance is positively associated with all categories of stressors, whereas problem-solving is negatively associated with stress from peers and daily life. Being pessimistic is negatively associated with both the stress of providing patient care and the stress of lacking professional knowledge and skills.

Moreover, there is a lack of definitions for concepts associated with coping since authors fail to distinguish between coping styles, coping processes and coping strategies. The concept of coping strategies is commonly used and Ma et al. (2022), Hwang et al. (2021), Nebhinani et al. (2020), and Bodys-Cupak et al. (2018) use a formal classification system. In these studies, coping is classified as active coping or passive coping. The remaining studies mentioned the following strategies: problem-solving; avoidance; religion; acceptance; humour; denial, disengagement; substance

TABLE 2 Quality appraisal.

Study	Abstract and title	Introduction and aims	Method and data	Sampling	Data analysis	Ethics and bias	Results	Transferability or generalizability	Implications and usefulness	Total
Wang et al. (2021)	4	4	4	4	4	4	4	4	4	36
Ma et al. (2022)	4	4	4	4	4	3	4	4	4	35
Tambağ (2021)	3	4	4	4	4	4	4	4	4	35
Latif and Nor (2019)	4	4	4	4	4	3	4	3	4	34
Alanazi et al. (2023)	4	3	4	4	4	3	4	4	3	33
Durgun Ozan et al. (2020)	4	4	4	4	3	3	4	3	3	32
Dasgupta et al. (2020)	4	3	4	3	4	3	4	3	3	31
Labrague, McEnroe-Petitte, Al Amri, et al. (2018), Labrague, McEnroe-Petitte, De Los Santos, and Edet (2018)	3	4	4	4	3	3	3	3	3	30
Ahmed and Mohammed (2019)	4	3	3	3	3	3	4	3	3	29
Bhurtun et al. (2021)	4	3	4	3	3	3	3	3	3	29
Bektaş et al. (2018)	4	4	3	2	3	3	4	3	3	29
Al-Gamal et al. (2018)	3	3	4	3	4	3	4	2	2	28
Hwang et al. (2021)	4	4	2	3	3	3	3	3	3	28
Karaca et al. (2019)	3	3	3	4	3	3	3	3	3	28
Onieva-Zafra et al. (2020)	4	3	3	3	3	3	3	3	3	28
Hou (2019)	3	4	4	3	3	1	4	3	3	28
Bodys-Cupak et al. (2018)	3	3	4	3	3	1	3	3	3	26
Alishahani et al. (2018)	3	3	2	2	3	3	3	3	3	25
Fang et al. (2020)	3	4	3	3	3	3	2	2	2	25
Gurková and Zeleníková (2018)	3	3	3	3	3	3	3	2	2	25
Liu et al. (2022)	3	3	2	2	3	3	3	3	3	25
Kalyani et al. (2019)	4	4	2	2	2	3	3	2	2	24
Nebhinani et al. (2020)	3	3	2	2	3	3	3	3	2	24
Lavoie-Tremblay et al. (2022)	3	3	3	2	3	2	3	2	2	23

TABLE 3 Instruments used in quantitative studies ($n=21$).

Quantitative studies	Instruments
Latif and Nor (2019)	Perceived Stress Scale; Brief COPE Inventory
Ahmed and Mohammed (2019)	Perceived Stress Scale; Coping Behaviour Inventory
Al-Gamal et al. (2018)	The Demographic Information Questionnaire; Perceived Stress Scale; Coping Behaviour Inventory
Alshahrani et al. (2018)	Perceived Stress Scale; Coping Behaviour Inventory
Alshahrani et al. (2018)	Online questionnaire designed for this study
Bektaş et al. (2018)	Pagana Clinical Stress Questionnaire; Ways of Coping Questionnaire
Bhurtun et al. (2021)	Perceived Stress Scale; Coping Behaviour Inventory
Bodys-Cupak et al. (2018)	Perceived Stress Scale; Mini-COPE Scale
Dasgupta et al. (2020)	Perceived Stress Scale; Coping Behaviour Inventory
Durgun Ozan et al. (2020)	State-Trait Anxiety Scale; Ways of Coping Inventory
Fang et al. (2020)	Student Nurse Clinical Practicum Bullying Scale; Social Support Scale; Chinese Health Questionnaire
Gurková and Zeleníková (2018)	Perceived Stress Scale; Physio-Psycho-Social Response Scale; Coping Behaviour Inventory
Hou (2019)	Ways of Coping Questionnaire; Questionnaire of English of Nursing Course
Hwang et al. (2021)	Stress Inventory; Stress-Coping Styles
Karaca et al. (2019)	General Health Questionnaire; Nursing Education Stress Scale; Coping Behaviour Inventory; Multidimensional Scale of Perceived Social Support; Rosenberg Self-Esteem Scale
Labrague, McEnroe-Petitte, Al Amri, et al. (2018), Labrague, McEnroe-Petitte, De Los Santos, and Edet (2018)	Perceived Stress Scale; Coping Behaviour Inventory
Liu et al. (2022)	Demographic Characteristics Questionnaire; Intern Nursing Student Stressor Scale; Simple Coping Style Questionnaire
Ma et al. (2022)	Perceived Stress Scale; Simplified Coping Style Questionnaire; Maslach Burnout Inventory-Human
Nebhinani et al. (2020)	Student Nurse Stress Index; Brief COPE Scale
Onieva-Zafra et al. (2020)	Perceived Stress Scale; State-Trait Anxiety Inventory; Coping Behaviour Inventory
Tambağ (2021)	State-Trait Anxiety Inventory; Clinical Stress Questionnaire

TABLE 4 Most used coping strategies in our sample.

Instrument (categories)	Most used strategies
Coping Behaviour Inventory (avoidance; problem-solving approach; staying optimistic; and transference)	Problem-solving strategies Ahmed and Mohammed (2019), Al-Gamal et al. (2018), Dasgupta et al. (2020), Karaca et al. (2019), Labrague, McEnroe-Petitte, Al Amri, et al. (2018), Labrague, McEnroe-Petitte, De Los Santos, and Edet (2018), Onieva-Zafra et al. (2020) Staying optimistic (Alanazi et al., 2023) Transference (Bhurtun et al., 2021)
Brief COPE inventory (positive reframing; planning; acceptance; instrumental support; religion; self distraction; emotional support; behavioural disengagement; venting; self blame; denial; substance abuse; humour; and active coping)	Religion (Latif & Nor, 2019) Active coping (Nebhinani et al., 2020)
Online questionnaire designed for the study (the power of talking, being positive and active and asking questions)	The power of talking (Alshahrani et al., 2018)
Mini-COPE Scale (active coping; planning; positive revaluation; emotional support; instrumental support; psychoactive substances; cessation of activity; blaming oneself; dealing with something; denial; discharge; religion; acceptance; and humour)	Active coping (Bodys-Cupak et al., 2018)

abuse; transference; keep optimistic; physical exercise; debriefing sessions; peer and family support; social support; escape; cognitive restructuring; and medical and psychological support. If the

studies had considered open-ended questions, it may have been possible to identify additional strategies to cope. Problem solving strategies appear to be the most common type of strategy used

TABLE 5 PAGER framework synthesis of review findings.

Patterns	Advances	Gaps	Evidence for practice	Research recommendations
Studies evaluate coping strategies through the use of instruments	Validated instrument assesses coping strategies and allows comparison across contexts	The use of standardized categories can exclude other important strategies from identification	Nursing schools should incorporate the dissemination of useful coping strategies to nursing students prior to clinical practice as a standard practice	Research should focus on research that allows for the investigation of other coping strategies and ensure that the instruments used have open-ended questions to integrate strategies not included in the instruments
The identification of most used coping strategies by nursing students	Problem-solving strategies appear to be the most common strategies in use by nursing students	Most studies do not correlate the use of coping strategies with type of clinical practice, academic year, and other important factors	Students should be taught other types of coping strategies to increase their ability to cope with the stressors of nursing practice	There is a need for studies that address the teaching of coping strategies to students according to the academic year they are in
Social support is a useful coping strategy that is used by students of nursing	Studies have shown the importance of social support in reducing anxiety and improving the resilience of students	The importance of community-level, social networks, and media support as part of social support is not explored	Interventions to promote increased social support for students during clinical practice should be included on the Nursing Schools's agenda	Studies should focus on the role social network and media as a form of social support

by nursing students. Problem solving skills are valued in nursing education (Yeung et al., 2023) and should be a priority in nursing curricula program. Nursing students are inevitably submitted to stress during clinical practice. Identifying and teaching more effective coping strategies is essential, as is implementing strategies to create and maintain a supportive clinical learning environment (Pienaar et al., 2022).

We also aimed to identify the social support provided to nursing students. Only seven studies on this topic were found. Social support is identified mainly as a coping strategy though it is clearly an understudied area. Social support is considered a health protective strategy that helps to build resilience after stressful situations, and mitigating negative stress reactions (Molero Jurado et al., 2018). Social support is identified as a coping strategy, but studies fail to specify whether it is formal (debriefings, discussion forums, medical and psychological support...) or informal (peer support, family support, organizational support). The selected studies do not address the relationship between social support and stress reduction. In an increasingly technological society, it should be noted that social networks and the media are not mentioned in the studies reviewed. According to Demirtepe-Saygili (2019), these are both a stressor and a coping mechanism. When used as a healthy coping mechanism, social networks and media can mitigate the negative effects of stress (as a source of social support). On the other hand, it can be associated with negative long-term outcomes such as anxiety disorders, depression, and addiction. A pilot study on the stress management of medical students demonstrated that a stress management intervention based solely on Facebook helped them effectively manage stress. In addition, it indicates that online social networks are beneficial for stress management program and should be expanded to include other health professionals and students in other health disciplines (George et al., 2013).

Additionally, during the COVID 19 pandemics, social media use has become crucial for stress management and psychological adjustment (Bae, 2022; Sun et al., 2023). The studies indicate that more research should be conducted on the efficacy of coping strategies and that interventions to reduce stress must be implemented, but they do not provide guidance on how to do so. There are no recommendations regarding the implementation of social support strategies.

The select studies indicate that more research should be performed on the effectiveness of coping strategies and that interventions to reduce stress must be applied, but they don't suggest how to do it. No suggestions are made on the implementation of social support strategies. Therefore, the next step should be the implementation of ongoing orientation programmes that incorporate formal and informal social support strategies, to prepare students for clinical practice and assist them in coping with stressful situations, such as the following: planned discussion forums; debriefings; psychological and medical support; social network; peer and family support, financial support; group sessions; preparation programmes. In addition, academic leaders, professors, and clinical instructors play an important role in enhancing communication between health schools and healthcare institutions, to develop effective interventions.

6.2 | Limitations

The present study has some limitations that should be addressed. First, the fact that only articles in English, French, Spanish and Portuguese were considered may exclude relevant studies on this subject. Second, the variety of instruments identified limits a comparison of study results. Also, some studies do not provide the instrument itself or its characteristics, so the information is extracted from the conclusions and not from the data itself. Third, we intended to focus our research on social support, but few studies explore this concept as a coping strategy, which limits our discussion and reveals a clear gap in the knowledge produced on this topic.

7 | CONCLUSION

Nursing students are subject to high levels of stress during clinical practice, which can have an impact on their physical and mental health, on the teaching-learning process and on the quality of care provided. Coping strategies and social support could be used as tools to minimize the effects of stress on students.

From what we could find, coping strategies are more studied, and several forms of classification appear in literature. This has the ability to allow comparisons across different contexts. However, it may fail to include other types of coping strategies that may be equally important. Few studies establish a direct relationship between the effectiveness of specific coping strategies with specific stressful situations in this population and context. Problem-solving strategies appear to be the most common strategies in use by nursing students. Linking specific coping strategies to the main stressors for nursing students during clinical practice can help outline the construction of effective strategies to prepare and help them to deal with stressful situations.

Social support has been identified as a useful coping strategy, but has been understudied in the nursing student population. The relationship between social support and stress reduction is also not well understood.

This review provided an overview of nursing students' coping strategies and social support during clinical practice. It was possible to identify patterns, advances, and gaps that allowed us to provide useful evidence for practice and research recommendations.

AUTHOR CONTRIBUTIONS

Author Contributions: conceptualization, F.L., D.P., A.N. and V.A.; methodology, F.L., D.P., A.N. and V.A.; validation, F.L., D.P., A.N. and V.A.; writing – original draft preparation, F.L.; writing – review and editing, F.L., D.P., A.N. and V.A.; project administration, F.L. All authors have read and agreed to the published version of the manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ETHICS STATEMENT

This research was conducted ethically in accordance with the Declaration of Helsinki.

TRIAL AND PROTOCOL REGISTRATION

This protocol was registered in Open Science Framework under the protocol number CRF9B available on the registration site on the following link: <https://osf.io/3n6be/>.

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