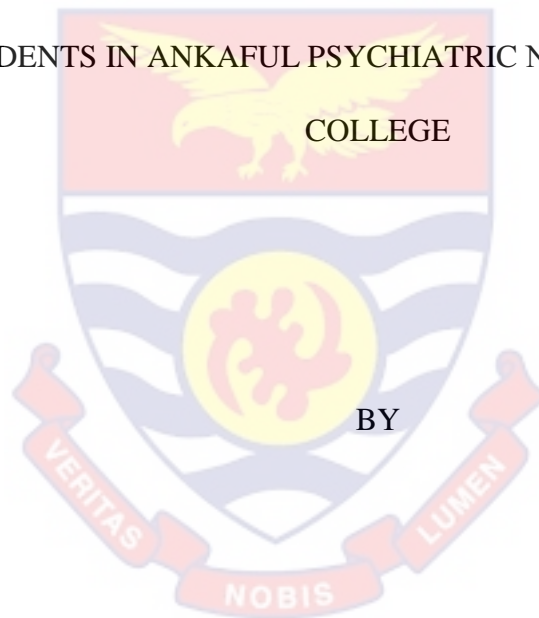


UNIVERSITY OF CAPE COAST

INFLUENCE OF CLINICAL LEARNING EXPERIENCES AND
ACADEMIC STRESS ON ACADEMIC LIFE SATISFACTION AMONG
STUDENTS IN ANKAFUL PSYCHIATRIC NURSES' TRAINING



GIFTY TETTEH

2023

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COLLEGE



BY

GIFTY TETTEH

Thesis submitted to the Department of Guidance and Counselling of the
Faculty of Educational Foundations, College of Education Studies, University
of Cape Coast, in partial fulfillment of the requirements for the award of
Master of Philosophy degree in Guidance and Counselling

JULY 2023

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my original research and that no part of it has been presented for another degree at this university or elsewhere.

Candidate's Signature: Date:

Name:

Supervisors' Declarations

We hereby declare that the preparation and presentation of the thesis were supervised by the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature: Date:

Name:

.....

Co-Supervisor's Signature: Date:

Name:

ABSTRACT

This study sought to assess the influence of clinical learning experiences on the academic stress and academic life satisfaction of student in their clinical learning environments (CLE) at the Ankaful Psychiatric Nurses' Training College in the Central Region of Ghana. The study employed proportionate and random sampling procedures to sample 200 nursing students. Data were analysed using independent sample t-test and multiple regression to examine the influence of clinical learning experiences and academic stress on the academic life satisfaction among the students. The study revealed that CLE has a statistically significant positive influence on students' academic life satisfaction. Also, academic stress significantly affects students' satisfaction with academic life. The study further revealed that male students reported significantly higher levels of academic stress compared to female students. The study recommended that counsellors, college authorities, and stakeholders of Psychiatric Nurses' Training Colleges should incorporate a more comprehensive approach where the attention is not limited to providing quality education and training for nurses, but to concentrate on other areas (clinical learning environment, academic stress and academic life satisfaction, demographic variables, for example, gender) that have been shown to have had influence on the lives and success of students.

KEYWORDS

Clinical

Learning Environment

Academic Life

Academic Stress

Influence

Student nurses

Psychiatric Nursing

Satisfaction

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DEDICATION

To Nat, Nyametum, Mr. Tetteh Narteh-Zando, and Mrs. Felicia Ami Tetteh

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CHAPTER ONE

INTRODUCTION

Nursing education, particularly in psychiatric settings, is rigorous and involves significant academic and clinical challenges, stress due to the intensity of both academic and clinical requirements which can impact student well-being and overall performance. Understanding how these stressors impact students' academic life satisfaction is crucial for improving both educational and mental health outcomes among future psychiatric nurses. Previous research has explored the challenges nursing students face in clinical environments, providing valuable insights into how the Clinical Learning Environment (CLE) affects academic performance, satisfaction, and stress management.

The study aims to build upon previous research by examining the interaction between CLE experiences and academic stress in influencing academic satisfaction among psychiatric nursing students. The findings are expected to offer practical recommendations for policy-makers, nurse educators, and counsellors to enhance the CLE and better support students in managing academic stress, ultimately leading to improved student satisfaction and readiness for future nursing roles.

Background to the Study

Nursing services are important components of the health care system. This practical profession is essential in patients' achievement of positive health outcomes and general wellbeing (Thorsteinson, 2002). In emergency situations, nurses are the first to be contacted for providing initial care to patients when a doctor is unavailable. (McCann, Clark, McConnachie &

Harvey 2007). Greenwood and Smith (2019) noted that nurses promote and provide care to all persons regardless of their ethnic or religious affiliations and support them through health and ailment. More specifically, nursing activities include providing education to people about the prevention and management of illnesses, ensuring proper administration of medications to patients and adherence of patients and clients to treatment regimens or protocols, and collaboration with other health care and non-health care professionals to enhance the health and wellbeing of people and their communities (Smith, 2019; The American Nurses Association, 2013). According to Rudolfsson and Berggren (2012), nurses must possess qualities such as respect, kind-heartedness, knowledge, empathy, and care to execute their roles to the accepted level of performance.

Nurses take on various responsibilities which encompass a wide range of duties, from patient monitoring to administering treatments making them essential members of the medical team. . This connotes that a poorly trained nurse would impede the medical team's effectiveness and could lead to low-quality health care provision. It has been found that the success of nurses' training largely depends on the effectiveness of the clinical learning environment (CLE) (Eta, Atanga, Atashili, & Cruz, 2011; Papp, Markkanen & Bonsdorff, 2003). Henderson, Twentyman, Heel, and Liloyd (2006) also indicated that the clinical learning environment aids the transfer of learning in a clinical context. The clinical learning environment (CLE) also allows a nursing student or the student nurse to acquire professional expertise and training to qualify as a registered nurse (Jonsen, Melender & Hill, 2013). In this regard, the CLE could be seen as a pivot in nursing education and training.

The clinical learning environment encompasses the student nurses' physical surroundings, as well as the professional and social environments at the hospital, clinic, ward, department, community, or unit. These include interacting with other health care professionals, administrative staff, patients, their relatives, and significant others in the clinical settings (Ali, Banan, & Seraty, 2015). Clinical learning, according to Cope, Cuthbertson, and Stoddart (2000), includes learning from professionals in a realistic working environment, progressing from simple to complicated tasks, forming social bonds with coworkers, being familiar with workplace rules and practice, and assuming one's professional obligations as a nurse. While interning, students should integrate into the workplace's community of practice and gain the trust of their coworkers (Ranse & Grealish, 2007). Student nurses are to experience the gravity and complexity of nursing practice firsthand through participating in clinical rotations and develop an appreciation for the roles and duties of professional nurses (Benner, Sutphen, & Leonard, 2010).

Sayer (2014) also revealed that student nurses could acquire practical knowledge and nursing skills, values, and attitudes characteristic of or peculiar to the profession. In essence, learning in the clinical settings gives student nurses a taste of the reality of nursing through the opportunity they get to interact with patients and application of their knowledge and skills to patients' care, and these make them experience the nurse's roles and responsibilities as they work in the clinical environment. Steven, Magnusson, Smith, and Pearson (2014) argue convincingly that the clinical learning environment provides the platform where theoretical components of the nursing curriculum are

combined with practical aspects, which are translated into professional competencies needed for future practice.

Despite the many benefits that come with the placement of student nurses in the CLE, there are some inherent challenges. Baraz, Memarian, and Vanaki (2015) acknowledged that challenges in the CLE threaten the successful training of student nurses. In Ghana, Atakro et al. (2019) found that poor application of nursing methods and procedures and placement of student nurses in unfamiliar environments undermine students' learning in such clinical environments. The lack of logistics, support for student nurses, and supervisory commitments of clinicians and nurse educators also affected clinical learning experiences.

Nonetheless, the study indicated that experiences from the CLE enable students to familiarize themselves with simple and complex medical devices and techniques. In a related study, Khishigdelger (2016) revealed that the myriad of challenges encountered by student nurses have caused many students to exhibit lower clinical skills. Among undergraduate nursing and midwifery students, Ghrayeb (2017) observed that problems in the clinical environment include the unavailability of teaching staff (trained clinicians or preceptors), unsupportive hospital managements, inability of student nurses to translate theoretical knowledge into practice, engagement in tasks other than primary patient care, and lack of coordination between teaching staff (tutors and preceptors), and other hospital employees.

Higher stress levels have been reported to be associated with nursing education (Adjei, Sarpong, Attafuah, Amertil & Akosah, 2018). Adjei et al. (2018) found that factors such as long-distance travel to the hospitals and early

morning class attendance significantly predisposed student nurses to stress. Mohamed and Ahmed (2012) revealed that stress among university nursing students results from an obsession with academic success, lack of free time, and extended periods involved in patients' care. Additionally, El-Ansari, Adetunji, and Oskrochi (2014) observed that sources of stress among college students include academic workload, clinical assignments, and adjusting to new clinical and school settings. Other significant sources of stress for student nurses are the substantial amount of time spent on the care of patients, lack of leisure time, and fear of failure (Tully, 2004). From the discussion, it could be deduced that student nurses' stress is inevitable due to the nature of their training.

Globally, the educational system is plagued with academic-related stress, which impacts students personal, psychological, and physiological well-being and affects studies and performance levels (Scrimin, Mason, Moscardino, & Altoe, 2015; Liu & Lu, 2011). It must, however, be noted that stress has both favourable and dangerous outcomes for student nurses (Wong, Perry, & Hockenberry, 2002). For instance, for example, Uchil (2017) found that a certain level of stress is beneficial for students, as they may become disengaged if learning and clinical activities are not challenging enough. However, when the pressures of academic life exceed their ability to cope, it leads to excessive stress, which can severely harm both their academic performance and overall well-being.

Stress among student nurses can be conceptualized as a perceived discrepancy between the high demands of nursing training and the abilities of trainees to meet or cope with these standards. It has also been described as the

physiological and psychological response exhibited when events threaten an organism and are part of our genetic responses (Feldman, 2008). According to Scott (2011), nearly 80% of tertiary students' experience significant academic stress globally. Eva et al. (2015) study on the prevalence of stress among medical students in Bangladesh reported that 54% of 990 medical students experienced a significant amount of academic-related stress.

Student nurses' stress experience can undermine their adjustment to learning and overall wellbeing (Jamshidi, Molazem, Sharif, Torabizadeh, & Najafi-Kalyani, 2016). Deb, Strodl, and Sun (2015) reported that high levels of academic stress are a significant cause of psychological disorders such as depression, anxiety, irritability, and behavioural problems. In a related study, it was established that the experience of stress promotes anxiety and often leaves a devastating impact on the physiological, behavioural, psychological, and social lives of affected persons (Boyd & Nhart as cited in Mohamed & Ahmed, 2012). High levels of stress among students are associated with poor self-esteem and poor academic performance (Baste & Gadkari, 2014; Sohail, 2013). Labrague (2014) argued that not only does stress affect the biopsychosocial aspects of the health of individuals but their overall wellbeing as a whole. These findings revealed that the impact of academic-related stress is enormous among students. The findings previously showed that student nurses experience academic-related stress and stress from the clinical learning environment

Considering the effects of exposure to stress on the wellbeing of people, it can be hypothesized that stress related to the academic and clinical learning environments will significantly influence the academic life

satisfaction of student nurses of the Ankafu Psychiatric Nurses' Training College. Academic life satisfaction refers to the fulfilment a student experiences when their important academic goals or aspirations are achieved (Kumar & Dileep, 2006). The academic life satisfaction of student nurses of the Ankafu Psychiatric Nurses' Training College is conceptualised as the overall gratification that these students expect to derive from their interaction with tutors during classroom teaching and clinicians/preceptors in the clinical environments in pursuit of their academic aspirations.

Some studies have suggested that student satisfaction is closely associated with a more productive academic life and better academic performance (Cotton, Dollard, & de Jonge, 2002; Ostergaard & Kristensen, 2005). Vaatstra and De Varies (2007) established that satisfied students could become successful in the work environment and meet the demands of the competitive nature of the job market. In this regard, it could be inferred that the satisfaction of student nurses of the Ankafu Psychiatric Nurses' Training College with their academic life is essential during and after school. Carter (2014) indicated that students' satisfaction is closely related to both present and future quality of life and has a massive effect at the national level.

To ensure that competent and valuable nurses are trained to meet the ever-increasing demands for effective health care services delivery, stakeholders must identify the factors that undermine the training of nurses. Although many studies have been devoted to experiences in a clinical learning environment and high stress related to academics, less attention has been focused on the extent to which these factors influence the overall satisfaction of psychiatric nursing students' academic life in Ghana. Students' satisfaction

is essential for their academic performance and well-being. This study, therefore, sought to investigate the influence of experiences from the clinical learning environment and stress related to the academic workload on psychiatric nursing students' academic life satisfaction in the Ankaful Psychiatric Nurses' Training College.

Statement of the Problem

Nursing education is intensive and has adverse psychological consequences on psychiatric nursing students, especially those seeking higher grades. In this light, Timmins, Corroon, Byrne, and Mooney (2011) asserted that the academic and clinical learning components of nursing education serve as sources of stress for students. Studies such as Atakro et al. (2019), Adjei et al. (2018), and Khishigdelger (2016) observed that student nurses face many challenges in the clinical learning environment.

Studies outside Ghana (Abasimi, Atindanbila, Mahamah, & Gai, 2015) have also reported on stress and clinical learning experiences among nursing students. For instance, Arkan et al. (2018) and O'Mara et al. (2014) worked on clinical learning experiences among general nursing students and none among psychiatric nursing college students. They discovered that stress and the experiences students have in a clinical learning setting have an impact on how satisfied they are with their academic lives. However, few studies (Arko et al. 2022) have adequately investigated these variables among psychiatric student nurses in Ghana.

Additionally, as a Nurse Educator and future counsellor, my interaction with some students indicated that a greater percentage of students at the Ankaful Psychiatric Nurses' Training College have an academic burden

and detestable experiences from clinical practicum. This aligns with the literature on psychiatric nursing, where students frequently report dissatisfaction with their clinical environments, including lack of mentorship and emotional support. Studies like Atakro et al. (2019) and Adjei et al. (2018) found that student nurses in clinical environments often struggle with inadequate support, further supporting the observation that clinical practicum imposes substantial academic stress. There are developmental challenges and thus difficulties in adapting to these needs and stress from their education, resulting in maladaptive coping and consequently affecting their overall wellbeing and quality of life (Mahmoud, Staten, Hall, & Lennie, 2012; Hockenberry & Wilson, 2011). Adjei et al. (2018) noted that nursing students who are burdened by excessive academic workloads and stressful clinical practicum experiences exhibit lower motivation and reduced clinical performance, often resulting in a failure to meet learning objectives.

From the literature review, it has been noted that there are inadequacies in the literature in Ghana to answer the urgent question: to what extent does stress in the two pillars of nursing education (clinical experiences and academic life) influence psychiatric nursing students' satisfaction with academic life? Existing literature lacks a comprehensive examination of how stress, emanating from both academic workload and clinical learning environments, influences the academic life satisfaction of psychiatric nursing students. There remains a significant gap in the context of psychiatric nursing students in Ghana. Therefore, this current study sought to fill the gap by investigating the influence of experiences from the clinical learning environment and stress related to the academic workload on psychiatric

nursing students' academic life satisfaction in the Ankaful Psychiatric Nurses' Training College.

Purpose of the Study

The study investigated the influence of clinical learning environment (CLE) and academic stress on the academic life satisfaction of Psychiatric Nursing Students in the Ankaful Psychiatric Nurses' Training College (APNTC).

Objectives of the Study

Specifically, the objectives of the study were to:

1. Evaluate the impact of clinical learning environment on psychiatric nursing student's overall academic life satisfaction at APNTC
2. Evaluate the influence of academic stress on academic life satisfaction of psychiatric student's nurses at APNTC
3. Examine the influence of gender on academic stress of psychiatric at APNTC
4. Assess the influence of gender on academic life satisfaction of psychiatric nursing students at APNTC
5. Examine the influence of level in nursing college on academic life satisfaction of APNTC students.
6. Assess the influence of level in nursing college on academic stress among psychiatric nursing students

Research Hypotheses

The study tested the following hypotheses:

1. Ho: There is no statistically significant influence of the clinical learning environment on the overall academic life satisfaction of psychiatric nursing students at APNTC.

H₁: There is a statistically significant influence of the clinical learning environment on the overall academic life satisfaction of psychiatric nursing students at APNTC.

2. H₀: There is no statistically significant influence of academic stress on the academic life satisfaction of psychiatric nursing students at APNTC

H₁: There is a statistically significant influence of academic stress on the academic life satisfaction of psychiatric nursing students at APNTC.

3. H₀: There is no statistically significant difference in academic stress between male and female psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic stress between male and female psychiatric nursing students at APNTC.

4. H₀: There is no statistically significant difference in academic life satisfaction between male and female psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic life satisfaction between male and female psychiatric nursing students at APNTC.

5. H₀: There is no statistically significant difference in academic life satisfaction between the academic levels of psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic life satisfaction between the academic levels of psychiatric nursing students at APNTC.

6. H_0 : There is no statistically significant difference in academic stress between different academic levels in the nursing college among psychiatric nursing students at APNTC.

H_1 : There is a statistically significant difference in academic stress between different academic levels in the nursing college among psychiatric nursing students at APNTC.

Significance of the Study

The study would provide stakeholders of Nurses' Training Colleges (Training School Administrators, Nurse Educators, Counsellors, Principals, Clinical Coordinators, Preceptors and Clinicians, and the Ministry of Health) the information needed to improve and reorganise the clinical learning environment for improvement in order to control the academic stress attached to the training of nurses. This will lead to increased productivity for the student nurses in academic and clinical settings and consequently training competent nurses for society. Furthermore, it would serve as a tool for clinical coordinators to streamline the training of nurses in a way that will reduce stressors experienced by nursing students. It would also aid nurse educators in planning training in the clinical learning environment to be student-friendly and thus enhance students' ability to apply theoretical knowledge in clinical practice. Learning about how clinical learning experiences and academic stress affect academic life satisfaction among psychiatric nursing students would make it easier for school psychologists and counsellors to create useful counselling modules and intervention strategies to help students cope with stressors. The findings of the study would serve as useful reference material for people in academia, researchers and students in a clinical learning

environment experiencing academic stress, and seeking for academic life satisfaction.

Delimitations

The study was delimited to Ankaful Psychiatric Nurses' Training College students. Ankaful Psychiatric Nurses' Training College (APNTC) was chosen because researcher I have been a tutor and a coordinator for the general nursing department since 2018 and have observed that the problem under study persist among the nursing students. In addition, psychiatric nursing college poses unique challenges that can significantly impact students' experiences and satisfaction, which Ankaful Psychiatric Nurses' Training College is no exception. In terms of content, the study was delimited to the influence of the clinical learning environment and academic stress on academic life satisfaction among students in the Ankaful Psychiatric Nurses' Training College.

Another delimitation is that the study was conducted on Levels 200 and 300 students because in spending two (2) years and three (3) years, respectively in the college they may have been victims who could assist in this investigation by way of providing the true information when answering the questions administered to them for this purpose.

Limitations

The variables (clinical learning experience, academic stress, and academic life satisfaction) were measured through self-reported measures, which might have resulted in single-source bias. Additionally, the self-report nature of data collection could be subject to multiple recall biases from participants. Also, the limitation of the study was the use of the cross-sectional

survey design. The cross-sectional survey only describes what happens during data collection; therefore, findings cannot be generalized to other areas at different time intervals. The study was again limited by the lack of representative of psychiatric nursing students regarding gender and age. This is a result of the data collection conducted during the COVID-19 pandemic.

Operational Definition of Terms

Clinical Learning Environment: Healthcare settings or environments where psychiatric nursing students observe and learn from practicing healthcare professionals to enhance their skills concerning patient care.

Academic Stress: This concerns the experiences of psychological distress due to perceived or real academic challenges or failure.

Academic Life Satisfaction: The overall gratification that psychiatric nursing students expect from the interaction with training and clinical environment in pursuit of academic aspirations.

Psychiatric Nursing Students: Student nurses who receive training on how to engage and aid in treating individuals with acute to severe psychological disorders.

Organisation of the Study

The study was structured into five main chapters. The Chapter One provided the context within which the research was conducted. More importantly, the chapter focused on the topic discussed through the statement of the research problem, aims of the research, research questions, hypotheses, delimitations, limitations, significance of the study, and organization of the study. Chapter Two discussed literature related to the topic under study. The literature was reviewed from the empirical, conceptual, and theoretical

perspectives. This chapter extensively reviewed literature on the topic to position the current study within its research context. The review of the literature was done or discussed in a thematic order. Chapter Three comprised an in-depth explanation of the research methodology adopted for the study. It covered issues relating to the research design, selection of the research site, population, sampling, and data analysis procedures. Chapter Four encompassed results and discussion. Chapter Five dealt with the summary of the research findings, conclusion, and recommendation of the study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The study sought to explore the extent to which experiences from clinical learning and other academic-related stress predict the academic life satisfaction of student nurses at the Ankafu Psychiatric Nurses' Training College. This chapter reviews existing related literature about the various variables under study; Clinical Learning Experience, Academic Stress and Academic Life Satisfaction. The theoretical basis for the investigation is provided in this chapter. It also discusses the empirical review as well as the conceptual framework of the study. Finally, the relationships between the variables under study are established.

Theoretical Framework

The theoretical underpinnings of this study were Wenger's Theory of Community Practice, the Transactional Model of Stress, and the Happy-Productive-Student Theory.

Wenger's Theory of Communities of Practice

Communities of Practice refers to groups of individuals who share common challenges or a passion for a particular subject, and who continuously enhance their knowledge and expertise through regular interaction Cuddy (2002). Wenger's theory (Communities of Practice) helps to underscore the importance of the social, collaborative, and practical elements of clinical training as a community of practice that influences students' well-being, stress levels, and overall satisfaction with their academic journey. Positive engagement within these communities where students feel

supported, competent, and part of the professional group can reduce stress and enhance satisfaction. On the other hand, negative experiences or lack of meaningful participation in this community (e.g., limited guidance, stressful conditions) could increase academic stress and lower life satisfaction. According to Couros (2003), the theory of Communities of Practice was birthed through the idea of learning through social participation. The assertion that learning encompasses the extensive participation process within a particular community of practice has gained roots over the years. This explains why the community of practice has become one of the crucial focuses of organizations in this present age.

The theory of Communities of Practice posits that even with unskilled work, interaction and knowledge sharing exist in the quest to get the job done. The various relationships formed, the knowledge and understanding shared, as well as the division of knowledge labour undertaken to get the job done, is what is termed a community of practice. According to Wenger (1998), a Community of Practice denotes groups of people who share a similar profession, craft or a concern for a particular topic. Such individuals come together and share their expertise or knowledge through consistent interactions. A community of practice can be defined as the process of social learning that occurs when individuals with common passion or interest in an area join hands over a period to share ideas, map out strategies, create innovations and build solutions.

Jean Lave and Etienne Wenger believe that communities of practice can be found everywhere and that individuals tend to find themselves involved in several communities. These communities can be found in schools, at home,

at work, etc. Individuals find themselves in such communities often. In some communities, one may be a core member while being a margin in other communities. As human beings, we associate ourselves with each other and fine-tune ourselves with the people we interact with. Wenger (1998) admits that the characteristics of various communities of practice differ. While others are formal, others are informal, and members learn through their engagement with each other. Such characteristics of the community of practice make it different from the community of interest. The presence of shared practice makes the community of practice unique.

Etienne Wenger (1998) stated clearly that the community of practice has three (3) major elements that make it unique. It should be noted that these three elements are the dimensions on which the community of practice defines itself. These elements are The Domain, The Community, and The Practice.

- i. **The Domain:** A community of practice transcends the mere forming of groups or the presence of groups. It is more than a club or friends or societies. The domain asks, 'what is the community about?' A community of practice has an identity and a common interest defines the community's identity. The domain here focuses on acquiring the skills and knowledge required to become proficient psychiatric nurses, which is crucial for students' academic life satisfaction. Members' expect commitment, and the presence of shared competence defines the Community of Practice. The shared goal of students is to gain competence in this specialised field through both academic work and clinical experiences.

- ii. **The Community:** The clinical environment where nursing students undertake their practical training forms a critical part of their community of practice. In the quest to pursue their interest in their domains, Community of Practice members engage in various discussions and activities. During such discussions, knowledge is shared among themselves. The community element of community of practice seeks to answer how the community functions. Relationship building is paramount; these relationships are created to help each other learn and grow. The quality of this community (including the level of support, feedback, and guidance provided) may significantly affect the students' ability to manage academic stress and, ultimately, their academic life satisfaction.
- iii. **The Practice:** Members within the Community of Practice are practitioners who develop and share resources, stories, experiences and innovative ways in their domain. The Practice element of Community of Practice entails the shared capabilities of the community. The practice element assesses the repertoire of the community's resources discussed and shared over time. The actual clinical learning experiences involve the hands-on application of psychiatric nursing knowledge. These practices, such as dealing with patients, administering care, and making critical decisions under supervision, form the core of the students' professional growth. According to Wenger (1998), a community of practice entails much more than technical know-how or the skills related to a task; rather, all individuals form relationships over time. If these experiences are

positive and well-structured, students are likely to feel more satisfied academically. Conversely, stressful or poorly supported clinical experiences might contribute to academic stress and lower satisfaction.s

Critics of the theory of community of practice point out that there are certain issues that the theory does not address, which has become a limitation of the community of practice theory. One such criticism against this theory is the issue of time constraints (Kerno, 2008). The Theory of Community of Practice requires frequent social interactions. Many organizations are constrained by time, and as such Community of Practice may not produce good outcomes. Moreover, the Community of Practice requires spontaneous and free-flowing membership. However, the presence of a hierarchy in organizations in the corporate world today limits the theory.

Wenger views learning as a key to human identity formation, and the primary focus of learning is social participation. Individuals hone and harness their skills through the Community of Practice, which helps individuals develop and grow in their chosen fields of practice. The Theory of Community of Practice was specifically selected to highlight the importance of clinical learning experiences gained by psychiatric nursing students from their various courses of study. After various academic works, psychiatric nurses are permitted to practice at hospitals and other health facilities to help them experience hands-on training through participation, and this study seeks to highlight the immense benefits that social learning experiences offer for the effective training of psychiatric nursing students.

The Transactional Model of Stress

Silinda (2019) argues that one of the most useful frameworks that help to know and understand all potential predictive forms of psychiatric nursing students' perception of stressors is the transactional model of stress, which was birthed through the works of Lazarus and Folkman (1984). By extension, the transactional stress model has been employed to help understand and embrace a potential predictive form of psychiatric nursing students' perception of the various stressors they face in college. The transactional theory posits that stress is a direct outcome of a transaction between a person and the environment (Lazarus 1984; Lazarus & Folkman, 1987). The Transactional Model of Stress provides a useful framework for understanding how nursing students' perceptions of stress, their coping strategies, and their clinical learning experiences affect their overall satisfaction with academic life. This theoretical perspective can guide the study in exploring the dynamics between stress and academic satisfaction among students in the Ankafu Psychiatric Nurses' Training College.

The Transactional Theory suggests that the environment in which an individual finds him/herself may tax the individual's resources, and this tends to threaten the wellbeing of the individual. The transaction model of stress and emotions (Lazarus & Folkman 1984) opine that the reaction of an individual towards a particular stressor is primarily mediated by the individual's appraisal of the event, coping behaviour, and the presence of a support group. Through the transactional theory of stress, the individual is seen as an active agent who can dictate the impact of a stressful event. The emotional, cognitive and behavioural strategies of an individual have an impact on how the

individual perceives the stressor. The Transactional Theory of Stress perceives stress as a continuous interaction termed as a transaction between the individual and the environment.

Lee and Poole (2005) posit that individual beliefs and commitments are “Person Factors” that dictate an individual’s appraisal of a stressful event. On the other hand, ‘situation’ or ‘environmental’ factors encompass the duration of the event and the “novelty” of the stressor at hand. Lee and Poole (2005) further argue that personal factors and situational or environmental factors work together to dictate an individual’s cognitive appraisal. According to Gellman and Turner (2013), cognitive appraisal refers to an individual’s interpretation of an event, whether a situation is stressful or not. Individuals facing a situation or event, through cognitive appraisal, analyse whether the event is threatening; if yes, whether there are resources to cope with such stressors or whether there are ways to deal with such stressors. This assessment of the situation by the individual is known as cognitive appraisal.

Dewe and Cooper (2017) opine that stress only arises after an individual’s assessment of the event proves that the environmental demands threaten to tax the individual’s resources. The first stage of cognitive appraisal is known as Primary Appraisal. The primary appraisal seeks to define the event or the situation. It tends to provide meaning to the event. It seeks to assess what is at stake for the individual. At this stage, the individual examines the situation or the event and categorizes it into threatening, harmful or challenging. The second phase of cognitive appraisal is known as the secondary appraisal. At this stage, the individual assesses the situation and asks for the needed action to help curtail the stressor. What can be done and

ways to cope with the stressor are undertaken at this stage. Folkman (1984) opines that at any given encounter, primary and secondary appraisals are highly dependent on each other.

The Transactional Model of Stress makes it clear that there are always interactions and judgments between an individual and his/her environment. Stemming from this, one can argue that some psychiatric nursing students within various colleges may perceive some aspects of their academic duty as stressors by appraising the events they encounter. Prem et al., (2017) believed that individual's appraisal is usually influenced by several factors, such as one's personality, coping skills, and situational demands. By extension, psychiatric nursing students throughout their academic lives in their various colleges encounter stressors; however, factors aforementioned by Prem et al. (2017) have greater bearing on how the individual face the stressful situation or handles the stressor. Ganster and Rosen (2013) opined that a stressor's impact rests on how an individual evaluates and perceives it.

According to the Transactional Theory, the environment in which academic work takes place tends to expose nursing students to academic situations where an individual will appraise such events. Usually, encountering such events will induce psychiatric nursing students to find ways to cope with the stressors after appraisal of the stressors at hand. Those who exhibit the right attitude and coping skills can cope with stressful events during their academic life. Lazarus and Folkman's transactional model of stress has been used widely in the stress literature to explain how an individual relates to his/her environment and perceives and assesses situations. However, critics of the theory point out that the transactional stress model only focuses

on the cognitive appraisal of situations and entirely neglects the physiological perspective in response to a stressor.

This research employs the Transactional Model of Stress as a theoretical foundation because it offers insights into how psychiatric nursing students interact with their environment and interpret academic challenges as stressors. Additionally, this study will examine how these students evaluate and cope with the stressors they face during their academic and clinical experiences, particularly in relation to their overall satisfaction with academic life at the Ankaful Psychiatric Nurses' Training College.

Happy-Productive Student Theory

Cotton, Dollard and De-Jonge (2002) are the putative founders of the Happy-Productive Student Theory. According to the Happy-Productive Student Theory, students' satisfaction depends on several psychosocial factors such as stress, coping and the students' wellbeing. The theory suggests that students' happiness or well-being is key to their productivity and academic success. The theory clarifies that high student psychological distress leads to lower satisfaction (Khurshid & Arshad, 2012). Cotton et al. (2002) opine that the Happy-Productive Student Theory was created to highlight students' psychological well-being and general health.

Satisfaction among students, as described by Weerasinghe and Fernando (2017), is a "in-the-moment" evaluation of a school's resources and quality of service. Initially, the satisfaction of students was measured by satisfaction models such as Services Quality (SERVQUAL). However, many specified satisfaction models have gained roots in the satisfaction literature, one of which is the Happy-Productive Student Theory.

Kotler et al. (2006) defined satisfaction as one's pleasure that is attained by comparing the perceived performance of a service or a product to their actual performance. Meeting a customer's expectation of a product or service leads to satisfaction. Several kinds of literature have delved into customer satisfaction, but now students are seen as the customers of the educational sectors. In light of this, organizations and policymakers within the educational sectors are paying more attention to students' wellbeing.

The Happy-productive student theory by Cotton et al. (2002) measures the students' satisfaction, psychological distress and Performance. The happy-productive student theory posits that re-shaping students' study environment may improve their performance (Grades) through improved satisfaction. It should be noted that the Happy-Productive Student Theory was developed through job designs and work-related stress theory. The Happy-productive student theory was selected as a theoretical underpinning to this study because it highlights how the academic environment affects the satisfaction of psychiatric nursing students throughout their stay in college. The Happy-productive student theory emphasizes that the higher the stress students face, and by extension, psychiatric nursing students, the higher the dissatisfaction they experience. Good grades can be achieved when psychiatric nursing students have sound minds to study and go about their academic life. Positive clinical experiences, such as supportive supervision, successful patient interactions, and practical skill development, could enhance students' sense of achievement, competence, and overall happiness. This boost in well-being could lead to higher academic life satisfaction, as students feel more engaged and prepared for their future roles.

Conceptual Review

Clinical Learning Experience

Clinical learning experience (CLE) refers to the practical training that healthcare students, such as nurses and midwives, in this case psychiatric nurses undergo in clinical settings example; Ankafu Psychiatric Nurses Training College (APNTC) to apply their theoretical knowledge. This hands-on experience is vital for developing competencies and gaining confidence in clinical skills. Clinical learning experiences are shaped by a range of factors that influence the overall quality and effectiveness of education of healthcare students. These factors can be categorised into several key areas; the clinical learning environment, importance of clinical learning in nursing, role of mentors and supervisors in clinical learning and challenges in the clinical learning environment.

The Clinical Learning Environment

Mabuda (2008) describes the clinical learning environment as a composite social and clinical setting that is pivotal in nursing education. The clinical learning environment is similar to classrooms for students during the practical experience or practical sessions. This arena allows nursing students to have practical experiences in the real world. It serves as a practical experience for students, akin to classrooms, but in real-world scenarios. Masilaca et al. (2018) reveal that the clinical learning environment has also been referred to as clinical setting, hospital learning environment, and ward learning. Also, according to Melrose et al. (2015), healthcare settings are “classrooms” full with potential for innovative instruction and meaningful education. They are spaces for clinical education crucial for applying nursing theory into practice.

Rajeswaran (2016) adds that learning within clinical settings differs from classroom learning because clinical settings provide real challenges that cannot be replicated. That is, clinical settings offer a level of experiential learning and problem-solving that goes beyond what can be achieved in a classroom. In the classroom, lecturers and facilitators control the conditions, while in clinical settings, learning adapts to real-life conditions. Within the classroom settings, lecturers and facilitators control the environmental conditions; however, teaching and learning are changed based on the situation within the real environment. Though some clinical learning environments may not be supportive enough to nursing students, the opportunities these environments provide are priceless. The views mentioned above from different authors clarify that clinical practice helps nursing students train their faculties and competencies in applying clinical knowledge. The skills and attitudes needed in the nursing professional space are developed during this period.

Importance of Clinical Learning in Nursing

Clinical learning, as defined by Chan et al. (2018), is a crucial component of nursing education where students can cultivate and apply the skills they have acquired in the classroom. Clinical attachment plays a vital role in boosting students' confidence and competence through situated learning, as it immerses them in the actual environment of their future work (Dadzie et al., 2017). In Ghana, as in many parts of the world, psychiatric nursing colleges and universities bear the responsibility of ensuring that student nurses gain the necessary knowledge and skills to meet the professional standards required for patient and client care.

Clinical learning forms a significant part of nursing education, integrating practical training to equip students with the expertise needed to

care for patients effectively (Nabolsi et al., 2009). Rajeswaran (2016) asserts that the blend of theoretical and practical experiences within nursing not only makes it a profession but also a science. Clinical practice, as noted by Shaban et al. (2012), is fundamental in nursing education because it provides an essential avenue for students to apply their theoretical knowledge to real-life situations, enhancing their psychomotor skills. Melrose et al. (2015) further emphasise that healthcare settings function as dynamic 'classrooms', offering innovative instruction and meaningful education. These real-world experiences are invaluable, enabling nursing students to bridge the gap between theory and practice while developing their professional skills.

Role of Mentors and Supervisors in Clinical Learning Environment

In healthcare settings, supervisors are seen as role models for student nurses. Subramaniam et al. (2015) identify coaching, abusive supervision, and mentoring as key aspects of supervisory roles. Mentoring supervision involves an experienced individual making a concerted effort to help a mentee set important life goals and develop the skills needed to achieve them. On the other hand, abusive supervision leaves individuals feeling drained and ineffective. Supervisory coaching, where supervisors impart their accumulated wisdom to mentees, supports the growth and development of young talent. Since coaching supervision plays a crucial role in talent development, it is vital that healthcare professionals organise training and educational programmes to enhance supervisors' coaching abilities.

The clinical practicum allows nursing students to establish relationships with staff, giving them the chance to care for patients and apply their theoretical knowledge in real-world settings (Chan et al., 2018). The

relationships between students and their supervisors or mentors are pivotal to the success of clinical education. High-quality clinical supervision during experiential learning is essential for developing strong practical skills and fostering a positive caregiving attitude among healthcare trainees, both in Ghana and globally. As noted by Subramaniam et al. (2015), effective talent development hinges on solid supervision. For individuals to grow and refine their skills, they need the guidance and support of experienced supervisors. In essence, talent development does not happen in isolation; it requires a strong supervisory framework, especially in the clinical learning environment, to nurture and cultivate potential.

Challenges in the Clinical Learning Environment

Despite clinical placements offering students the opportunity to apply theoretical knowledge in practice, studies indicate that nursing students regularly report facing numerous barriers in these environments (Adjei et al., 2018). The challenges faced by student nurses in clinical learning environments have been widely documented. Jamshidi et al. (2016) identified three main issues, inadequate readiness, ineffective communication, and emotional reactions. These factors often result in stress, frustration, and feelings of inferiority among students. In Ghana and elsewhere, clinical settings are frequently under-resourced and understaffed, further complicating the learning process (Adjei et al., 2018; Atakro et al., 2019). Discrimination, insufficient practical knowledge, and poor communication skills are common obstacles that hinder the quality of clinical education.

In addition to general challenges, specific areas of nursing, such as psychiatric nursing, present unique hurdles. According to Karimollahi (2012),

psychiatric nursing is often stigmatised and misunderstood, largely due to negative portrayals in the media that depict it as a violent and stressful profession. Nursing students in psychiatric placements face additional difficulties in overcoming these misconceptions. While psychiatric nursing education aims to create a safe and supportive environment, the stigma surrounding mental health nursing continues to pose barriers for students (Adjei et al., 2018; Atakro et al., 2019).

Other issues further complicate clinical learning, including strained relationships between students and their supervisors, a lack of clinical equipment, unqualified supervisors, insufficient support from healthcare professionals and hospital management, and students being assigned to tasks unrelated to direct patient care (Atakro et al., 2019; Adjei et al., 2018; Khishigdelger, 2016; Baraz, Memarian & Vanaki, 2015). Exposure to stress and anxiety during training can have also have detrimental effects. Research shows that nursing students, particularly during their initial clinical experiences, often experience heightened stress and anxiety (Baksi et al., 2017; Lin et al., 2020). This stress can negatively impact their performance.

The Concept of Stress

According to the Mental Health Foundation (May, 2018), good mental health is imperative for life; however, compared to physical health, very little has been done about the mentally ill and the best way to control the occurrence of mental illness. Years of research have proven that stress is a regular occurrence that our body and brain experience. Stress is a very important warning system that helps humans respond and be prepared, but if not controlled well, it can lead to emotional burnout and other complicated health problems. According to the American Institute of Stress (1991), Hans Selye 1936, first defined stress as the

non-specific response of the body to any demand for change. Stress, therefore, is a personal response to changes in events or situations or threatening situations.

Papathanasiou et al. (2015) posit that chronic stress may lead to mental, emotional, biological, spiritual and social consequences. Often, the consequences of stress give individuals mixed results since stress directly affects that individual entirely. A look into our current world will reveal how demanding life is. The various pressures and demands of an individual's everyday life create stress. Stress comes about when an individual cannot cope with a perceived threat, affecting one's physical, mental, emotional and spiritual well-being. Many individuals define stress in terms of psychological stress; however, physicians and scientists use the term stress to refer to any event or force that damages the balance and stability of the functions of the body.

Bhowmik et al. (2014) identified three major types of stress. According to the researchers, the three types of stress are Routine stress, Stress change and Traumatic stress.

- i. **Routine Stress:** Routine stress relates to the pressures or demands of daily responsibilities. Demands from work and family, among others, cause routine stress.
- ii. **Stress due to Change:** A sudden negative change in the lives of individuals creates shock and leads to stress. Loss of a job, divorce, or a sudden illness, among others, causes stress in an individual's life.
- iii. **Traumatic stress:** Perceived danger or the feeling of being seriously hurt or harmed can lead to stress, known as Traumatic

stress. War and natural disasters, among others, lead to traumatic stress experiences.

Agarwal (2017) pointed out six types of stress individuals experience. The writer made it clear that stress is subjective; moreover, stress can be temporary, but if it persists, it can lead to other serious illnesses, such as depression. The types of stress identified by the author are Acute stress, Episodic acute stress, Chronic stress, Physical stress, psychological stress and psychosocial stress.

- i. **Acute Stress:** Acute stress is a type of stress that demands an immediate response from the body due to a sudden or new challenge. It must be noted that acute stress is not always negative. Acute stress helps the body armour and protect itself against any perceived threat. Acute stress provides a survival function for individuals.
- ii. **Episodic Acute stress:** Persistent acute stress leads to Episodic Acute Stress. Individuals who experience episodic acute stress are usually anxious. They have a negatively outlook on everything and embrace stress as part of their lifestyles. They tend to worry about any little event or situation negatively affecting their health.
- iii. **Chronic Stress:** Prolonged acute stress leads to chronic stress. Chronic stress is constant and harmful to one's health. Chronic stress can cause depression and other heart-related diseases. Individuals experiencing chronic stress usually encounter stressors they feel they have little or little control over. High levels of stress lead to chronic stress. Usually this type of stress builds up unrecognized over a while and lasts too long. Another name for such stress is called Cumulative Stress.

- iv. **Physical Stress:** Physical stress is usually caused by conditions such as trauma due to surgery, injury, environmental pollution and fatigue, among others.
- v. **Psychological Stress:** This type of stress entails emotional stress from feelings such as anger, grief, anxiety, and frustration, among others. This type of stress entails a physiological or emotional response to a stressful event or situation.
- vi. **Psychosocial Stress:** This type of stress comes from the emotional response to social factors such as relationship problems, family problems, or work-related problems. Usually, inadequate social support leads to psychosocial stress.

Academic Stress

Stress in the daily lives cannot be said to be always bad, as stated by Nandamuri and Gowthami (2011). “Stress is a necessary and unavoidable concomitant of daily living because without some stress individuals would be listless and apathetic creatures, and unavoidable because it relates to any external event, be it pleasurable or anxiety-producing.” Some form of stress is good for the human body. Students, through their academic duties, also experience some form of stress. While others relate to the demands of their academic roles, others are social and environmental. However, all these stresses may influence students’ academic life. As posited by Bedewy and Gabriel (2015), stress levels among students may develop and lead to anxiety symptoms, which usually occur during examination periods. Ramli et al. (2018) argue that academic stress is one of the most common stresses among students. Subramani and Kadiravan (2017) believe that academic stress has

increased among students over the years due to several demands from parents and teachers of students. The presence of several assignments and examinations and the pressure from parents and teachers on students to pass their courses burden the students, leading to more stress. According to Nakalema (2013), high levels of information overload, heavy academic loads, limited opportunities and several other academic pressures are sources of stress that lead to anxiety and tension among students.

Mota et al. (2016) define stress as an experience that creates tension, confusion and excitement, making the body respond to the stressors it is facing/experiencing. The researchers admitted that any individual who belongs to a nursing profession, which demands close interaction with individuals, is more likely to experience stress. Labrague (2014) asserts that nursing education and training expose nurses to stressors, which tend to influence the academic lives of student nurses.

According to Reddy et al. (2018), adolescents at this stage are vulnerable to the stress that comes with their education because, during this stage of their lives, the transition occurs at both social and individual levels. Madian et al. (2019) admit that student nurses, in their course of education, are exposed to several stressors which directly or indirectly affect their performance and wellbeing. Afzal et al. (2016) made it clear that students encounter several stressors within the classroom, and this common phenomenon has a toll on the overall well-being of these students. The tiring nature of psychiatric nursing education, coupled with the demand from parents and teachers pressuring them to perform has a toll on the physical and mental wellbeing of psychiatric nursing students.

Sossah and Asiedu (2015), on their part, believe that high-stress levels are, in fact, “preordained for nursing students.” The researchers explained that such a description is not far-fetched when one considers the numerous examinations, the uncertainty of career path, academic workload and even the inferiority complex some nursing students are made to go through in their clinical settings. Through a study, Llego et al. (2018) concluded that the nursing program was seen as one of the most demanding programs among college courses. Many scholars (Najimi, Goudarzi, & Sharifirad, 2012; Rathnayake & Ekanayaka, 2016) view nursing as one of the most stressful professions in the world, therefore undertaking a career in nursing is a very daunting experience. Encountering stressors during their education adversely affects nursing students’ mental, physical and professional life.

From the above, it is very clear that psychiatric nursing students go through a lot in their academic life. Facing different stressors without having coping mechanisms and resources will create depression and other health-related problems in the lives of these students. Abasimi et al. (2015) point out that numerous empirical studies have been undertaken on stress and coping mechanisms among students. However, the demanding nature of psychiatric nursing education may require that students are provided with the needed social support to help them cope with the everyday stressors they face throughout their education.

Coping with Academic Stress

Academic stress has been identified as one of the stresses students face within their academic settings. Sheykhjan (2015) reveals that recent studies have debunked the assumption that struggling students are most usually prone

to academic stress. Every student, even high achievers, in one way or the other, experiences academic stress. If left unmanaged, stress can lead to several diseases (Aina & Wijayati, 2019). Kaur (2019) highlighted that students have different ways of reacting to academic pressures in varied ways. Nagle and Sharma (2018) reported that statistically, every 90 minutes, an adolescent in India attempts suicide, and this can partly be attributed to the high value placed on modern education, which seeks to accept only good academic grades. Stress among students can be suicidal, as stated, so, students must be guided on how best to cope with academic stressors during their education.

Smith et al. (2016) highlight that while some coping strategies can help reduce stress and lead to positive psychological outcomes, others may worsen stress and result in negative effects. This proves that coping strategies employed by students in the quest to deal with stressors can either alleviate those stresses they face or worsen the situation. There is evidence from various researchers that coping influences the relationship between the stress an individual experiences and that person's health status (Park & Kim, 2018). Smith et al. (2016) suggest that there are several strategies individuals employ to cope with stress; however, three main types of coping strategies that have been extensively researched are Task-Oriented Coping Strategy, Emotion-Oriented Coping strategy, and Avoidance-Oriented Coping Strategy.

Task-Oriented Coping

The task-oriented coping strategy is also known as the problem-focused coping strategy. This type of coping strategy requires an individual to take direct action to change the situation to control the stress level.

Schoenmakers et al. (2015) state that problem-focused coping strategies encompass all efforts to handle stressful events and change a stressful person-environment relationship. Problem-focused coping includes all the active efforts one makes to manage stressful situations and alter a distressed person-environment relationship to either change or clear the source of the stress through an individual's behaviour or action.

Greenaway et al. (2015) posit that problem-focused coping encompasses finding effective strategies for reducing stress levels, establishing specific behavioural targets, and engaging in the behaviour that will help solve problems. Carroll (2013) asserts that problem-focused coping strategies help control stress by solving the problem at hand or eliminating the source of the stress, seeking assistance in handling the stressor, and taking oneself from the stressful events.

By this, one can argue that psychiatric nursing students facing different academic stressors can adopt the problem-focused coping strategy by identifying the source of stress and taking steps to solve the problem. Also, the problem-focused coping strategy requires that psychiatric nursing students facing stressful events talk to people or seek guidance on how best to handle the academic stress they face.

Emotion-Oriented Coping Strategy

Schoenmakers et al. (2015) define emotion-focused coping strategy as regulative efforts to diminish the emotional consequences of stressful events. According to Chan et al. (2018), emotion-focused coping strategies are one's effort to manage his/her emotional state and keep moderate arousal levels. The emotion-focused approach looks at self-control, how an individual control the

level of stress he/she faces. Ben-Zur (2020) stated that emotion-focused strategies include but are not limited to the following:

- i. wishful thinking
- ii. self-isolation
- iii. seeking support for emotional reasons
- iv. mental and behaviour engagement
- v. denial
- vi. acceptance

The American College Health Association (2012, p. 2) defines emotion-focused coping techniques as altering one's feelings concerning their assessment of a stressful situation. Lian and Tarn (2014) argue that an emotion-focused coping technique is an individual's effort to control negative feelings caused by stressful situations. According to the study, examples of emotion-focused coping techniques include turning to seek support from religion and venting, among others. Students facing academic stress go through several emotions. The emotion-focused coping strategy requires stressed psychiatric nursing students to control or change their feelings toward the stressors. This can be attained by seeking emotional support from religion or accepting those situations as a form of growth that can help them in their career path.

Avoidance-Oriented Coping Strategy

Avoidance-Oriented coping strategy is defined as diverting one's attention from the main source of a stressful event. According to Rao (2016), avoidance-oriented coping strategy defines a situation where an individual chooses to suffer, admit or deny the stressful experience he/she is facing

/going through. Moreover, the avoidance-oriented coping strategy consists of a person who blames others for being the cause(s) of the stressful situation he/she is suffering from.

Balmores-Paulino (2020) is of the view that avoidance-oriented coping strategy seeks to minimize, deny or avoid dealing directly with the stressor at hand. Therefore, by employing the avoidance-oriented coping strategy, an individual is not seeking to attend to or address the root cause of the stressful event head-on but rather adopting ways to comfortably live in the midst of the stressful situation. Nursing students who employ the avoidance-oriented coping strategy will accept the stress at hand by either blaming other for their woes or adopting ways to live with the stressful events.

Nursing students can adopt the above three coping strategies to handle academic stress. According to Kaur (2019), researchers are of the view that some of the following activities can also help students cope well with academic stress:

- i. seeking help from a professional counsellor/school counselor
- ii. engaging in physical exercise
- iii. eating healthy foods/a well-balanced diet
- iv. avoiding the use of drugs
- v. relaxation
- vi. planning and avoiding overscheduled activities.
- vii. building resiliency
- viii. talking to an adult about unmanageable stress.

Academic Life Satisfaction

Academic Life Satisfaction (ALS), according to Mogueira (2018), is a complex multifactorial construct that includes the wide experiences of the student's life on campus, as well as the quality of students' adaptation to the academic environment. Student's academic life satisfaction (ALS) indicates the student's whole wellbeing and academic success. According to the OECD (2015), Satisfaction with life is a subjective measure of students' entire wellbeing coupled with the rate of positive emotions such as pride and the rate of negative experiences (anger, sadness etc.) and having the feeling of purpose in life.

Mogueira (2018) opines that academic life satisfaction sums up every experience of students' life in academic settings, and this also points out the quality of campus adaptation. Wilcox and Nordstokke (2019) compared academic life satisfaction with that job satisfaction and stated that academic life satisfaction highlights attitudinal, affective and cognitive dimensions. Wach et al. (2016) suggested that there is a relationship between academic satisfaction and academic competence. Thus, a student's academic competence affects the individual's academic life satisfaction. According to Ramos et al. (2015), academic satisfaction is heavily linked to the quality of students learning. According to Ramos et al., this can be altered by the student's perception and understanding of their learning environment and changes in the institution's characteristics.

Nogueira et al. (2017) assert that academic life satisfaction has a huge impact and serves as an indicator for an institutional measure of success and students' well-being. Academic life satisfaction helps inform institutions on

the effectiveness of a particular educational institution. Nogueira (2018) reveals that there are several ways to assess the academic life satisfaction of students. Hakim (2014), on the other hand, reveals that in measuring academic satisfaction, it is very relevant to adopt these tools: Social image, Role description, future job prospects, Students-Teachers Relationships and other social relationships among students.

Conceptual Framework

This section presents the conceptual framework of the research. Figure 1 shows a diagrammatic representation of the relations between the variable in the study.

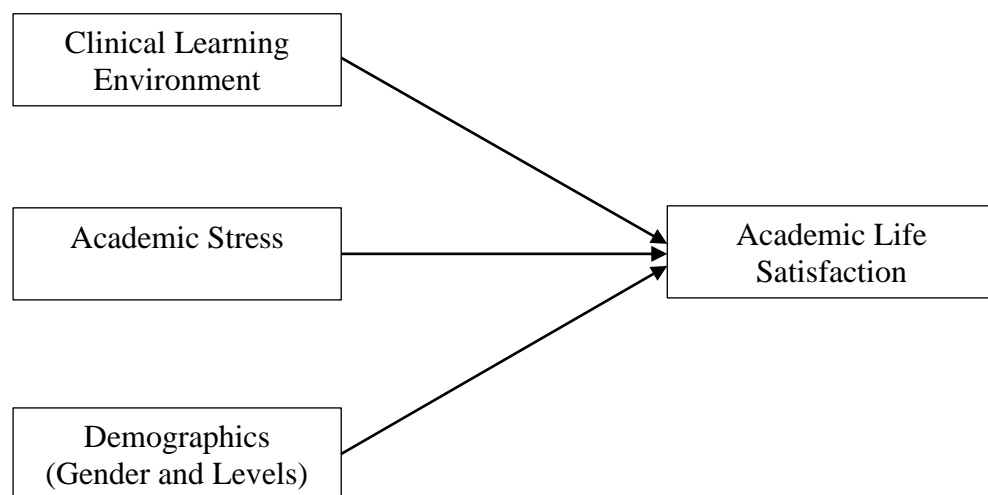


Figure 1: Conceptual Framework

Source: Author's Construct, (2021)

This conceptual framework shows factors influencing Academic Life Satisfaction. The framework focuses on the roles of demographic factors (gender and academic level), academic stress, and clinical learning experiences in the academic life satisfaction of nursing students. Academic life satisfaction (the dependent variable) represents students' overall contentment with their educational journey.

The framework shows that academic stress (an independent variable) significantly impact students' academic life satisfaction. Also, clinical learning environment as another independent variable influence students' academic life satisfaction. Experiences of nursing students within their clinical learning environment influences their academic life satisfaction. Further, demographic factors such as age and academic level of the student directly impact academic life satisfaction, as different groups experience varying challenges and coping mechanisms.

Empirical Review

Influence of Clinical Learning Environment on Academic Life Satisfaction.

Undergraduate nursing students were used as the case study by Phillips et al. (2017), who used the Clinical Learning Environment Inventory and alternative clinical staffing models to analyse the effect of these factors on student satisfaction. Thirty-five (35) publications were evaluated, 22 were selected for the literature study after Phillips et al. (2017) requested data from five (5) electronic databases covering the years 2002-2015. The study's results showed that students enrolled in nursing programmes valued a stimulating and supportive clinical setting. Researchers concluded that a high-quality clinical learning environment was crucial to the success of nursing students' education and training, and they emphasised the need to create and maintaining such an environment.

According to Ali and Ali (2017), the clinical learning environment and key aspects of it were analysed from the viewpoint of nursing students. The researchers used a descriptive study design, with the nursing school at Sohag

University serving as the case study. From the population of second-year nursing students, 183 were randomly chosen to participate in the study. Data for the research were collected using the Clinical Learning Environment Inventory. Based on a possible maximum score of 168, the data showed that the overall clinical learning environment scale averaged (112.3 ± 14.0).

Fifty percent and eighty-six percent of nursing students reported being dissatisfied with their clinical learning environment, whereas seventy-two percent reported being somewhat happy. Ali and Ali (2017) found that throughout the clinical learning phase, respondents said that poor educational facilities were their greatest issue and conflict between training schedules with other trainers was their least. The study's authors found that nurses confront apparent problems in their clinical learning environment and that these impediments must be addressed since they affect nursing students' ability to learn and become competent professionals when they graduate.

Karabulut et al. (2015) investigated nursing students' desire to study in a clinical setting. For this study, the researchers opted for a descriptive methodology. One hundred and twenty-seven (127) nurses from the Faculty of Health Sciences at Giresun University were selected for the study. The researchers collected data by employing the Clinical Learning Environment Scale and the Academic Motivation Scale to explore the topic under study. The study surveyed 34.6% second-class, 37% third-class, and 28.4% fourth-class nursing students. The mean scores for academic motivation were 68 ± 10.9 and that of the clinical learning environment (66.7 ± 8.7).

Based on the findings, the researchers found a statistically significant difference between the scales ($r = 0.254$, $p < 0.05$). The researchers concluded

that the clinical learning environment has an impact on the academic motivation of students and recommended that there should be an improved clinical learning environment. This study's findings align with Wenger's Theory of Community Practice, where learning is achieved through social participation. A clinical learning environment provides grounds for student nurses and practitioners to learn from each other. The positive clinical learning environment provides opportunities for nursing students to learn through their practices and association with other health workers.

Than (2019) surveyed the barriers nursing students faced in their clinical learning environment at Hong Bang International University. According to the researcher, these barriers were challenges for better student clinical learning. Tran (2019) adopted a descriptive cross-sectional design to achieve the research objectives. The researcher collected data from sixty-nine (69) nursing students in their third (3rd) year of study using the Clinical Learning Environment Inventory (Vietnam Version). The respondents comprised (58) males and eleven (11) females from the Bachelor of Nursing Program at Hong Bang International University-Vietnam.

The results of the study highlighted several challenges for nursing students in the clinical learning environment. Some of these problems were interpersonal relationship problems with other health practitioners and stakeholders. The researcher also pointed out that many nursing students did not know their roles in their clinical settings, which impacted their learning outcomes. The happy-productive student theory suggests that students perform better when satisfied or happy. The study further revealed that re-shaping students' study environment may improve their performance through

improved satisfaction. In light of this, stakeholders and policymakers in the nursing field are expected to create a better clinical learning environment, which will improve the outcome of nursing practicum.

The studies reviewed highlight the influence of clinical learning environment on academic life satisfaction. Phillips et al. (2017) found that nursing students highly valued a stimulating and supportive clinical environment, which was critical for their success. Ali and Ali (2017) reported significant dissatisfaction among nursing students, with issues like poor educational facilities and scheduling conflicts. Karabulut et al. (2015) established a positive correlation between clinical learning environments and academic motivation, suggesting that better clinical experiences led to higher student engagement. Thi (2019) highlighted barriers such as interpersonal challenges and unclear student roles in clinical settings, which hindered learning. The studies collectively highlight the direct link between the quality of the clinical learning environment and students' academic outcomes. Consequently, they provide a strong foundation for understanding the dynamics at play in clinical settings and underscore the importance of addressing both environmental and interpersonal factors to enhance the academic experiences of nursing students.

Influence of Academic-Related Stress on Academic Life Satisfaction.

Sari (2019) examined how contentment and anxiety about schoolwork are related. For this investigation, the researcher opted for a quantitative approach. One hundred and three (103) Malang high school students were chosen as the case study's representative sample. Goals for the Classroom Data were also collected using the Stress Inventory and the Multidimensional

Student Life Satisfaction Scale. The study's findings revealed a significant negative relationship between students' satisfaction and academic stress. The significance value of (p) 0.00 ($p < 0.05$) was attained, and this signified that a high level of academic satisfaction would lead to a low academic stress level.

Dugue et al. (2018) examined the degree of contextual determinants of stress and coping strategies. The researchers employed Semi-directive individual interviews to solicit data from twenty (20) students or former nursing students registered at a Norman setting. The respondents were selected based on their availability and promotions. Through their study, the researchers delved into three major stress levels among nursing students: Personal, academic and clinical. Findings from the study indicated that nursing students who perceived their stress level as positive had good performances. Dugue et al. (2018) found that nursing students who saw stress in a constructive light had a more favourable experience overall.

From the Redalyc, Scielo, and NIH databases, Pulido-Criollo et al. (2018) examined the scientific literature. This study aimed to look at the most significant stressful situations and how they affected nursing students. According to Pulido-Criollo et al. (2018), stress significantly influences nursing students' academic performance, who based their conclusions on the study's results. According to the researchers, these pressures may cause a wide range of mental illnesses in students, including anxiety and sadness.

In a similar line, Gomathi et al. (2017) claimed that the "transitional nature of college life" is to blame for nursing students' susceptibility to stress. Higher stress levels affect nursing students' academic and health elements of their life (Gomathi et al., 2017). The degree of stress experienced by nursing

students is exacerbated by the demands and pressures of their academic work, the achievement expectations of their parents and professors, and the uncertainty of the future.

Ababiy (2019) researched the relationship between failure in high-stakes performance testing and perceived high-stress levels among undergraduate nursing students. The researcher collected data by administering Cohen's self-report Perceived Stress Scale fifteen (15) minutes before high-stakes performance skills competency testing was done. With a sample of one hundred and three respondents, only nine failed the skills competency test. Based on the findings, the researcher concluded that there was no relationship between failure in high-stakes performance testing and perceived high-stress levels.

Shultz (2011) analysed related existing literature concerning the causes of stress and its impact on nursing students. The researcher collected data from databases such as PsycINFO, Cumulative Index to Nursing and Allied Health Literature and MEDLINE-EBSCOhost. The findings from the literature review pointed out that during the academic year, nursing students experience a higher level of stress. The academic workload was part of the stressors experienced by nursing students. Analysis of the study revealed that a high level of stress among nursing students negatively affected their academic performance.

Shultz (2011) argued that poor coping mechanisms may lead to several negative outcomes on students' academic performance and general well-being. The transactional model of stress highlights how the environment interacts with a person. The mere presence of nursing students in college

during the academic year reported increased stress. Good coping strategies and resources will be vital to handle these stressors.

Budu (2014) explored the perceived stress level and sources of stress among diploma and undergraduate nursing students. The researcher employed 170 nursing students. The sample selected was made up of 104 undergraduate nursing students (Level 400) and 66 diploma nursing students (level 300). The researcher employed a modified form of the Hassles Assessment Scale to examine the main sources of stress among nursing students. Results from the study indicated that diploma nursing students experienced higher stress levels than their undergraduate counterparts; however, their stress level was very close to undergraduate students' mean average stress levels. The researcher attested to the impact of stress levels on students' academic performance.

The reviewed studies offer an understanding into the influence of academic related stress on academic life satisfaction. Sari (2019) discovered a significant negative relationship between academic satisfaction and stress, where higher satisfaction levels resulted in lower academic stress. Dugue et al. (2018) found that nursing students who viewed stress positively performed better and had more favourable experiences. Pulido-Criollo et al. (2018) highlighted how stress significantly impacts nursing students' academic performance. Gomathi et al. (2017) attributed stress among nursing students to the transitional nature of college life, academic demands, and future uncertainties.

Ababiy (2019) found no relationship between perceived high-stress levels and failure in high-stakes performance testing. Shultz (2011) study revealed that nursing students face heightened stress during the academic year,

which negatively affects their academic performance and well-being. Budu (2014) indicated that diploma nursing students experienced slightly higher stress levels than undergraduates, which impacted their academic performance. These studies highlight the complex relationship between academic-related stress and satisfaction. They consistently point out that stress, whether from academic workloads, clinical experiences, or personal expectations, can negatively influence both performance and overall well-being. However, some studies also show that stress, when perceived positively, can lead to better outcomes. The studies therefore show a need for understanding the stress-satisfaction relationship, balancing academic demands and expectations and tailoring support for different student levels to enhance academic life satisfaction of nursing students.

Influence of Gender on Academic Stress of Nursing Students

Given that nursing curricula are often composed mainly of female students, Chan, et al. (2014) sought to address the uncertainty surrounding male students' experiences in nursing education, particularly in hospitals and universities. They investigated gender differences in the academic and clinical performances of undergraduate nursing students, highlighting the behaviours and experiences of male students within a predominantly female-dominated educational environment.

The methodology employed was a systematic review. A comprehensive search strategy was conducted across six electronic databases, including Academic Search Premier, CINAHL, ERIC, MEDLINE, ScienceDirect, and the Wiley Online Library, covering literature published from 2006 to 2011. The inclusion criteria stipulated that only full-text research

studies published in English that focused on nursing students were considered. Following a rigorous screening process, 55 articles were ultimately included, with data abstraction focusing on various dimensions, such as academic and clinical performance, psychological conditions, and nursing professional identity.

The study indicated that gender influences the experience of academic stress in nursing students, with males facing unique challenges related to their minority status and females grappling with societal roles and expectations. Male nursing students reported feeling stress specifically, while both genders experienced feelings of loneliness and frustration during their studies. Male nursing students often felt isolated due to their minority status in a predominantly female cohort. This sense of isolation exacerbates feelings of academic stress, as they struggle with communication and social interactions with their female peers. While female nursing students reported difficulties in balancing their roles at home and university, which added to their stress levels. This highlighted the broader societal expectations placed on women, which can contribute to their academic stress.

Abasimi et al. (2015) investigated the levels and sources of stress among diploma nursing students in two nursing training colleges in Tamale, Ghana. Specifically, the study assessed stress levels in relation to demographic factors such as gender and marital status.

A cross-sectional survey design was employed for the study, using a stratified random sampling technique to select 273 students from two nursing training colleges. The stratified sampling ensured that students from all the major nursing disciplines, State Registered Nursing (SRN), Community

Health Nursing (CHN), and Midwifery were proportionately represented. Data collection was conducted through a self-administered questionnaire, adapted from the Student Stress Survey, which included items related to demographic characteristics and 21 structured items on academic, personal, and social stressors.

The study found no statistically significant difference in the levels of academic stress between male and female nursing students. Both groups reported similar levels of stress across various categories, including academic stressors. This finding suggests that gender does not play a significant role in influencing the academic stress experienced by nursing students in the sampled population.

Panma (2021) again sought to provide evidence on the factors contributing to learning success or failure in a nursing education setting. The study also explored whether demographic factors, such as gender, age, and prior educational background (high school majoring), had any significant effect on learning achievement.

The research adopted a cross-sectional design and utilised purposive sampling to select 126 nursing students from an academy in East Jakarta, Indonesia. The Student Life Stress Inventory (SLSI) questionnaire, which consists of 51 items divided into two main categories (stressors and reactions to stress), was used to measure academic stress. Additionally, the students' academic performance was assessed based on their cumulative Grade Point Average (GPA), categorised into three levels, satisfying (GPA 2.00-2.75), very satisfying (GPA 2.76-3.5), and cum laude (GPA 3.51-4.00). The data

were analysed using univariate and bivariate methods, including Kruskal Wallis and Chi-Square tests.

The study found no significant influence of gender on the academic stress levels of nursing students. The statistical analysis showed that gender was not significantly related to academic stress, with a p-value of 0.370. This indicated that both male and female students experienced similar levels of academic stress, and gender did not play a significant role in determining how much stress they encountered in their academic environment.

Chust-Hernández, et al. (2022) again examined the academic stressors that affect first-year nursing students and to explore how sociodemographic variables such as sex and frequency of sports participation predict academic stress.

The study utilised a quantitative research design with a cross-sectional study on new nursing students. The research gathered data through the University Academic Stress Questionnaire (CEAU), a Likert-type scale that measured different aspects of academic stress among nursing students. The instrument used was validated and captured various dimensions of academic stress, including academic overload, interpersonal difficulties, and emotional coping.

The study highlighted that gender plays a significant role in influencing academic stress among nursing students. Female students reported higher levels of academic stress compared to their male counterparts. Specifically, women scored higher on the total stress scale as well as on subscales related to academic overload, interpersonal difficulties, and emotional coping. Additionally, women employ emotion-focused coping

strategies, such as seeking social support, which may not be as effective in mitigating academic stress as the problem-focused coping strategies typically used by men. Men, on the other hand, tend to focus on problem-solving when faced with stress, potentially leading to lower reported stress levels.

The reviewed studies reveal significant gender differences among nursing students. Chan et al. (2014) revealed that male students faced unique challenges due to their minority status in a predominantly female environment. Abasimi et al. study found no significant differences in academic stress levels between male and female students. In Panma's (2021) research, it was also determined that gender did not significantly influence academic stress levels among nursing students, indicating that stress was consistent regardless of gender. Lastly, Chust-Hernández et al. (2022) found that female nursing students reported higher academic stress than their male counterparts, linked to factors such as academic overload and interpersonal difficulties. These studies provide insights into the complexities of academic stress among nursing students, highlighting the varying impacts of gender. Therefore, there is a need for context-specific interventions, as well as the importance of addressing both clinical experiences and gender-related factors in nursing education.

Influence of Gender on Academic Life Satisfaction of Psychiatric Nursing Students

The purpose of the study by Karaduman et al. (2022) was to evaluate nursing students' perceptions regarding clinical learning environments and mental health across three European countries, Turkey, Lithuania and Portugal. The study aimed to explore how demographic factors such as age

and gender influence students' perceptions, alongside their mental health status directly addresses the role of the clinical learning environment in shaping students' mental health and life satisfaction, with specific attention to gender differences.

The methodology employed in this study was a cross-sectional, multicentre design guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) framework. A sample of 571 nursing students, with 207 from Turkey, 186 from Portugal, and 178 from Lithuania. Participants were selected based on specific inclusion criteria, such as completion of at least one clinical internship and being at least 18 years old. The study utilised two primary instruments, the Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T) and the Mental Health Continuum Short Form (MHC-SF). The data were analysed using IBM SPSS, with various statistical tests applied to assess differences between the groups and the impact of demographic variables on perceived clinical learning environments and mental health.

The findings of the study suggest that gender plays a role in shaping nursing students' perceptions of their educational experiences, which in turn impact their overall academic life satisfaction. The disparity was attributed to differing learning styles between genders and the unique challenges that male nursing students face in a predominantly female profession. The challenges faced by male nursing students, stemming from their minority status in the field, highlight the importance of supportive interventions from supervisors and educators to address these issues and foster a more inclusive learning environment.

The study conducted by Nogueira et al. (2022) also aimed to investigate gender differences in mental health, academic life satisfaction, and psychological vulnerability among college freshmen. The research underscores the importance of understanding these dynamics to tailor mental health promotion activities, particularly for women in higher education settings.

Utilising a cross-sectional research design, the study sampled 560 freshmen from 29 colleges in the Lisbon District of Portugal. Participants completed an online self-report questionnaire that included demographic data, the Mental Health Inventory (MHI-38), the Academic Life Satisfaction Scale (ALSS), and the Psychological Vulnerability Scale (PVS).

The study revealed significant gender differences in academic life satisfaction among nursing students. Female freshmen reported lower personal satisfaction scores compared to their male counterparts. Specifically, the results indicated that male students scored higher on the Personal Satisfaction subscale of the Academic Life Satisfaction Scale (ALSS), with male participants averaging 15.2 (SD = 2.8) while female participants averaged 14.6 (SD = 2.9). These findings suggested that female nursing students experience feelings of inadequacy and negative self-perception regarding their academic performance and relationships with peers and faculty, which can impact their overall satisfaction with academic life.

Yeşiltepe et al. (2022) examined the effect of life satisfaction and psychological well-being on perceived happiness levels among nursing students in Turkey. By investigating these interrelated constructs, the researchers aimed to provide insights into the factors that contribute to the

overall happiness of nursing students, highlighting the importance of mental health and life satisfaction in this population.

The study employed a descriptive and cross-sectional research design, with a sample of 264 nursing students from a private university in Konya, Turkey. The sample was derived from a target population of 300 students, selected using convenience sampling. The inclusion criteria required participants to be currently enrolled in the nursing program, not on leave, and willing to provide consent for participation. Data were collected using a demographic information form, the Satisfaction with Life Scale (SWLS), the Psychological Well-Being Scale (PWBS), and the Oxford Happiness Questionnaire Short Form (OSQ-SF).

The study revealed a significant influence of gender on the academic life satisfaction of nursing students. The study found that female nursing students reported higher levels of academic life satisfaction compared to their male counterparts. This gender difference was attributed to various factors including, differing socialisation patterns, emotional expression, and coping strategies. Female students often develop stronger support networks and exhibit greater resilience in the face of academic stress, contributing to their higher satisfaction levels. In addition, the study suggested that societal expectations and roles also impact how male and female students perceive their academic experiences. For instance, female students feel more supported in their academic endeavours, while male students face additional pressures that could detract from their overall satisfaction.

Again, Ashraf and Nawaz (2022) explored gender differences in life satisfaction and psychological stress levels among allied health college

students. This research sought to highlight how stress responses may differ physiologically and psychologically between male and female students and offer insights that could inform targeted interventions to improve student well-being.

The study employed a comparative cross-sectional design, targeting 190 male and 190 female students aged 18 years and above. Participants were enrolled as regular students at Government College University Faisalabad and its affiliated health sciences colleges in Lahore. A purposive sampling technique was used to ensure the sample represented the target population of allied health students. Data collection was conducted using a self-administered questionnaire that included sociodemographic information and two validated scales, the Perceived Stress Scale (PSS-10) and the Satisfaction with Life Scale (SWLS) to measure the participants' levels of psychological stress and life satisfaction, respectively.

The study found that gender plays a significant role in the academic life satisfaction of nursing students. Female students reported higher levels of life satisfaction compared to their male counterparts. The results showed that female students had significantly higher scores on the Satisfaction with Life Scale (SWLS) than male students. This indicates that, despite experiencing higher levels of psychological stress, female students were more satisfied with their academic life. These findings suggest that female nursing students have different coping mechanisms or factors influencing their satisfaction compared to male students, highlighting the importance of considering gender differences when addressing academic well-being.

The studies reviewed reveal a significant gender differences among nursing students. The study by Karaduman et al. (2022) found a significant negative correlation between gender, with female nursing students reporting lower scores compared to their male counterparts. Similarly, Nogueira et al. (2022) indicated that female freshmen reported lower personal satisfaction scores than male students. Yeşiltepe et al. (2022) revealed that female nursing students reported higher levels of academic life satisfaction than their male peers, attributing this difference to socialisation patterns and emotional expression. Lastly, the study by Ashraf and Nawaz (2022) found that female students reported higher levels of life satisfaction despite experiencing greater psychological stress compared to male students. These results indicate that female nursing students may employ different coping mechanisms highlighting the need to consider gender differences when addressing academic well-being.

The Influence of Level in Nursing College on Academic Life Satisfaction of Nursing Students.

Liu et al. (2022) explored the levels of stress, types of stressors, coping styles, and factors influencing stress levels among nursing students during the initial period of their clinical practicum. The study aimed to provide insights into the specific stressors faced by nursing students and to identify how their demographic characteristics and coping strategies impact their overall stress experience.

A descriptive cross-sectional survey design was utilised, involving 158 nursing students from a tertiary hospital in Zhejiang Province, China. Participants were recruited through convenience sampling, ensuring that they

had completed the first three months of their clinical practicum and voluntarily agreed to participate. Data collection involved a demographic characteristics questionnaire, the Intern Nursing Student Stressor Scale (which assesses stress levels and types of stressors), and the Simple Coping Style Questionnaire (which evaluates coping styles). Statistical analyses employed included descriptive statistics, independent sample t-tests, one-way ANOVA, Pearson's correlation analysis, and multiple linear regression to determine relationships between stress levels and demographic variables.

The results indicated that nursing students experienced a moderate level of stress during the initial period of clinical practicum, with the most significant stressor identified as the need for knowledge and skills. Positive coping styles were more frequently adopted than negative ones. Furthermore, students who were undergraduates were more likely to utilise positive coping strategies compared to their junior college counterparts. The study concluded with a recommendation for nursing educators to implement targeted guidance and interventions based on the identified stressors and demographic factors to enhance students' coping strategies and reduce stress during clinical practice.

With satisfaction generally decreasing as students move forward in their nursing programmes, Papastavrou et al. (2016) investigated nursing students' satisfaction with their clinical learning environment (CLE) in Cyprus, as they ascend the ladder of competence. Consequently, tailored clinical supervision and support are essential to address these changing dynamics, ensuring that academic life satisfaction is maintained throughout their educational journey.

Employing a quantitative descriptive correlational design, the study involved a sample of 463 undergraduate nursing students from three universities in Cyprus, selected through convenience sampling. Data were collected using the Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale, a validated self-report questionnaire comprising 34 items classified into five dimensions. The instrument measured students' perceptions of their satisfaction with various aspects of their clinical experience. In addition to the CLES + T scale, demographic information was gathered regarding university affiliation, gender, age, and clinical placement characteristics, such as ward type and frequency of supervision meetings.

The study found that the level of nursing college significantly influenced academic life satisfaction among students. First-year students reported the highest levels of satisfaction compared to students in later years. As students progressed through their nursing program, their satisfaction tended to decline. This was attributed to the differences in learning objectives and academic demands as students advanced in their studies. First-year students often experience heightened stress due to their limited clinical skills, which affects their academic life satisfaction. As a result, mentorship was recommended to help these students manage their anxiety and feelings of unpreparedness.

El-Ashry et al. (2022) assessed clinical hospital stressors among first-year nursing students in Egyptian clinical settings during the COVID-19 pandemic. The research aimed to identify the various sources of stress that nursing students face, particularly in light of the unique challenges posed by the pandemic.

The study employed a cross-sectional research design involving first-year nursing students from clinical areas in Egypt. A sample of nursing students was selected using a convenient sampling technique. The research instrument consisted of a structured questionnaire designed to measure various dimensions of stress, including academic stress, clinical environment stress, and stress management practices. Additionally, qualitative data were gathered through open-ended questions, allowing participants to express their concerns and worries related to COVID-19 and their clinical experiences

The study found that the level in nursing college significantly influences the academic life satisfaction of nursing students. First-year nursing students experienced lower levels of academic life satisfaction compared to those in higher levels of their education. This discrepancy was attributed to various factors, such as the adjustment challenges faced by first-year students, including the transition from theoretical learning to practical clinical experiences. First-year students often encounter a steep learning curve, compounded by feelings of insecurity and self-doubt, which can negatively affect their overall satisfaction with academic life. In contrast, students in higher levels of nursing college tend to have developed better coping strategies, professional knowledge, and practical skills, contributing to higher academic life satisfaction.

Dogham, et al. (2024) investigated the academic stress levels and learning approaches of nursing students, particularly how these factors influence satisfaction levels across different academic years. The study specifically aimed to identify the primary sources of academic stress, assess

the predominant learning approaches among nursing students, and explore the relationship between stress levels and learning methodologies.

The study employed a cross-sectional research design. A stratified sampling technique was utilised to select participants, ensuring representation across different educational levels and genders. Data were collected using self-reported questionnaires that assessed academic stress levels, learning approaches, and demographic information. The instruments used in the study were carefully constructed to measure the dimensions of academic stress and the types of learning approaches, ensuring reliability and validity in capturing the students' experiences and perceptions.

The study found that as students' progress through different levels of their education, their academic life satisfaction tends to increase. This is likely due to several factors, including increased familiarity with the academic environment, better coping mechanisms, and the development of professional skills over time. An advantage of higher levels contributing to greater satisfaction is that advanced students feel more competent and prepared for their future roles, which boosts confidence and overall contentment with their academic journey. Additionally, senior students have more opportunities for clinical placements, allowing them to apply theoretical knowledge in practice, further enhancing their satisfaction.

The studies reviewed highlight significant differences in levels and academic life satisfaction of nursing students. Liu et al. (2022) reported moderate stress levels among nursing students during their initial clinical practicum. Papastavrou et al. (2016) discovered that first-year nursing students expressed the highest satisfaction with their clinical learning environment,

while satisfaction decreased in later years. El-Ashry et al. (2022) indicated that first-year nursing students faced significant adjustment challenges and lower academic life satisfaction compared to their senior counterparts, who demonstrated better coping strategies. Dogham et al. (2024) noted that academic stress and learning approaches influenced satisfaction across academic years, with higher-level students generally reporting greater satisfaction despite facing intensified academic pressures. Cumulatively, these studies illustrate the complex relationship between nursing education levels, clinical experiences, and academic life satisfaction, emphasizing the need for targeted interventions to support students throughout their educational journey.

Influence of Level of Nursing College on Academic Stress Among Nursing Students

Mussi et al. (2020) aimed to examine the sociodemographic characteristics and stress levels among nursing students, with a particular focus on how these factors influence their academic life. The primary objective was to explore the relationship between the stage of nursing education (early vs. advanced semesters) and the level of stress experienced by students.

The research adopted a cross-sectional design to collect data at a single point in time, targeting nursing students across various stages of their academic programme. The sample included students from both early (1st to 5th semesters) and advanced (6th to 10th semesters) phases of their education. A non-probability sampling technique was employed. Data was collected using the Nursing Student Stress Scale (NUSS), which measures stress across

multiple domains, including professional communication, vocational training, practical activities, and environmental stressors. The study also gathered sociodemographic information, such as gender and monthly income, to investigate the broader factors contributing to stress.

The study found that the level of nursing education significantly influenced academic stress among nursing students. Students in the more advanced stages of their training (6th to 10th semesters) experienced higher levels of stress compared to those in the earlier stages (1st to 5th semesters). Advanced students faced greater challenges due to increased exposure to practical work, the pressures of impending professional responsibilities, and the demands of preparing for their future careers. The study also highlighted that these students were more exposed to conflicting situations, communication difficulties with healthcare professionals, and the practical workload, which contributed to higher stress levels. In contrast, students in the earlier semesters reported stress primarily related to theoretical activities, such as difficulties assimilating theoretical-practical content and performing extracurricular work.

Onieva-Zafra et al. (2020) highlight how the demands placed on students escalate with their level of education, with more experienced students being subjected to more challenging clinical environments, which increases their academic stress. Their study assessed the perceived stress levels of nursing students, explore the relationship between stress and anxiety, and identify the coping strategies used by students during clinical training.

The researchers employed a quantitative research design to investigate the relationship between stress, anxiety, and coping strategies. The study

utilised a sample of nursing students from a single faculty. Data were collected using validated instruments to measure perceived stress, anxiety levels, and coping behaviours. The perceived stress scale (PSS) was likely used to quantify stress levels, while tools such as the State-Trait Anxiety Inventory (STAI) may have been employed to assess anxiety traits. Additionally, a coping inventory was utilised to identify the strategies most frequently adopted by students.

The study found that the level of nursing education had a notable influence on the academic stress experienced by nursing students. Specifically, students in more advanced levels of their nursing education, who had more clinical experience, reported higher levels of stress and anxiety. This increase in stress at later stages of the programme was attributed to greater expectations from both educators and clinical staff, as these students were expected to have more knowledge and competencies in patient care. In contrast, students in the earlier stages of their education experienced lower levels of stress and anxiety, as their clinical placements involved fewer complex tasks and fewer responsibilities.

Ugwoke et al. (2018) again investigated the sources of stress among nursing students in South-East Nigeria, with a specific focus on the influence of demographic factors such as year of study and gender. The study sought to explain how these variables impact the stress levels experienced by nursing students.

The research employed a descriptive cross-sectional survey design involving a sample of 300 nursing students selected through a simple random sampling technique from a population of 1,855 respondents across various

nursing institutions in South-East Nigeria. The data collection instrument utilised was the Perceived Stress Scale Questionnaire (PSSQ), which consisted of 29 items rated on a five-point Likert scale, addressing different sources of stress. The researchers employed mean and standard deviation to analyse the data for the research questions, while t-tests were utilised to assess the null hypotheses at a significance level of 0.05.

The results revealed that the year of study significantly influenced the sources of stress among nursing students, with senior students (3rd and 4th years) experiencing different stressors compared to their junior counterparts (1st and 2nd years). Senior students reported greater stress related to patient care and workload, whereas junior students primarily faced stress from assignments and lack of professional knowledge. In contrast, the study found no significant difference in stress levels based on gender, suggesting that both male and female nursing students experience similar stressors.

Recognising that nursing education is inherently stressful, particularly in resource-constrained contexts, Baluwa et al. (2021) sought to fill a gap in the literature by focusing specifically on the Malawian nursing education system. Baluwa et al. (2021) investigated the levels of stress and the coping strategies employed by nursing students at Mzuzu University in Malawi.

Utilising a quantitative, descriptive cross-sectional research design, the study involved 102 nursing students from years two, three, and four, who had completed both theoretical and clinical components of their training. Data were collected through self-administered questionnaires that measured stress levels using the Perceived Stress Scale and the Adaptive Version of the Nurse Stress Scale, along with coping strategies via the Brief COPE. Statistical

analyses, including independent samples t-tests and ANOVA, were conducted to assess differences in stress levels across categories and demographic factors, ensuring a rigorous evaluation of the data.

The study highlighted that students in their second year reported higher levels of academic stress compared to those in the third and fourth years. The mean stress score for year two students was notably higher, indicating that this group experienced greater anxiety and pressure related to their academic workload and performance. This heightened stress in second-year students can be attributed to several factors. During this stage, students typically begin to cover core clinical nursing courses and are exposed to the rigours of clinical practice for the first time, which can be particularly overwhelming. In contrast, students in later years may have developed more effective coping strategies and gained confidence in their skills, leading to comparatively lower stress levels.

Finally, the studies reviewed the influence of level of nursing college on academic stress among nursing students. Mussi et al. (2020) found that nursing students in advanced semesters (6th to 10th) experienced significantly higher levels of academic stress compared to those in early semesters (1st to 5th). Onieva-Zafra et al. (2020) also reported that students at advanced levels faced greater stress and anxiety due to heightened expectations from educators and clinical staff, while early-stage students experienced less stress associated with simpler clinical tasks. Ugwoke et al. (2018) discovered that senior students (3rd and 4th years) experienced more stress related to patient care and workload, whereas junior students (1st and 2nd years) were primarily stressed by assignments and lack of professional

knowledge. Baluwa et al. (2021) found that second-year students reported higher levels of academic stress than their third and fourth-year counterparts, largely due to their initial exposure to core clinical courses. Together, these studies underscore the complex relationship between academic stress and the level of nursing education, pointing to the need for effective stress management strategies throughout nursing programmes.

Summary of Literature Review

This chapter provides a comprehensive review of literature related to the study of influence of clinical learning experiences and academic stress on academic life satisfaction among nursing students. The literature review is structured into three main sections, theoretical review, conceptual review and empirical review.

The Theoretical Review outlines three key theories that underpin the study. Wenger's Theory of Communities of Practice, which emphasises the significance of social collaboration in clinical training and its impact on student well-being. The Transactional Model of Stress posits that stress results from the interaction between individuals and their environments, highlighting the role of personal appraisal and coping strategies. The Happy-Productive Student Theory connects psychological well-being with academic performance, suggesting that a supportive academic environment enhances satisfaction and mitigates stress.

In the Conceptual Review, the focus shifts to the framework for understanding the variables influencing academic life satisfaction among nursing students. This section identifies critical factors such as the Clinical Learning Environment, which plays a pivotal role in bridging theoretical

knowledge with practical application; Academic Stress, which encompasses various pressures from academic demands and clinical experiences; and Demographics, including gender and academic level, which shape students' unique challenges and stress experiences.

The Empirical Review unify various studies examining the relationships among clinical learning experiences, academic stress, and academic life satisfaction. The findings indicate that a supportive clinical learning environment significantly enhances student satisfaction and learning outcomes, while inadequate resources can lead to dissatisfaction and stress. Furthermore, the review highlights the complex interplay between academic stress and life satisfaction, revealing that higher stress levels often correlate with lower satisfaction. Gender differences in stress experiences are also explored, with male nursing students facing isolation in a predominantly female field and female students encountering societal pressures that contribute to their overall stress levels.

CHAPTER THREE

RESEARCH METHODS

Introduction

This study investigated the influence of academic stress and experiences in a clinical learning environment on the academic life satisfaction of psychiatric nursing students in the Ankaful Psychiatric Nurses' Training College. This chapter presented a detailed description of the study under the following subheadings: research design, research area, target population, sampling and sampling procedure, and instrument. The instrument's validation, pilot testing, ethical consideration, data collection procedures, data processing and analysis procedures were also considered.

Research Paradigm

The study adopted the positivist paradigm. According to Creswell and Creswell (2018), the positivist research paradigm is rooted in the philosophy that reality is objective, measurable, and independent of human interpretation or subjectivity. Positivists believe that knowledge can be discovered through systematic observation, empirical measurement, and the testing of hypotheses, following scientific methods that lead to generalisable laws (Creswell & Creswell, 2018). This paradigm is based on the assumption that human behaviour, much like natural phenomena, can be objectively studied through observable patterns and relationships. In positivist research, the role of the researcher is to remain detached and objective, minimising bias and ensuring that findings are based solely on empirical evidence (Mertens, 2015).

In the context of your study, which investigates the influence of the CLE and academic stress on the academic life satisfaction of psychiatric

nursing students at APNTC, the positivist paradigm is appropriate for several reasons. First, the research seeks to test specific hypotheses that can be empirically measured, such as the relationship between CLE, stress, and satisfaction, which aligns with the positivist emphasis on testing pre-determined hypotheses through observation and statistical analysis.

Additionally, the positivist approach is suitable because the study aims to identify generalisable patterns regarding how the CLE and academic stress influence satisfaction among nursing students. This will enable the formulation of conclusions that may apply not only to APNTC but to other nursing training colleges facing similar conditions. By adopting a positivist paradigm, the study can employ objective measurement tools like surveys and statistical analyses to provide quantifiable evidence of these relationships (Muijs, 2011).

Research Approach

The study further adopts the quantitative approach. Aligned with the positivist paradigm, the quantitative research approach is appropriate for your study because it involves the collection and analysis of numerical data to test hypotheses and identify statistical relationships between variables (Bryman, 2016). In quantitative research, variables are operationalised in such a way that they can be measured and analysed statistically, which is consistent with your study's objectives of evaluating the influence of CLE, academic stress, gender, and academic level on the academic life satisfaction of psychiatric nursing students.

The quantitative approach is particularly suitable for this study because it enables the objective measurement of concepts like academic stress, clinical

learning environment quality, and academic life satisfaction using tools such as structured surveys or questionnaires (Cohen et al., 2018). Through this approach, you can collect data from a large sample of psychiatric nursing students, making it possible to generalise findings and identify trends across the population. Additionally, the quantitative approach allows for the use of inferential statistics to test the study's hypotheses, such as whether academic stress differs by gender or academic level, and whether CLE significantly impacts life satisfaction.

Research Design

The research design for this study was a descriptive survey design, which is highly appropriate for addressing the research objectives. Descriptive survey research is a type of quantitative research that is used to describe characteristics of a population or phenomenon by collecting data through self-reported instruments such as questionnaires or interviews (Groves et al., 2011). This design is particularly suitable when the goal is to gather detailed information about a group's attitudes, opinions, or behaviours without manipulating the study environment or variables, making it ideal for the current study of psychiatric nursing students.

The primary purpose of descriptive survey design is to provide an accurate and systematic description of the variables in question. In your study, the descriptive survey design is appropriate because it allows for the detailed collection of data on the clinical learning environment, academic stress, academic life satisfaction, gender, and academic level among students at APNTC. These variables are naturally occurring within the students' academic and clinical environments, and the descriptive survey enables their systematic

assessment without introducing experimental manipulation (Fowler, 2014). Additionally, this design allows for the capture of a broad range of data from a relatively large sample size. By using a survey, the study can efficiently collect information from a representative group of psychiatric nursing students, ensuring that the results are generalisable to the wider student population at APNTC. Surveys are also highly structured, which aligns with the study's quantitative approach, as they provide data that can be easily quantified and analysed statistically (Cohen et al., 2018).

The descriptive nature of the study also ensures that the emphasis remains on understanding the current state of academic life satisfaction, stress, and CLE among the students, rather than testing interventions or causal relationships. By providing a snapshot of students' experiences, the design helps in identifying trends, disparities (e.g., gender-based differences), and areas where improvements could be made in the educational environment at APNTC. Finally, the descriptive survey design aligns with the study's positivist framework by enabling the collection of quantifiable data that can be objectively analysed to test the research hypotheses. It provides a solid foundation for understanding the key variables and relationships within the psychiatric nursing student population, making it the most appropriate design for the research objectives (Groves et al., 2011).

Study Area

Ankaful Psychiatric Nurses' Training College (APNTC) served as the site for this investigation. In 1965, the late Dr. Kwame Nkrumah founded the institution. Although APNTC's primary administrative location is inside the Cape Coast Metropolis, it is physically situated within the Komenda-Edina-

Eguafo-Abrem Municipality. It occupies an estimated 1.5 square kilometres of land and is located around 12.5 kilometres from Cape Coast and 6 kilometres from Elmina. Named after the nearby community of the same name, its location is Ankafu. The college shares a border with the Ankafu Leprosy/General Hospital to the south, the Ankafu Prisons to the west, and the Tsikweikrom settlement to the north, located near the Ankafu Psychiatric Hospital. A diploma in Registered Mental Health Nursing and Diploma in Registered Community Mental Health Nursing/Community Psychiatric Nursing are two nursing concentrations offered at this school.

The college operates under the supervision of the Ministry of Education, while the Nurses and Midwifery Council (NMC) of Ghana regulates its curriculum and examinations (Ankafu Nurses Training College, 2021). APNTC has established itself as a critical player in mental health education, both in Ghana and across Africa, attracting students from all regions of the country due to its high reputation for producing competent psychiatric nursing professionals (Ankafu Nurses Training College – Admissions in Ghana, 2023).

Ankafu Psychiatric Nurses' Training College was chosen for the study because it is the only psychiatric nurses' training college in the Central Region of Ghana. Furthermore, it has established its name in and is well-noted for training psychiatric/mental health nurses who practice in various health settings nationwide and beyond. It also serves as a centre for affiliation for many Nurses' Training Colleges in Ghana. It is believed that this training college will provide the needed opportunity to measure or assess the influence

of stress from the clinical learning environment and classroom learning on the academic life satisfaction of psychiatric nursing students.

Population

The target population of this study was all students of the Ankafu Psychiatric Nurses' Training College (APNTC). The total student population of APNTC was reported to be approximately 1,000 students, comprising both Registered Mental Health Nurses (RMN) and Community Psychiatric Nurses (CPN) from various regions across Ghana (PNTC, 2023).

The accessible population for this study, however, is limited to the Level 200 and 300 students of APNTC, which was reported to consist of 423 students, according to the Academic Affairs Office of the institution (APNTC, 2020). These students are in their advanced stages of training, making them particularly relevant for investigating the impact of their clinical learning environment, academic stress, and satisfaction with academic life. At these levels, students have had substantial exposure to both academic and clinical learning environments, making their experiences more comprehensive and thus more suitable for addressing the research questions.

Focusing on the Level 200 and 300 students is appropriate for this study because their longer time at the institution likely gives them more perspectives on the learning environment and academic challenges. These students have been through key components of the nursing curriculum, including clinical placements, which are vital to understanding the influence of the clinical environment on their academic life satisfaction.

Sampling Procedure

To determine the sample size for the accessible population of 423 students at APNTC, Cochran's (1977) formula was used. Cochran's formula is widely employed for sample size calculation when dealing with large populations and when the goal is to achieve a representative sample with high precision. Cochran's formula for calculating sample size is:

$$n_0 = \frac{Z^2 \cdot p \cdot (1 - p)}{e^2}$$

Where: n = the required sample size, Z = the Z -value (the critical value of the normal distribution for a given confidence level, typically 1.96 for a 95% confidence level), p = the estimated proportion of the population (usually 0.5 when unknown), and e = the margin of error (commonly set at 0.05 for a 5% margin). Since the accessible population is 423 students, the sample size is approximately 202 students. This is the sample size required to ensure a statistically significant result with a 95% confidence level and a 5% margin of error.

With a total sample size of 202 students, proportionate stratified sampling was applied to ensure fair representation of both Level 200 and Level 300 students from the accessible population. The accessible population consists of 208 Level 200 students and 215 Level 300 students. Calculating the proportion of 202 for the two Level, approximately 99 students will be sampled from the Level 200 cohort and approximately 103 from the Level 300 cohort.

After determining the sample size and its proportionate allocation, simple random sampling was used to select the respondents from both Level 200 and Level 300 students. The lottery method of random sampling was

employed to ensure that every student within each level had an equal chance of being selected, thus eliminating any potential bias in the selection process. Below is a brief description of how the researcher selected the 202 participants for the study:

1. I obtained the class lists for the level 200 and level 300 classes from the Head of Academic Affairs of the college.
2. The numerical strength for both classes was 423, and this formed the accessible population of the researcher.
3. I rearranged the names of students in alphabetical order and assigned a number to each of the names, with the name of first student receiving the value '1' and the name of last student receiving the value '423'.
4. I wrote each of these numbers on a piece of paper, folded, and stored or kept them in a sizeable container.
5. A number was selected at random by pulling out /picking one piece of paper at a time without viewing or looking into the container.
6. This number on the piece of paper was written down together with the corresponding name of the student it represented, and the piece of paper was folded again and returned to or dropped back in the container to maintain a constant accessible population for equal chances of selection of each of the rest of the students.
7. Steps 5 and 6 were repeated until the required sample size of 202 was obtained.
8. I looked for each of the students and informed them individually about her intention to involve them in the study.

9. Verbal consent from students was sought during their first encounter with me, and the consent form was signed on the day of actual data collection.

This current study used a simple random sampling technique because it makes inferences about a population and avoids biases in data collection. It created the chance of all students being selected for the study.

Data Collection Instrument

The instrument for data collection, which was a questionnaire, consisted of four sections. The first section was self-designed (by me) to assess participants' demographic features. Sections two and three were adapted instruments while section four was an adopted instrument on the variables in the study. A detailed description of the instrument is given below.

Demographic Characteristics

Gender and education were among the variables requested in the first part.

Clinical Learning Environment, Supervision and Nurse Teacher

(CLES+T)

The second part assessed how psychiatric nursing students fared in real-world settings. To reach these conclusions, I altered the Clinical Learning Environment, Supervision, and Nurse Teacher (CLES+T) measure used in Turkey for the study. I modified some items to suit the context of Ghana, and specifically the psychiatric nurses' training institute. Supervisory relationship, Role of nurse teacher, Pedagogical atmosphere on the ward, Relationship between students, mentor, and nurse teacher, the Leadership style of the ward manager, and Premises of nursing on the ward are the six subscales that make up the instrument developed by Atay, Kurt, Aslan, Saarikoski, Yilmaz, and

Ekinci (2018). Using a Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), the test has 30 questions. According to Atay et al. (2018), the scale's Cronbach's alpha was in the range of 0.93 and 0.99. Cronbach's Alpha was used to determine the consistency of the scales in this research.

Perception of Academic Stress Scale

The instrument's third section (section C) assessed the academic stress of psychiatric nursing students using the Perception of Academic Stress Scale developed by Bedewy and Gabriel (2015). The instruments were adapted by modifying the original instruments by reframing the items, adding to the scale or reducing the numbers yet, the content of the adapted scale remained the same. The 18-item self-reporting scale is measured on a 5-points Likert Scale type (1=Strongly Agree to 5=Strongly Disagree). There are three subscales under this instrument, namely Academic Expectations (items 1, 2, 3, & 4), Workload and examinations (5, 6, 7, 8, 9, 10, 11, 12, & 13) and students' academic self-perceptions (14, 15, 16, 17, & 18). The sum of items 1-18 scores gives an overall academic stress level. The scale demonstrated good internal consistency (Cronbach's alpha=0.7).

Academic Satisfaction Scale

The overall satisfaction of psychiatric nursing students with education and life in their training college was measured in section four (section D) of the instrument. The Academic Satisfaction Scale was adopted for the study (Schmitt, Oswald, Freddie, Imus & Merit, 2008). Participants completed the 5-item questions and scored on a 5- points Likert response scale where 1= Strongly Disagree and 5= Strongly Agree. A sample of items in the scale includes I am satisfied with the extent to which attending this college will

have a positive effect on my future career, and 'All in all, I am satisfied with the education I can get/I am receiving in this college. According to Balkis (2013), Schmitt and colleagues indicated an adequate internal consistency for their scale (Cronbach's $\alpha = 0.81$).

Validity and Reliability of Instrument

By giving the questionnaire to my supervisors for their review and comment, the content-related proof of the questionnaire's content validity was established. Suggestions by my supervisors were addressed, and the weaknesses identified were addressed, thereby improving the questionnaire's content validity. The Cronbach Alpha (α) was utilized to assess the reliability of the measurement items for this study. This method was used because it is a common method of assessing the reliability of a test instrument in social science research (Drost, 2011). Cronbach's alpha is measured on a scale of 0 to 1, where the higher the level of reliability, the closer the alpha value is to 1. Alternatively, if the alpha value is closer to 0, then there may be too few items or minimal homogeneity among the items.

Pilot Testing of the Instrument

Pilot testing of the scales was conducted at the Pantang Psychiatric Nurses' Training College to ascertain the reliability and validity of the adapted scales. The college was chosen because the training the student nurses receive is similar to that of the Ankaful Psychiatric Nurses' Training College students. Forty individuals were randomly chosen to take part in the pilot testing phase of the research. The appropriate reason for randomly choosing 40 individuals to take part in the pretesting phase of the research was to ensure the sample's representativeness and reduce the potential for bias in the study (Hermann,

2019). However, selecting forty (40) respondents for a pilot test can be considered acceptable particularly when the primary goal of the pilot test is to identify potential issues with the research design, data collection instruments, or procedures before conducting a larger study (Kasirye, 2021). It is significant to note that while 40 respondents can provide valuable insights during a pilot test, the results obtained from a pilot test are not meant to draw final conclusions or generalizations to the wider population (Groves et al., 2011; Kasirye, 2021).

Cronbach's alpha was calculated to prove the scales' consistency. According to Cronbach's alpha, a scale or inventory is credible if and only if it consistently produces positive findings in testing. According to Cook and Beckman (2006), a reliability value of 0.7 or above indicates that research may be trusted. The results of the pilot testing of the scales are presented as follows, CLE (0.73), Perception of Academic Stress Scale (0.86), and Academic Satisfaction Scale (0.79). Hence, the adopted and adopted scales were deemed reliable and valid for the study, as a reliability of 0.7, according to Cook and Beckman (2006), is ideal for an instrument.

Data Collection Procedures

Permission to conduct the study was obtained from the Principal of Ankafu Psychiatric Nurses' Training College with an introductory letter from the Department of Guidance and Counselling (see Appendix B) and ethical clearance from the Ethical Review Board of the University of Cape Coast (see Appendix A). Participants were assured in writing that their comments would be kept anonymous and private, that the study's goals would be clearly explained, and that their participation was required. Upon approval from these

authorities, a written notice was given to students of the APNTC. The notice announced the date for data collection, eligibility and the need for students to participate.

On the scheduled dates, 11th October, 2021 and 12th October, 2021, second and final-year students at the APNTC were met. The purpose of the study and other concerns of students regarding the study were discussed. An explanation of the purpose of the study was given to students before the signing of a consent form by each of them. The consent form contained an assurance of confidentiality and anonymity for respondents. Afterwards, the questionnaires were administered to the same eligible participants. Participants were guided in responding to the questionnaires without the researcher influencing their responses. Each respondent was expected to finish responding to the questions within 30 minutes. I was given two (2) days to collect data because students were to be dispatched to various health facilities in the metropolis for their intra-semester clinical experiences. The response rate is 99.01%.

Data Processing and Analysis

The data of participants was analysed statistically. The surveys were modified, coded, and graded based on their answers. The editing ensured that all questions were answered properly and the participants followed all directions. The surveys were sequentially numbered for easier identification and statistical display and analysis. Section 'A' on the respondents' demographic data was analysed descriptively using frequencies and percentages.

Research hypotheses one and two were tested using linear regression. Linear regression is appropriate because it allows for the prediction of the

dependent variables based on the independent variables. Research hypotheses three, four, five, and six were tested using independent samples t-test. This test compares the mean of two independent groups. The independent samples t-test was selected because it determines whether the difference in means between the two groups is statistically significant.

Ethical Considerations

Legal and ethical considerations are increasingly important in today's research (Yip, Han, & Sng, 2016). This helps to guarantee the well-being of study participants and directs scientists towards more reliable methods of investigation. To gather data from participants, I first submitted a copy of the questionnaire for the study and self-designed instruments to the University of Cape Coast Research Ethics Policy and Institutional Review Board (IRB) to review. My study strategy of was in line with the Research Ethics Policy of the University of Cape Coast.

The paper explained the study's goals, why participants were needed, how their participation would be beneficial, and how their privacy and replies would be protected. Before explaining the point of the research to the participants, I ensured they understood why they were taking part in it. Respondent anonymity was a major factor in the research. Participants' identities were hidden in this manner. No personally identifying information was collected from the respondents. The forms filled out by respondents were each given a number. Participant anonymity was protected. I ensured that no one who knew the participants could see their answers by keeping them secret.

Chapter Summary

Chapter Three detailed the methodology of the study. Adopting a positivist paradigm and a quantitative approach, the study employed a descriptive survey design to test hypotheses and describe influences of the variables. The target population consisted of 423 Level 200 and 300 students, from which a sample of 202 was derived through proportionate stratified and simple random sampling. The data collection instrument included self-designed and adapted questionnaires validated through expert review and pilot testing, ensuring reliability and content validity. Ethical clearance was obtained, and strict confidentiality measures were observed. Data collection involved administering questionnaires over two days, with analysis using linear regression and independent samples t-tests to test hypotheses. Results were processed and coded for statistical interpretation, focusing on demographic data and key variables.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

This section of the study focused on the analyses of data, the presentation of outcomes, and the discussion of results. The study investigated the influence of psychiatric nursing students' experiences in clinical learning environments (CLE) and academic-related stress on their overall academic life satisfaction. Participants were students of Ankaful Psychiatric Nurses' Training College. Specifically, the study determined the overall satisfaction of psychiatric nursing students with their experiences in the Clinical Learning Environment. It also investigated the level of academic stress among psychiatric nursing students and their overall level of satisfaction with academic life. The study also investigated the influence of experiences from clinical learning environments and academic stress on their satisfaction with academic life. An analysis of the demographic data is also presented.

Demographic Data of Participants

This subdivision of the chapter presented and discussed the demographic characteristics namely gender and level of study of the students. The results of the analyses are presented in Table 1.

Table 1: Frequency Distribution of Demographic Characteristics of Respondents (n -200)

Variable	Sub-scale	Frequencies	Percentage%
Gender	Male	80	22.5
	Female	120	77.5
	Total	200	100.0
Level of Study	200	99	49.5
	300	101	50.5
	Total	200	100.0

Source: Field survey (2021)

As shown in Table 1, the majority of the respondents (n = 120, 77.5%) were females. Concerning the level of study, the majority of participants were “Level 300” students (n = 101, 50.5%). This was followed by “Level 200” (n = 99, 49.5%).

Presentation of Results

Research Hypothesis One

H₀: There is no statistically significant influence of the clinical learning environment on the overall academic life satisfaction of psychiatric nursing students at APNTC.

H₁: There is a statistically significant influence of the clinical learning environment on the overall academic life satisfaction of psychiatric nursing students at APNTC.

The first research hypothesis tested the influence or effect that experiences obtained in a clinical learning environment have on the level of satisfaction derived from academic life by psychiatric nursing students. In this hypothesis, it was assumed that since CLE forms part of the training of psychiatric nursing students, it would have an impact on their perception or evaluation of satisfaction. The research hypothesis was tested using linear regression and multiple regression analyses. The linear regression analysis was used to examine the overall composite influence of CLE experiences, while the multiple regression analysis was used to test for the subscale(s) which significantly predicted the academic life satisfaction of students. Before the regression analysis, a Pearson Moment Correlation analysis was conducted to examine the overall relationship between clinical learning experiences and academic life satisfaction. The result is presented in Table 2

Table 2: Relationship Between Clinical Learning Experiences and Academic Life Satisfaction

		Academic life	
		Satisfaction	CLE
Academic	Pearson Correlation Sig.	100	.22*
life	(2-tailed)		.001
Satisfaction	N		200
Source: Field survey (2021)		Significant $p < 0.05$	

Table 2 presents the results of the relationship between students' experiences from Clinical Learning Experiences (CLE) and their level of academic satisfaction. According to the results, there is a positive relationship between Clinical Learning Experiences (CLE) and Academic life satisfaction ($r .224$, $p = .001$) at a 5% level of significance. The results imply that a favourable experience from CLE is associated with a higher level of satisfaction with academic life. Similarly, a negative experience is linked with lower satisfaction level of academic life. The results of the regression analysis are presented in Table 3 and Table 4.

Table 3: Linear Regression Analysis of influence of CLE Experiences on Academic Life Satisfaction

Model	Standardized Coefficients	Unstandardized Coefficients	t-value	Sig.
	Beta	B	Std. Error	
(Constant)		12.037	1.737	6.928
Overall CLE Experiences	.224	.055	.017	3.240

Source: Field Survey (2021) Dependent Variable = Academic Life Satisfaction

Table 4: Result of Regression Analysis of the influence of CLE Experiences on Academic Satisfaction

Variables	df	Sum of Squares	Mean Square	F	Sig.	R	R ²
Regression	1	247.497	247.497	10.498	.001 ^b	.224 ^a	.153
Residual	198	4667.898	23.575				
Total	199	4915.395					

Source: Field Survey, (2021)

Significant $p < 0.05$

a. Predictor: (Constant), CLE Experiences

b. Dependent Variable: Academic Life Satisfaction

As shown in Table 3, the regression analysis revealed that CLE experiences have a statistically significant influence on students' satisfaction with academic life ($=.224$, $p = .001$). The results in Table 4 complement this assertion. As displayed in the table, CLE experiences among students explain 15.3% of variances in the overall satisfaction with the academic life of psychiatric nursing students ($R^2 = .153$, $F(1, 198) = 10.498$, $p = .001$). In other words, students' experiences from CLE significantly predicted the satisfaction they have with academic life. Based on the results, the alternative hypothesis, which states that "There is a statistically significant influence of clinical learning experiences on academic life satisfaction", is accepted against the null hypothesis.

Sub-scales of CLE Experiences as Predictors of Satisfaction regarding Academic Life.

The additional analysis sought to determine the extent to which each of the 6 subscales predicted or influenced the satisfaction of psychiatric nursing students.

Table 5: Analysis for Sub-scales of CLE Experiences as Predictors of Satisfaction Regarding Academic Life

Model	Standardized Coefficients Beta	Unstandardized Coefficients B	Std. Error	t	Sig.
(Constant)		11.813	1.750	6.749	.000
Supervisory Relationship	.220	.151	.064	2.352	.020
Pedagogical Atmosphere	.176	.329	.176	1.838	.068
Role of Nurse Teacher	-.015	-.016	.126	.127	.899
Relationship among Students, Mentors and “Nurse Teachers	-.045	-.016	.133	-.460	.646
Leadership Style of the Ward Managers	-.024	-.042	.184	-.230	.818
Premises of Nursing on the Ward	-.031	-.037	.112	-.327	.744

Source: Field Survey, (2021)

Significant $p < 0.05$

According to the hierarchical multiple regression, the significant CLE subscale which significantly predicted academic life satisfaction among students of Ankafu Psychiatric Nurses' Training College was Supervisory Relations Utility ($\beta = .220, p = .020$). The results suggested that students' relationships with their supervisors during placement in the clinical learning environment had a profound impact on their satisfaction with academic life. It is recommended that supervisors be given the requisite support to support nursing students during their placement in their facilities.

Research Hypothesis Two

H₀: There is no statistically significant influence of academic stress on the academic life satisfaction of psychiatric nursing students at APNTC

H₁: There is a statistically significant influence of academic stress on the academic life satisfaction of psychiatric nursing students at APNTC.

Similar to hypothesis one, hypothesis two measured the influence of academic stress on students' satisfaction with academic life. The research hypothesis was tested using linear and multiple regression analyses. The linear regression analysis was used to test for the influence of overall academic stress on academic life satisfaction. On the other hand, the multiple regression analysis was used to test for significant predictor of the three subscales of academic life satisfaction of students. The results of the analysis are presented in Table 6, Table 7, and Table 8. Table 6 presented the results of correlation coefficients of the relationship between academic stress and academic life satisfaction.

Table 6: Results of Pearson Moment Correlation between Academic stress and Academic Life Satisfaction among Psychiatric Nursing Students

		Academic life Satisfaction	Academic Stress
Academic Life	Pearson	1	.352*
Satisfaction	Correlation		.000
	Sig. (2-tailed)		.200
	N		
Source: Field survey, (2021)		Significant $p < 0.05$	

The results shown in Table 6 revealed that academic - related stress has a positive association with academic life satisfaction ($r = .352$, $p < .001$). This relationship is significant because the p-value is lesser than .05. The results suggested a significant positive moderate relationship between the two variables. The results of the regression analysis are presented in Table 7 and Table 8.

Table 7: Linear Regression Analysis of the influence of Academic Stress on Academic Life Satisfaction

Model	Standardized Coefficients Beta	Unstandardized Coefficients B	Std. Error	t-value	Sig.
(Constant)		9.987	1.466	6.815	.000
Overall	.352	.144	.027	5.300	.000
CLE					

Source: Field Survey, (2021)

Dependent Variable = Academic life satisfaction

Table 8: Result of Regression Analysis of the influence of Academic Stress on Academic Life Satisfaction

Variables	df	Sum of Squares	Mean Square	F	Sig.	R	R ²
Regression	1	610.684	610.684	728.089	.000 ^b	.353 ^a	.124
Residual	198	4304.711	21.741				
Total	199	4915.395					

Source: Field Survey, (2021)

a. Predictor: (Constant), Academic Stress

b. Dependent Variables: Academic Life Satisfaction

The results in Table 8 show the outcome of the linear regression analysis. The results reveal that academic stress has a significant influence on the level of academic life satisfaction of psychiatric nursing students ($= .352, p = .000$). Furthermore, the results in Table 8 stipulate the extent of the influence of academic stress on students' satisfaction with academic life. According to the results displayed, academic stress accounts for 12.4% of variances in students' satisfaction with their academic life ($R^2 = .124, F(1,198) = 728.089, p = .000$).

The finding suggested the idea that experiences of stress related to academic life significantly influenced the overall fulfillment by A.P.N.T.C students. This point to the fact that academic life which is devoid of stress

or lesser stress would significantly improve students' satisfaction with college academic life. Hence, the null hypothesis which states that "There is no statistically significant influence of academic-related stress on academic life satisfaction, is rejected in favour of the alternative hypothesis.

Sub-scales of CLE Experiences as Predictors of Satisfaction regarding Academic Life.

Further analysis was conducted to determine the most significant academic stress subscales that served as predictors of academic life satisfaction. The result of the analysis is presented in Table 9.

Table 9: Multiple Regression Analysis for Sub-scales of Academic Stress as Predictors of Academic Life Satisfaction

Model	standardized Coefficients Beta	Unstandardized Coefficients B	Std. Error	t	Sig.
(Constant)		10.728	1.507	7.120	.000
Academic Expectations	.067	.092	.103	.092	.038
Worked load and Examinations	.209	.149	.061	2.455	.015
Students' Academic Self Perception	.127	.27	.082	1.553	.122

Source: Field Survey, (2021)

The results in Table 9 reveal that the subscales, which significantly influenced students' satisfaction with academic life are Academic Expectations ($\beta = .067$, $p = .038$) and Workload and Examinations ($\beta = .209$, $p = .015$). This result suggested that among psychiatric nursing students, factors such as unrealistic academic expectations from friends, tutors and parents as well as pressure from examinations and academic workload significantly affected students' satisfaction with academic life.

Research Hypothesis Three

H₀: There is no statistically significant difference in academic stress between male and female psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic stress between male and female psychiatric nursing students at APNTC.

Research hypothesis sought determine whether there is a statistically significant difference between males and females when it comes to their academic stress at the APNTC. To test this hypothesis, an independent t-test was conducted to compare the academic stress levels of male and female psychiatric nursing students. Table 10 shows the results from the analysis.

Table 10: Independent Samples t-test for Gender Difference among Psychiatric Nursing students in terms of Academic Stress

Gender	N	Mean	SD	t	df	Sig. (p-value)
Male	45	54.76	14.56	1.273	198	.013
Female	155	52.13	11.41			

Source: Field Survey, (2021)

From Table --, the independent t-test revealed a statistically significant difference in academic stress between male ($M = 54.76$, $SD = 14.56$) and female ($M = 52.13$, $SD = 11.41$) psychiatric nursing students, $t(198) = 1.273$, $p = .013$. This indicates that male students reported higher levels of academic stress compared to female students at APNTC. Given that the p-value is less than .05, we reject the null hypothesis and conclude that there is a statistically significant difference in academic stress between male and female psychiatric nursing students at APNTC.

Research Hypotheses Four

H₀: There is no statistically significant difference in academic life satisfaction between male and female psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic life satisfaction between male and female psychiatric nursing students at APNTC.

Research hypothesis four sought to determine the difference between male and female nursing students in terms of their academic life satisfaction at APNTC. To test this hypothesis, an independent t-test was conducted. The results from the analysis is presented in Table 11.

Table 11: Independent Samples t-test for Gender Difference among Psychiatric Nursing students in terms of Academic life Satisfaction

Gender	N	Mean	SD	t	df	Sig. (p-value)
Male	45	16.78	5.60	-1.193	198	.188
Female	155	17.78	4.77			

Source: Field Survey, (2021)

The results of the independent t-test showed no statistically significant difference in academic life satisfaction between male ($M = 16.78$, $SD = 5.60$) and female ($M = 17.78$, $SD = 4.77$) students, $t(198) = -1.193$, $p = .188$. This suggests that both male and female psychiatric nursing students at APNTC experience similar levels of academic life satisfaction. As the p-value is greater than .05, we fail to reject the null hypothesis and conclude that there is no statistically significant difference in academic life satisfaction between male and female psychiatric nursing students at APNTC.

Research Hypothesis Five

H₀: There is no statistically significant difference in academic life satisfaction between the academic levels of psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic life satisfaction between the academic levels of psychiatric nursing students at APNTC.

An independent t-test was used to determine if there were differences in academic life satisfaction between students in different academic levels. The results from the analysis is presented in Table 12.

Table 12: Independent Samples t-test for Academic Level Differences among Psychiatric Nursing Students in terms of Academic Life Satisfaction

Academic Level	N	Mean	SD	t	df	Sig. (p-value)
Level 200	99	19.04	4.71	4.371	198	.299
Level 300	101	16.10	4.81			

Source: Field Survey, (2021)

The independent t-test revealed no statistically significant difference in academic life satisfaction between students in Level 200 ($M = 19.04$, $SD = 4.71$) and Level 300 ($M = 16.10$, $SD = 4.81$), $t(198) = 4.371$, $p = .299$. Although the mean score for Level 200 students was higher, the difference was not statistically significant. Since the p-value is greater than .05, we fail to reject the null hypothesis. Therefore, we conclude that there is no statistically significant difference in academic life satisfaction between Level 200 and Level 300 students at APNTC.

Research Hypothesis Six

H₀: There is no statistically significant difference in academic stress between different academic levels among psychiatric nursing students at APNTC.

H₁: There is a statistically significant difference in academic stress between different academic levels among psychiatric nursing students at APNTC.

This hypothesis tested the difference that exist in the academic stress of psychiatric nursing students on the basis of their academic level. Achieve

this, an independent t-test was used to compare academic stress levels between Level 200 and Level 300 students. The results from the analysis is presented in Table 13.

Table 13: Independent Samples t-test for Academic Level Differences among Psychiatric Nursing Students in terms of Academic Stress

Academic Level	N	Mean	SD	t	df	Sig. (p-value)
Level 200	99	53.74	11.99	1.168	198	.872
Level 300	101	51.72	12.39			

Source: Field Survey, (2021)

The independent t-test indicated no statistically significant difference in academic stress between students in Level 200 ($M = 53.74$, $SD = 11.99$) and Level 300 ($M = 51.72$, $SD = 12.39$), $t(198) = 1.168$, $p = .872$. This suggests that academic stress levels are similar across both academic levels. With a p-value greater than .05, we fail to reject the null hypothesis. Therefore, we conclude that there is no statistically significant difference in academic stress between Level 200 and Level 300 students at APNTC.

Discussions of Findings

Influence of Clinical Learning Experiences on Academic Life Satisfaction

The first hypothesis tested the idea that CLE has an effect on students' happiness with their schoolwork. The goal of this study was to determine how much psychiatric nursing students' clinical experiences impacted their overall sense of academic satisfaction. Student satisfaction with their academic experience was shown to be significantly impacted by CLE participation, according to analyses of data collected for this purpose. In other words, students' experiences from the CLE significantly predicted their level of satisfaction with academic life. It could be deduced from the findings that

students' interactions and learning in the context of the health facilities have a profound influence on their general satisfaction with academic life as well as the satisfaction derived from the Ankaful Nurses' Training College. Further analysis showed that the component of CLE, which significantly predicted satisfaction with academic students' life, was the supervisory relationship. This showed that the role of supervisors in the life of students during clinical experience affected their overall assessment of satisfaction with academic life.

The findings align well with Wenger's Theory of Communities of Practice, which emphasises learning through social participation within a shared domain. In this context, the CLE serves as a community where students engage with mentors, peers, and patients to develop their competencies. Positive supervisory relationships create an environment where students feel valued and supported, fostering a sense of belonging and satisfaction. Conversely, a lack of support or guidance could lead to dissatisfaction, underscoring the importance of structured mentorship. The Happy-Productive Student Theory also reinforces this relationship, proposing that satisfaction derived from a supportive CLE enhances students' productivity and academic outcomes.

Empirical studies corroborate these findings. The findings are in line with the findings by Phillips et al. (2017) who highlighted that nursing students value stimulating and supportive CLEs, which are critical for their success. Similarly, Karabulut et al. (2015) found a positive correlation between CLE quality and academic motivation, further supporting the idea that favourable clinical environments enhance student engagement. However, Ali and Ali (2017) reported dissatisfaction among students due to poor

educational facilities and scheduling conflicts, issues not prominently highlighted in the APNTC context. The differences in the findings may stem from local institutional policies and the prioritisation of supervisory relationships at APNTC, which mitigate some barriers noted in other studies.

Influence of Academic Stress on Academic Life Satisfaction

Research hypothesis two explored the extent to which experiences of academic-related stress influenced students' academic satisfaction. The results showed that academic stress significantly influences the level of academic life satisfaction psychiatric nursing students derive from college life. This outcome suggests that students' involvement in stressful activities can significantly influence the overall fulfilment that college management and tutors expect from these students. In essence, academic life, devoid of stress or experiences lesser stress, would significantly improve students' satisfaction with college academic life. It is, therefore, expedient that students' activities and academic undertakings which significantly expose them to stress are understood and dealt with appropriately. The discoveries made in the study are a great opportunity for such undertakings.

Further analysis was carried out to measure the extent to which the subscales of academic stress (academic expectations, workload and examinations, and student academic self-perception) predicted students' academic satisfaction. The results revealed that academic expectations, workload, and examinations significantly influenced academic life satisfaction. By implication, factors such as unrealistic academic expectations from friends, tutors and parents, pressure from examinations, and excessive academic workload, significantly affected students' satisfaction with academic

life. Adjei et al. (2018) indicated that the academic environment is plagued with higher stress levels. Another study also reported that stress among university nursing students is a result of obsession with academic success, lack of free time and extended periods involved in patients' care, academic workload, and clinical assignments (El Ansari, Adetunji, & Oskrochi, 2014; Mohamed & Ahmed, 2012; Tully, 2004).

Consistent with the results of this study, Jamshidi, Molazem, Sharif, Torabizadeh, and Najafi-Kalyani, (2016) discovered that higher level of stress among nursing students undermined their adjustment to learning and this posed a threat to their overall well-being. Reports from the study of Deb, Strodl and Sun (2015) asserted that stress among students is a significant source of psychological disorders and other behavioural disorders. Labrague (2014) argued that not only does stress affect the bio-psychosocial aspects of individuals' health but their overall well-being as a whole. These pieces of evidence from the literature cemented the results of this study that stress related to academic work had a devastating influence on the academic life satisfaction and success of APNTC students.

Sari (2019) conducted another research that looked at how stressed out college students felt about their schoolwork. It was shown via statistical research that there is a negative correlation between student satisfaction and academic stress. The data showed that students who reported high levels of college satisfaction also reported lower levels of academic stress. Also, a higher stress level in the academic environment was associated with low academic satisfaction. This finding contradicts the findings of the current study. This discrepancy may be because the results at APNTC reflect effective

institutional support systems that enable students to manage stress positively, thereby enhancing satisfaction.

However, the finding of the current study is in line with the finding by Dugue and Dosseville (2018) who found that nursing students who perceived their stress level positively had a good performance in their academic life and life. The findings further align with Pulido-Criollo et al. (2018) who also discovered that stresses among nursing students diminished their academic performance and well-being. Gomathi et al. (2017) stated that higher stress levels were known to negatively influence the academic and health aspects of the lives of nursing students.

The findings of the current study and that of the literature reviewed acknowledged that the incidence of stress among students, particularly psychiatric nursing trainees, had a significant negative influence on their psychosocial, physiological, and academic performance and well-being. These findings call for the need to guide students to properly manage their academic life so as not to fail academically.

Gender Differences among Psychiatric Nursing Students in terms of Academic Stress

The results indicated a statistically significant difference in academic stress between male and female students, with male students reporting higher levels of stress. This finding suggests that gender plays a role in stress perception and coping strategies, potentially influenced by the male minority status within the nursing profession. Male students may face unique challenges, such as feelings of isolation and difficulties integrating into a predominantly female environment, contributing to higher stress levels.

The Transactional Model of Stress explains how personal and environmental factors influence stress perception. For male students at APNTC, the challenges associated with being in a minority may exacerbate their stress, as suggested by Chan et al. (2014). The model highlights the importance of social and institutional support in mitigating these stressors. Effective coping mechanisms, such as mentorship and peer networks, could help address gender-specific stressors and foster a more inclusive learning environment.

The findings align with Chust-Hernández et al. (2022), who observed that gender influences stress levels, with males reporting unique challenges in predominantly female settings. However, they contradict Abasimi et al. (2015) and Panma (2021), who found no significant gender differences in academic stress. These discrepancies may reflect cultural and institutional variations, highlighting the need for targeted interventions to address gender-specific challenges in different contexts.

Gender Differences among Psychiatric Nursing Students in terms of Academic Life Satisfaction

The study found no significant gender difference in academic life satisfaction, suggesting that both male and female students experience comparable levels of satisfaction. This result indicates that gender does not significantly influence how students perceive their academic experiences at APNTC, possibly due to the institution's efforts to create an equitable and supportive environment for all students.

The Happy-Productive Student Theory provides insight into these findings, suggesting that when psychosocial support is consistent, satisfaction

levels remain similar across genders. At APNTC, equitable access to resources, mentorship, and a supportive academic environment likely contributes to this parity in satisfaction levels. Wenger's CoP theory also highlights the role of shared practices and community dynamics in fostering collective satisfaction, regardless of gender.

Contrary to these findings, Nogueira et al. (2022) reported significant gender differences in satisfaction, with males scoring higher. Ashraf and Nawaz (2022) similarly found that females reported higher satisfaction despite facing greater psychological stress. The absence of gender disparities at APNTC could be attributed to the institution's tailored support systems, which effectively address the needs of both male and female students.

Academic Level Differences among Psychiatric Nursing Students in terms of Academic Life Satisfaction

The findings indicated no statistically significant difference in academic life satisfaction between Level 200 and Level 300 students at APNTC. This result suggests that academic level does not significantly influence students' perceptions of their academic experiences or satisfaction. While Level 200 students had slightly higher mean scores, this difference was not substantial enough to indicate variability in satisfaction levels. A likely explanation is the consistent academic and institutional support provided at APNTC, which ensures that students at both levels have access to similar resources, mentorship opportunities, and learning experiences.

From a theoretical perspective, Wenger's Theory of Communities of Practice (CoP) offers insights into this finding. According to this theory, shared practices and collective engagement within a community foster a sense

of belonging and fulfilment. At APNTC, students from different academic levels participate in similar clinical placements and academic activities, which may contribute to a unified sense of satisfaction. This environment reduces the likelihood of significant disparities in satisfaction between levels, as students share a common identity as members of the nursing community and benefit from similar support systems.

The Happy-Productive Student Theory further supports these results by emphasising the role of a supportive academic environment in maintaining students' well-being and satisfaction. At APNTC, consistent efforts to create an equitable learning environment across levels likely mitigate the stressors that often contribute to dissatisfaction as students progress through their academic journey. The theory underscores that student satisfaction can be sustained through institutional practices that promote engagement, effective mentoring, and access to resources.

Empirical studies have shown mixed results regarding the influence of academic level on satisfaction. Papastavrou et al. (2016) observed a decline in satisfaction among nursing students as they progressed through their studies, attributing this trend to increased academic and clinical demands. Similarly, El-Ashry et al. (2022) reported lower satisfaction levels among first-year students due to challenges in transitioning from theoretical learning to practical applications. In contrast, the findings at APNTC suggest a consistent focus on maintaining satisfaction across levels, potentially through well-structured mentorship and balanced academic expectations. This discrepancy could reflect differences in curriculum design and support systems at APNTC, which may prioritise equitable student experiences across all academic levels.

Academic Level Differences among Psychiatric Nursing Students in terms of Academic Stress

The results revealed no statistically significant difference in academic stress between Level 200 and Level 300 students. This finding implies that students across both levels experience comparable stress levels, suggesting that the academic and clinical demands at APNTC are uniformly distributed. Despite differences in course content and clinical exposure, stress levels appear to be balanced, likely due to institutional practices that aim to manage workload and provide consistent support across levels.

The Transactional Model of Stress offers a useful framework for interpreting these findings. This model emphasises the interaction between individual appraisals and environmental factors in shaping stress experiences. At APNTC, shared environmental factors, such as uniform clinical placement expectations and collaborative learning opportunities, may result in similar stress levels for students at different academic stages. Additionally, the coping strategies students develop during their initial year of training may equip them to handle stress effectively, even as they progress to higher levels.

Empirical studies present contrasting perspectives on this issue. Mussi et al. (2020) found that advanced-level students (6th to 10th semesters) experienced higher stress levels due to increased clinical responsibilities and the pressures of impending professional roles. Similarly, Onieva-Zafra et al. (2020) reported greater stress among senior nursing students, linked to heightened expectations from educators and clinical staff. In contrast, Ugwoke et al. (2018) observed that stressors differ by academic level, with junior students experiencing stress primarily from assignments and a lack of

professional knowledge, while senior students faced challenges related to patient care and workload.

At APNTC, the absence of significant stress differences across levels may reflect a deliberate effort to balance academic and clinical demands, ensuring that no group bears disproportionate stress. For example, a consistent emphasis on mentorship and collaboration might help students manage their workloads effectively, regardless of their academic level. Moreover, structured academic schedules and accessible support systems could prevent the escalation of stress as students advance through their studies.

Chapter Summary

Chapter Four presented the results and discussions of the study, which explored the influence of CLE and academic stress on the academic life satisfaction of psychiatric nursing students at APNTC. The chapter began with an analysis of participants' demographic data, revealing a predominance of female students and a balanced distribution between Level 200 and Level 300 students. Findings confirmed a positive and statistically significant influence of CLE on academic satisfaction, with supervisory relationships emerging as a critical predictor. The study also established that academic stress significantly impacts satisfaction, with subscales such as workload and unrealistic expectations serving as notable stressors. Additionally, gender differences were observed in academic stress, with males reporting higher stress levels, though satisfaction levels were similar across genders. Academic level differences were insignificant, as students from both levels demonstrated comparable stress and satisfaction levels, attributed to consistent institutional support.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Overview

The study was a cross-sectional survey, which examined the influence of clinical learning experiences and academic stress on the academic life satisfaction among psychiatric nursing students of the Ankafu Psychiatric Nurses' Training College in the Central Region of Ghana. Specific objectives of the study were to:

- i. Evaluate the impact of clinical learning environment on psychiatric nursing student's overall academic life satisfaction at APNTC
- ii. Evaluate the influence of academic stress on academic life satisfaction of psychiatric student's nurses at APNTC
- iii. Examine the influence of gender on academic stress of psychiatric at APNTC
- iv. Assess the influence of gender on academic life satisfaction of psychiatric nursing students at APNTC
- v. Examine the influence of level in nursing college on academic life satisfaction of APNTC students.
- vi. Assess the influence of level in nursing college on academic stress among psychiatric nursing students

Respondents for the study were selected from Ankafu Psychiatric Nurses' Training College; located in the Komenda-Edina-Eguafo-Abrem Municipality of the Central Region of Ghana. This institution was chosen because it is the only Nurses' Training College which trains students in psychiatry or mental health nursing in the Central Region of Ghana. The

accessible population for the study was level 200 and 300 students. A total of 200 out of an estimated 202 participants completed the questionnaires for the study. The obtained sample size (200) represented a response rate of 99.0%. Stratified proportionate and simple random (lottery method) sampling techniques were used to select participants for the study. The data were analyzed mainly by frequencies, percentages, means, standard deviations, independent sample t-test and regression analysis.

Summary of Key Findings

The results obtained from the data analyses revealed the following findings:

1. CLE has a statistically significant positive influence on students' academic life satisfaction.
2. Academic stress significantly affects students' satisfaction with academic life.
3. Male students reported significantly higher levels of academic stress compared to female students.
4. There was no statistically significant difference in academic life satisfaction between male and female students.
5. No statistically significant difference was found in academic life satisfaction between Level 200 and Level 300 students.
6. There was no statistically significant difference in academic stress levels between Level 200 and Level 300 students.

Conclusions

The findings of this study provide insights into the academic experiences of psychiatric nursing students at Ankafu Psychiatric Nurses' Training College. It is evident that clinical learning experiences play an

important role in shaping students' satisfaction with their academic life. The statistically significant influence of CLE on satisfaction highlights the importance of creating supportive and well-structured learning environments within clinical placements. Notably, the emphasis on supervisory relationships underscores the role of mentorship in fostering positive academic outcomes. This finding reflects the need for tailored support and guidance during clinical training, as it not only enhances learning but also contributes to students' sense of fulfilment and belonging within their academic journey.

Academic stress emerged as another significant factor influencing students' academic life satisfaction. The strong impact of stress suggests that the pressures of workload, examinations, and unrealistic academic expectations can adversely affect students' overall well-being and satisfaction. These stressors, if not managed effectively, may undermine the productivity and mental health of nursing students. However, the uniformity of stress levels across academic levels indicates that the institution has managed to distribute demands evenly, preventing any group from bearing disproportionate burdens. This reflects positively on the college's efforts to create a balanced academic environment.

The gender-related findings provide an interesting perspective. While male students reported higher stress levels, their academic life satisfaction was not significantly different from that of their female counterparts. This suggests that despite the stress, male students are adapting well to the predominantly female academic setting, possibly due to the equitable support systems in place. This highlights the importance of fostering inclusive environments that

address the unique challenges faced by minority groups within professional training institutions.

Lastly, the absence of significant differences in satisfaction and stress across academic levels suggests that the institution provides consistent support and resources to all students. This consistency likely reflects the college's commitment to equitable academic practices, which may include structured mentorship, fair workloads, and effective stress management strategies.

Implications for Counselling

This study examined the influence of the clinical learning environments' experiences and academic stress on academic life satisfaction among second- and third-year psychiatric nursing students at the Ankafu Psychiatric Nurses' Training College. The discoveries of the study formed a foundation to enable counsellors acknowledge the problems or factors that determine students' satisfaction with education in Psychiatric Nurses' Training Colleges. These findings would facilitate the development of effective counselling modules and intervention strategies by college psychologists and counsellors to help students alleviate stressors. The higher level of stress among students demands crucial and pragmatic approaches on the part of the counsellors in these colleges to direct their attention on projects that seek to promote appropriate time management, adopting the right study skills and attitude, strategies for coping with stress, and the expectations of psychiatric nursing students at the CLE. These interventions would enable students to overcome academic stressors and make the most out of college life. Therefore, APNTC must strengthen the academic counselling and

preventive mental health services for the students so as to provide a conducive learning environment.

Recommendations

The following recommendations were made regarding the study mentioned above, results, and conclusions.

1. It is recommended that counsellors, college authorities, and stakeholders of Psychiatric Nurses' Training Colleges should incorporate a more comprehensive approach where the attention is not limited to providing quality education and training for nurses, but to concentrate on other areas (clinical learning environment, academic stress and academic life satisfaction, demographic variables, for example, gender) that have been shown to have had influence on the lives and success of students. These will optimize the overall goal and purpose for which students were admitted into the college.
2. To address the impact of academic stress, APNTC and the Ghana Nurses and Midwives Council should implement stress management programmes. These could include counselling services, time management workshops, and academic support sessions. Establishing a dedicated counselling unit within the college can offer students access to professional support, helping them cope with stressors effectively.
3. As noted from the study, clinical learning experiences and academic stress predicted students' academic life satisfaction. It is recommended that college principals, tutors, and other stakeholders of Psychiatric Nurses' Training Colleges engage students in workshops and seminars through which they can educate students and give them further

orientation on academic stress and its influences on their academic life.

Such proceedings would enhance the coping skills of students during stressful events and thus increase their wellbeing.

4. To maintain equitable academic satisfaction across genders, APNTC faculty and student affairs teams should continue fostering a supportive and unbiased environment. This can be achieved through anonymous feedback mechanisms, allowing students to voice concerns and ensure adjustments that enhance overall inclusivity.
5. The APNTC curriculum committee should uphold balanced academic and clinical demands for all students, irrespective of their level. By periodically reviewing the curriculum and workload distribution, the committee can ensure that students receive equal opportunities for mentorship and access to resources, minimising disparities.
6. To manage stress levels uniformly, the college's student welfare department should introduce relaxation programmes like yoga sessions, stress-relief activities, and academic counselling for all students. By involving students in the design of these programmes, the department can tailor them to address specific stressors effectively while maintaining fairness.

Suggestions for Further Research

The following are suggestions for future research:

- i. Further studies are needed to determine the occurrence of this phenomenon under study in other areas of nurses' training colleges in Ghana. This would allow for generalizability and comprehensive understanding of the situation in Ghana.

- ii. Only scales were used to collect the information from participants. It would be appropriate in future research to collect the data using alternative data collection methods such as qualitative sources and clinical observations.
- iii. The cross-sectional survey research design is vulnerable for the issues of social desirability and internal validity; it will be in the right direction to use other survey methods such as longitudinal, exploratory, experimental studies for complete, detailed description of the event. Consideration of these methods for the study would give students the chance to provide and express their concerns in a more detailed manner.
- iv. The study delimited gender and level of study in terms of academic stress and academic life satisfaction. Socio-economic and demographic variables such as ages of participants, social support from colleagues, tutors, and parents and its relationship with these academic stress and academic life satisfaction should be considered in the future, since these factors may have a strong influence on the lives of students.

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APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING
PRETESTING OF RESEARCH INSTRUMENT FROM LEVEL 200
AND 300 STUDENT NURSES OF PSYCHIATRIC NURSES'
TRAINING COLLEGE, PANTANG

CONSENT FORM**Confidentiality**

Information about you (the participant) will be protected to the best of my ability as a researcher. You will not be named in the reporting of the findings. I am committed to ethical conduct of research and therefore any information provided will be kept strictly confidential. Your privacy and anonymity will be protected. All information provided would be kept away with password and protected. Nobody would have access to your information except the researcher.

Compensation

Participants will not receive any compensations in the form of money for participation.

Additional Cost

You will not incur any cost as a participant. The researcher will bear the responsibility for any costs that arise because of your participation.

Voluntary Participation and Right to Leave the Research

Your participation in this research is purely voluntary. You have the right to leave at any time without giving any reasons.

Contacts for Additional Information

If you have any further questions about the research kindly contact: Gifty Tetteh, Ankaful Psychiatric Nurses Training College.
Tel: +233595880807 Email: natharthur07@gmail.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30p.m. through the phones lines 0558093143/0508878309/0244207814 or email address: irb@ucc.edu.gh

Participant's Agreement

The document describing the benefits, risks and procedures for the research titled Influences of Clinical Learning Experiences and Academic Stress on Academic Life Satisfaction Among Students in Psychiatric Nurses' Training College – Pantang has been read and explained to me. I have been given an opportunity to ask any questions about the research and these were answered to my satisfaction. I agree to participate as a volunteer.

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Researcher's Name: Researcher's Signature:

Date:

APPENDIX B

UNIVERSITY OF CAPE COAST
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING
RESEARCH QUESTIONNAIRE FOR LEVEL 200 AND 300 STUDENT
NURSES OF PSYCHIATRIC NURSES' TRAINING COLLEGE,
ANKAFUL

Dear Sir/Madam

This questionnaire seeks to solicit data from you to aid a thesis work. This thesis aims at assessing the influence of experiences from the clinical learning environment and academic stress on psychiatric nursing students' satisfaction with academic life. It is in partial fulfilment of the requirements for the award of a master's degree.

This exercise is guided by research ethics and solely for academic purposes. You are personally assured of total anonymity and confidentiality of your responses. Please provide your candid responses to the questions as they relate to the facility. There is no right or wrong answer to any of the questions in this questionnaire. Please respond to the questions by ticking [✓] the answer that reflects your opinion.

Thank you

SECTION A**DEMOGRAPHIC DATA**

Please indicate your response by ticking (✓) in the applicable box for each question.

1. Gender: Male [] Female []
2. Age: 18-23 [], 24-29 [], 30-35 [], 36 and above []
3. Level: 200 [], 300 []

SECTION B: Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T)

Below is a list of phrases that describe experiences in the clinical learning environment. Please rate yourself by ticking the answer which best describes the extent to which you experience these conditions. Select one of the five responses for each of the questions to indicate your level of agreement, where 1 -Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 - Agree and 5 -Strongly Agree.

Statement	1	2	3	4	5
My supervisor showed a positive attitude towards 4. supervision	1	2	3	4	5
5. I felt that I received individual supervision	1	2	3	4	5
6. I continuously received feedback from my supervisor	1	2	3	4	5
7. Overall, I am satisfied with the supervision I received	1	2	3	4	5
The supervision was based on a relationship of 8. equality	1	2	3	4	5
9. There was a mutual interaction in the supervisory Mutual respect and approval prevailed in the 10. supervisory	1 1	2 2	3 3	4 4	5 5

11 The supervisory relationship was characterized by a sense of trust	1	2	3	4	5
12. The staffs were easy to approach	1	2	3	4	5
13. There were sufficient meaningful learning situations on the ward	1	2	3	4	5
14. The learning situations were multi-dimensional in terms of content	1	2	3	4	5
15. The ward can be regarded as a good learning environment	1	2	3	4	5
16. In my opinion, the nurse teacher (clinician) was capable of integrating theoretical knowledge and everyday practice of nursing	1	2	3	4	5
17. The nurse teacher was capable of operationalizing the learning goals of this placement	1	2	3	4	5
18. The nurse teacher helped me to reduce the theory-practice gap	1	2	3	4	5
19. The nurse teacher was like a member of the nursing team	1	2	3	4	5
20. The nurse teacher was able to give his or her expertise to the clinical team	1	2	3	4	5
21. The nurse teacher and the clinical team worked together	1	2	3	4	5
22. During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	1	2	3	4	5
23. The common meetings between myself, mentor and nurse teacher were comfortable experiences	1	2	3	4	5
24. In our common meetings, I felt that we were colleagues	1	2	3	4	5
25. Focus on the meetings was in my learning needs	1	2	3	4	5
26. The Ward Manager regarded the staff on her/his ward as a key resource	1	2	3	4	5
27. The Ward Manager was a team member	1	2	3	4	5
28. Feedback from the Ward Manager could easily be considered a learning situation	1	2	3	4	5
29. The effort of individual employees was appreciated	1	2	3	4	5
30. The ward's nursing philosophy was clearly defined	1	2	3	4	5
31. Patients received individual nursing care	1	2	3	4	5
32. There were no problems in the information flow related to patients' care	1	2	3	4	5
33. Documentation of nursing care (e.g. nursing care plans, daily recording of nursing procedures etc.) was clear	1	2	3	4	5

SECTION C

Perception of Academic Stress Scale

The following statements describe examples of stressors that psychiatric nursing students encounter. Please rate yourself by ticking the answer which best describes the extent to which you have these conditions. Select one of the five responses for each of the questions to indicate your level of agreement, where 1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree and 5 = Strongly Disagree

ITEMS	1	2	3	4	5
34. Competition with my peers for grades is quite intense.	1	2	3	4	5
35. My teachers are critical of my academic performance.	1	2	3	4	5
36. Teachers have unrealistic expectations of me.	1	2	3	4	5
37. The unrealistic expectations of my parents stress me out	1	2	3	4	5
38. The time allocated to classes and academic work is enough	1	2	3	4	5
39. The size of the curriculum (workload) is excessive	1	2	3	4	5
40. I believe that the amount of work / assignment is too much	1	2	3	4	5
41. I'm unable to catch up with academic work anytime I delay or get behind time required for work to be done	1	2	3	4	5
42. I have enough time to relax after work	1	2	3	4	5
43. The examination questions are usually difficult	1	2	3	4	5
44. Examination time is short to complete the answers	1	2	3	4	5
45. Examination times are very stressful to me	1	2	3	4	5
46. I'm confident that I will be a successful student	1	2	3	4	5
47. I'm confident that I will be successful in my future career	1	2	3	4	5

48. I can make academic decisions easily	1	2	3	4	5
49. I fear failing courses this year	1	2	3	4	5
50. I think that my worry about examinations is weakness of character	1	2	3	4	5
51. Even if I pass my exams, am worried about getting a job	1	2	3	4	5

SECTION D: ACADEMIC SATISFACTION SCALE

The statements below examine the overall academic satisfaction of psychiatric nursing students. Please rate yourself by ticking the response which best describes the extent to which you have these conditions. Select one of the five responses for each of the questions to indicate your level of agreement, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree.

ITEMS		1	2	3	4	5
52.	All in all, I am satisfied with the education I can get in this school.	1	2	3	4	5
53.	I'm satisfied with the intelligence of my teachers here.	1	2	3	4	5
54.	I'm satisfied with the extent to which my education will be useful for getting future employment.	1	2	3	4	5
55.	I'm happy with the course contents of the subjects I learn in my classes	1	2	3	4	5
56.	I'm satisfied with the extent to which attending this college / school will have a positive effect on my future career.	1	2	3	4	5

APPENDIX C
ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0332007111 / 03320072807
E-MAIL: ir@ucc.edu.gh
OUR REF: UCCIRB/A/2016/1071
YOUR REF:
OMB NO: 0990-0279
IBRG #: IBRG0009096



23RD AUGUST 2021

Ms. Gifty Tetteh
Department of Guidance and Counselling
University of Cape Coast

Dear Ms. Tetteh,

ETHICAL CLEARANCE – ID (UCCIRB/CES/2021/42)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research titled **Influence of Clinical Learning Experiences and Academic Stress on Academic Life Satisfaction among Students in Akaful Psychiatric Nurses' Training College – Cape Coast**. This approval is valid from 23rd August 2021 to 22nd August 2022. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,



Samuel Asiedu Owusu, PhD
UCCIRB Administrator *

APPENDIX D
INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING


Telephone: 0332091854
Email: dgc@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: DGC/L.2/VOL.1/145

25th March, 2021

Your Ref:



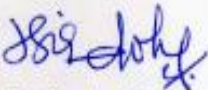
TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Gifty Tetteh a student pursuing an M.Phil. Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, she is to submit a Thesis on the topic: *"Influence of Clinical Learning Experiences and Academic Stress on Academic Life Satisfaction Among Students in Psychiatric Nurses' Training College-Ankafu"*. We are by this letter affirming that, the information she will obtain from your Institution will be solely used for academic purposes.

We would be most grateful if you could provide her the necessary assistance.

Thank you.



Dr. Stephen Doh Fia
HEAD OF DEPARTMENT