

QUANTITATIVE STUDIES

A cross-sectional study of clinical training stress, coping mechanisms, and social support among nursing students in Vietnam

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Abstract

Clinical training is essential to nursing education but induces high stress levels, which can compromise a student's academic performance and well-being. To date, research regarding clinical stress and coping strategies among nursing students in Vietnam remains limited. To address this gap, the present study evaluated the levels of perceived stress, coping mechanisms, and social support in this population, investigating how these factors relate to one another during clinical placement. A descriptive, cross-sectional correlational study was conducted among 412 undergraduate nursing students at a private university in Ho Chi Minh City, Vietnam. Data were collected between March and June 2024. Eligible participants included full-time Bachelor of Nursing students of both genders who had completed at least one clinical placement. Students currently on a leave of absence or those with a diagnosed severe mental illness were excluded from the study. The study utilized stratified random sampling based on year level. Participants completed a survey packet including a socio-demographic form and validated scales for perceived stress, coping behaviors, and social support. Methodological integrity was ensured through pre-study reliability testing of all tools. To protect participant anonymity and prevent coercion, questionnaires were administered by research assistants in the absence of teaching faculty. Data were analyzed using descriptive statistics, Pearson's correlation, and multiple linear regression. Ethical clearance was granted by the University Research Ethics Committee, with written informed consent obtained from all participants prior to data collection. Results indicate that Vietnamese nursing students experience moderate levels of stress during clinical training, primarily driven by academic pressures and patient-care demands. While adaptive coping strategies and robust social support systems serve as essential buffers against stress, maladaptive coping tends to exacerbate it. Thus, interventional studies to promote positive coping and enhance support from family, peers, and faculty—particularly for female and senior-year students—are strongly warranted.

Keywords: Adaptive coping, clinical training, nursing student, psychological stress, social support

Introduction

Nursing education requires students to integrate theoretical knowledge with complex clinical skills in real practice environments (Zamanzadeh et al., 2024; Carless-Kane & Nowell, 2023). Though clinical training is essential for developing professional competence, it is also identified as one of the most stressful components of nursing curricula worldwide (Lepiani-Díaz et al., 2023; D'emeh & Yacoub, 2020). Several studies from Nepal, Egypt, Brazil, Vietnam, and other countries show that nursing and medical students experience stress, with varying prevalence rates. For instance, in Nepal, 60.4% of nursing students reported moderate stress, while studies from Egypt (62.4%), Brazil (64%), and Vietnam (38.5%–47.6%) also highlighted high levels of stress (Shrestha & Lama, 2014; Wahed & Hassan, 2017; Cestari et al., 2017; Nguyen et al., 2024). A study explained that a substantial proportion of nursing students experience psychosocial stress (Alkouri et al., 2025). Prolonged or unmanaged stress has been associated with anxiety, depression, burnout, and reduced academic performance (Koutsimani et al., 2019). Therefore, there is an urgent need for evidence-based strategies to support students during their clinical training and reduce intentions to leave the profession. Clinical

training (also termed clinical placement, practicum, or internship) refers to supervised learning experiences in hospital or community settings where students assume increasing responsibility for patient care under the guidance of clinical instructors and preceptors (Negm et al., 2024). These placements expose students to unfamiliar environments, acutely ill patients, high workloads, shift work, and charged situations such as suffering and death. Stressors commonly reported include heavy assignments, fear of making errors, gaps between theoretical knowledge and clinical demands (Bhurtun et al., 2019). In Asian settings, these demands may be particularly intense particularly where clinical units can be crowded and nurse-to-patient ratios high (Aryuwat et al., 2024). Empirical study from Asian countries document stress among nursing students during clinical education. In Thailand and neighboring countries as mentioned earlier, studies reported stress levels due to academic workload, clinical responsibilities, and fear of failing.

Coping strategies and social support are among the most important modifiable factors influencing how students respond to stressful environment (Akbar & Aisyawati, 2021). According to Lazarus and Folkman's transactional model of stress and coping, stress arises when individuals appraise environmental demands as taxing or exceeding their resources (Lazarus and Folkman, 1984). Coping strategies and access to social support can either ease or exacerbate the impact of stress on psychological outcomes. In the model, problem-focused and positive emotion-focused strategies are considered adaptive, but avoidance and disengagement tend to be maladaptive. Social support from family, peers, and others is conceptualized as a key resource that shapes primary and secondary appraisals and can buffer the effects of stress (Aziz et al., 2021; Ruihua et al., 2025). Studies from Thailand, Vietnam, and other Asian countries shown that students who use adaptive coping strategies and report higher levels of social support tend to have lower stress, better resilience, and greater happiness or psychological well-being (Akbar & Aisyawati, 2021; Ngoc & Tuan, 2024; Dong et al., 2024; Wang et al., 2022; Li et al., 2021). A study highlighted that clinical stressors can impair learning if not managed effectively, but coping skills and supportive learning environments can improve outcomes (Mohamed et al., 2024; Ozdemir et al., 2025). However, there is currently a dearth of research on this topic within the Vietnamese context; therefore, this study is expected to contribute valuable evidence to the existing body of literature in the country.

In Vietnam, the nursing profession is undergoing rapid development in response to population aging, epidemiological transition, and health system reforms (Hinh & Minh, 2013; Quan & Taylor-Robinson, 2023). Clinical nursing training has expanded within both public and private universities, with students undertaking multiple clinical rotations across tertiary hospitals and community facilities (Ho & Oh, 2022; Oanh et al., 2024). Emerging Vietnamese studies have reported moderate to high levels of stress among nursing students, particularly related to financial pressures, academic workload, and clinical responsibilities (Ngoc & Tuan, 2024; Ho & Oh, 2022; Oanh et al., 2024). Unfortunately, most available research has focused on describing stressors or stress levels, with limited attention to how coping strategies and perceived social support interact to influence stress during clinical training. To the best of our knowledge, there is still a paucity of empirical research that simultaneously examines perceived stress, coping strategies, and multidimensional social support among Vietnamese nursing students within the specific context of clinical training, especially in private universities. Addressing this gap is important for informing evidence-based educational and support interventions that can strengthen students' coping capacity and facilitate a smoother transition into professional roles. For these reasons, the study aimed to describe the levels of perceived stress, coping strategies, and perceived social support and examine the relationships between coping strategies, social support, and stress. The study hypothesized that adaptive coping and higher social support would be associated with lower stress, however maladaptive coping would be associated with higher stress. It is expected that the findings of this study will garner the attention of Vietnamese policymakers and nursing educators. Furthermore, this research aims to serve as a foundational baseline for the advancement of nursing education studies across Asia and globally.

Method

The study employed a descriptive cross-sectional correlational design to examine the relationships among perceived stress, coping strategies, and social support in nursing students during clinical training. This design is widely used in nursing education research because it enables the simultaneous assessment of multiple psychosocial constructs and their correlates in a defined population at a single point in time (Capili, 2021; Wang & Cheng, 2020; Curtis et al., 2016). The study was conducted at a private university in Ho Chi Minh City, Vietnam in 2024. This institution was selected because its Bachelor of Science in Nursing (BSN) program provides extensive clinical exposure through mandatory rotations in both hospital and community-based settings. An additional factor in choosing this site was the Faculty of Nursing operates on a single main campus, where most classroom teaching and clinical coordination activities take place. Furthermore, a private university was involved because such institutions have expanded rapidly in Vietnam but remain under-represented in the literature on nursing education and student well-being. The target population comprised

all full-time BSN students enrolled from Year 1 to Year 4 in the 2023–2024 academic year who had completed at least one clinical placement. Students were eligible if they were male or female, currently enrolled in the BSN program, had undertaken at least one clinical training rotation, and provided written informed consent. Students on academic leave, those enrolled in bridging or part-time programs, and those with documented severe mental illness that could impair questionnaire completion were excluded.

Stratified random sampling was used, with academic year (Years 1–4) as the stratification variable to ensure adequate representation of students at different stages of nursing training. Within each stratum, simple random sampling was performed using official class lists as sampling frames. Stratified sampling was chosen because it increases the precision of estimates and allows for meaningful comparisons (Elfil & Negida, 2017; Singh et al., 2023). This approach is useful for comparing year levels, which are known to be associated with distinct differences in stress and coping patterns. At the time of data collection, 520 students met the eligibility criteria and formed the sampling frame. However, the study did not include the entire student population as participants. The required sample size was estimated using Cochran's single-population proportion formula (Ahmed, 2024), with a 95% confidence level ($Z=1.96$), an assumed prevalence of moderate-to-high stress of 50% ($p=0.50$, to maximize sample size), and a margin of error of 5% ($d=0.05$), yielding a minimum of 384 students. To account for an anticipated 10% non-response rate, the target sample size was increased to 427 students. Finally, 412 students returned fully completed questionnaires and were included in the analysis, corresponding to a response rate of 79.2% and exceeding the minimum required sample size.

Data were collected using several instruments such as socio-demographic questionnaire. The instrument is a researcher-developed checklist captured age, sex, year of study, grade point average (GPA), living arrangements, and interest in nursing, as well as selected clinical training characteristics (e.g., number of completed clinical placements, typical clinical area). These variables were chosen based on previous study that identified them as potential determinants of stress and coping among nursing students (Molina & Racal, 2018). In addition to the first scale, the second instrument consisted of Perceived Stress Scale for Nursing Students (PSS-NS) (Sheu et al., 2002). The tool measures stress across six domains such as patient care, assignments and workload, lack of professional knowledge and skills, clinical environment, peers and daily life, and teachers and nursing staff. Items are rated on a 5-point Likert scale ranging from 0 (never) to 4 (very often), where higher total scores indicate a greater level of perceived stress. The PSS-NS has demonstrated good reliability and validity in different cultural contexts, including Asian nursing student populations (Phuong et al., 2011). In the present study, the Cronbach's alpha for the total scale was 0.89. Another instrument utilized in this study was Coping Behavior Inventory (CBI) (Sheu et al., 2002). Coping strategies were measured using the 19-item Coping Behavior Inventory which assesses four coping patterns: problem-solving, optimism, transference, and avoidance. Items are rated on a 5-point Likert scale from 0 (never) to 4 (always), with higher scores indicating more frequent use of a given coping strategy. The CBI has been used to evaluate coping behaviors among nursing students during clinical practice and has shown satisfactory psychometric properties in a study (Phan et al., 2025). In the study, the Cronbach's alpha for the total scale was 0.87. Lastly, the study incorporated the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988). Perceived social support was assessed using the 12-item MSPSS, which measures support from family, friends, and significant others. Each item is rated on a 7-point Likert scale from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores reflect greater perceived social support. The MSPSS has been validated in various populations, including university students and health-care students, and has demonstrated strong internal consistency and construct validity (Murshid et al., 2023; Zhou et al., 2022; Kođar & Kođar, 2024; Li et al., 2021). In the study, the Cronbach's alpha for the MSPSS was 0.91.

As the original instruments were in English, a forward–backward translation procedure was used to obtain Vietnamese versions. First, two bilingual nursing experts independently translated the PSS-NS, CBI, and MSPSS into Vietnamese. These translations were synthesized into a single version by the research team. Next, another bilingual expert, blinded to the original instruments, back-translated the Vietnamese versions into English. The back-translated versions were compared with the originals to resolve discrepancies and ensure semantic and conceptual equivalence (Cruchinho et al., 2024). Minor wording adjustments were made to improve clarity and cultural appropriateness. The forward and backward translation process was conducted by bilingual experts with academic and clinical backgrounds in nursing and health sciences. The translators included two nursing lecturers with experience in clinical teaching and research, and one healthcare professional with proficiency in both English and Vietnamese. They were selected based on their fluency in both languages, familiarity with nursing terminology, and prior experience in academic or clinical settings. These qualifications were considered essential to ensure accurate interpretation of technical terms, cultural relevance, and conceptual equivalence between the original and translated versions. The research team reviewed all translated versions, and discrepancies were discussed collectively until consensus was reached to ensure semantic

accuracy and contextual appropriateness for Vietnamese nursing students. The pre-final Vietnamese questionnaire was pilot-tested with 30 nursing students who met the inclusion criteria but were not included in the main sample. Participants were asked to complete the questionnaire and comment on the clarity, length, and comprehensibility of items. Feedback indicated that the items were understandable and acceptable, and only minor editorial changes were required. Reliability analyses from the pilot supported the internal consistency of the scales (Cronbach's $\alpha > 0.80$ for all instruments).

Data were collected between March and June 2024. Participants were invited to complete the questionnaires during scheduled class sessions under the supervision of the research team. Participation was voluntary, and anonymity was assured. Each survey required approximately 20–25 minutes to complete. Ethical approval was granted by the Institutional Ethics Review Committee of Trinity University of Asia, Philippines (Protocol code: 2024-2nd-CNU-Kieu-v1; TUA-IERC-022-R02). Ethical principles in research were taken into consideration to ensure the protection of participants, the integrity of data, and the validity of scientific findings (Bitter et al., 2020). Core principles include informed consent, autonomy, beneficence (maximizing benefits/minimizing harm), justice, confidentiality, and integrity (Miteu, 2024). During the study, the researcher adhered to objectivity, honesty, and accountability while adhering to legal and institutional regulations. Data analysis was performed using SPSS version 26. Initially, descriptive statistics—including means, standard deviations, and percentages—were used to summarize participant demographics and variable distributions. Subsequently, Pearson's correlation coefficients were calculated to examine the relationships between stress, coping strategies, and social support. Finally, multiple linear regression models were constructed to identify significant predictors of stress, incorporating demographic factors, coping mechanisms, and social support as independent variables. For all hypothesis testing, statistical significance was established at $p < 0.05$.

Results

A total of 412 nursing students participated in the study. The majority were female (82.5%) with a mean age of 21.5 years ($SD = 1.3$). Most students were in their third year (62.1%) and reported a good grade point average (77.2%). Nearly all students (93.2%) expressed genuine interest in pursuing nursing as a profession (**Table 1**). The mean overall stress score was moderate ($M = 1.98$, $SD = 0.692$). The highest-rated stressor was assignments and workload ($M = 2.43$, $SD = 0.71$), followed by patient care ($M = 2.22$, $SD = 0.68$). The lowest stressor was teachers and nursing staff ($M = 1.64$, $SD = 0.59$). Regarding coping strategies, students most frequently used optimism ($M = 2.89$, $SD = 0.64$) and problem-solving ($M = 2.75$, $SD = 0.61$). The least used was avoidance ($M = 1.72$, $SD = 0.58$). Perceived social support was generally high, with family ($M = 5.62$, $SD = 1.11$) rated as the strongest source of support (**Table 2**). Pearson's correlation analysis showed that avoidance and transference coping strategies were positively associated with stress ($r = 0.41$ and $r = 0.32$, respectively, $p < 0.01$). Optimism and problem-solving were negatively correlated with stress ($r = -0.29$ and $r = -0.25$, $p < 0.01$). Social support was also inversely associated with stress ($r = -0.34$, $p < 0.01$). Multiple regression analysis identified sex, year level, and interest in nursing as significant demographic predictors of stress. Among coping strategies, avoidance and transference predicted higher stress, whereas optimism predicted lower stress. Social support remained a significant protective factor after adjusting for demographics and coping variables (**Table 3**). Overall, students reported moderate stress levels, with workload as the primary stressor. Optimism and problem-solving were protective, while avoidance and transference increased stress. Social support, especially from family, was an important buffer. The regression model explained 37% of the variance in stress levels.

Discussion

The findings revealed that students experienced moderate overall stress, with assignments and workload as the most prominent stressor. Mental health nurses within the university setting play a critical role in translating these research insights into practical and supportive interventions (Russell et al., 2025). Since assignments and workload were the primary drivers of moderate stress, mental health nurses can act as a bridge between the academic rigors of the BSN program and the psychological well-being of the students (Heunis et al., 2024). They serve as educators and advocates to warrant that the moderate stress levels do not escalate into burnout or psychological distress. One primary role of the school mental health nurse is the implementation of preventative psychoeducation (Yosep et al., 2025). Instead of waiting for students to seek help, nurses can integrate resilience-building modules into the nursing curriculum to mitigate the impact of academic pressure. Furthermore, mental health nurses provide a vital clinical safety net through early screening and brief interventions. Given that findings linked maladaptive strategies like avoidance to higher stress, nurses can use validated tools to identify at-risk students early in the semester (Xie & Kang, 2025; Efstathiou et al., 2025). In the study, coping strategies centered on optimism and problem-solving, while avoidance was least utilized. Social

support, particularly from family, was rated highly and functioned as a protective factor. These results suggest that students who prioritize cognitive restructuring and proactive engagement are better equipped to address the inherent pressures of the clinical environment (Lavoie-Tremblay et al., 2022). The strong correlation between familial encouragement and psychological resilience highlights the fundamental role that external emotional anchors play in student burnout. Strong familial support acts as a primary emotional buffer and provide nursing students with a safe environment to decompress from the rigors of clinical training (Widyasih et al., 2025). The stable domestic connections serve as a vital protective factor that prevents academic stress from escalating into more severe mental health challenges (Butler et al., 2022). Furthermore, nursing curricula should focus on technical proficiency then integrate resilience training to reinforce these adaptive coping mechanisms. The minimal reliance on avoidance-based strategies indicates a high level of professional maturity and a readiness among the cohort to confront clinical challenges directly.

Table 1. Demographic characteristics of participants.

Variables	Frequency (n)	Percentage (%)
Sex		
Female	340	82.5
Male	72	17.5
Year level		
Second year	103	25.0
Third year	256	62.1
Fourth year	53	12.9
GPA		
Excellent	40	9.7
Good	318	77.2
Fair	54	13.1
Interest in nursing		
Yes	384	93.2
No	28	6.8

Table 2. Mean scores for stress, coping strategies, and social support.

Variables	Mean	SD	Level
Stress			
Assignments/workload	2.43	0.71	High
Patient care	2.22	0.68	Moderate
Lack of knowledge/skills	2.05	0.66	Moderate
Clinical environment	1.91	0.61	Moderate
Peers and daily life	1.82	0.63	Moderate
Teachers/nursing staff	1.64	0.59	Low
Overall stress	1.98	0.69	Moderate
Coping strategies			
Optimism	2.89	0.64	High
Problem-solving	2.75	0.61	High
Transference	2.01	0.55	Moderate
Avoidance	1.72	0.58	Low
Social support			
Family	5.62	1.11	High
Friends	5.23	1.03	High
Significant others/peers	5.15	1.07	High
Overall social support	5.33	1.02	High

The analyses identified sex, year level, and interest in nursing as demographic predictors of stress among the participants. Furthermore, even though avoidance and transference coping strategies were positively associated with

higher stress levels, optimism and social support exhibited a significant inverse relationship. These findings provide an important perspective into the unique experiences of Vietnamese nursing students. Furthermore, they contribute to the broader global body of knowledge regarding stress, coping, and social support within nursing education. According to these insights, mental health nurses in Vietnam occupy a central position by transitioning from clinical care to academic mentorship. In this capacity, they serve as early-intervention specialists capable of identifying at-risk students during high-pressure clinical rotations (Martinez et al., 2025). Their expertise is essential in designing campus-based wellness programs that replace maladaptive transference behaviors with evidence-based resilience techniques. At the same time, the Vietnamese government and health policy makers must recognize that student well-being is directly tied to the nation's long-term healthcare stability and nursing retention rates. With integrating mental health mandates into national nursing education standards, the government can guarantee that psychological support becomes a right rather than an institutional luxury (Chukwuere et al., 2025). Such a multi-level approach is critical for modernizing Vietnam's nursing student workforce and safeguarding the mental health of its future practitioners.

Table 3. Multiple regression analysis predicting stress.

Predictor variables	β	SE	t	p
Sex (female)	0.18	0.07	2.57	0.01
Year level (third/fourth)	0.21	0.09	2.33	0.02
Interest in nursing	-0.17	0.08	-2.11	0.03
Avoidance	0.32	0.06	5.33	<0.00
Transference	0.27	0.07	3.86	<0.00
Optimism	-0.25	0.08	-3.12	0.00
Social support	-0.29	0.07	-4.14	<0.00
Adjusted R^2	0.37			

Our findings indicate that nursing students experience moderate overall stress levels during clinical training. This result is consistent with recent systematic and umbrella reviews, which report that prelicensure nursing students worldwide frequently encounter moderate to high levels of psychosocial stress (Zheng et al., 2022). Also, the moderate stress levels reported in this study are consistent with prior research. For instance, a review demonstrate that student nurses experience moderate-to-high levels of stress during education due to academic demands, patient care responsibilities, and interactions with nursing staff and faculty (Labrague, 2024). A review in Saudi showed moderate to high stress levels in Saudi student nurses that originated from heavy workloads and taking care of patients (Labrague et al., 2018). This highlights that the predominance of assignments and heavy workloads as primary stressors echoes international findings, suggesting that academic overload remains a universal challenge in nursing education. However, the Vietnamese context provides unique nuances to these global trends. The rapid expansion of the nursing workforce to meet rising healthcare demands has necessitated more academic requirements, which are often implemented without a parallel increase in faculty or clinical resources. Thereupon, nursing students may experience heightened pressure from both institutional expectations and clinical responsibilities. Stress related to teachers and nursing staff was rated lowest, which diverges from findings in some Western contexts where unsupportive clinical instructors are a frequent stressor (Prato et al., 2011; Dias et al., 2024; Cant et al., 2021). These results may reflect unique cultural dynamics in Vietnam, where hierarchical relationships between students and instructors promote an environment of respect and acceptance. Such interactions likely lessen perceived stress within the academic domain. Furthermore, the frequent employment of optimism and problem-solving underlines a distinct preference for adaptive coping mechanisms. This alignment with the Transactional Model of Stress and Coping suggests that positive appraisal and active engagement are pivotal in neutralizing the stressors inherent in nursing education (Lazarus & Folkman, 1984). Consistent with international evidence, optimism has been shown to ease burnout and strengthen resilience in nursing education (Michael et al., 2024). Recent Asian studies mirror these findings, highlighting that students employing active problem-solving and positive reframing report better psychological aspect (Dong et al., 2024; Wang et al., 2022).

Our findings expand the limited Vietnamese literature on nursing students' stress, coping, and social support. Prior studies in Vietnam have primarily focused on describing stress levels and related factors, such as financial difficulties, academic pressures, and personal problems (Ngoc et al., 2024). With examining coping strategies and perceived social support, the demonstrate that these constructs are correlated with stress and predict stress levels after controlling for socio-demographic and academic characteristics. This suggests that interventions targeting coping and social support

may be particularly effective in the Vietnamese context, where family and community ties remain strong and can be leveraged as protective factors. This study contributes by providing quantitative evidence on stress, coping, and social support in a Vietnamese nursing education. The strength of this study lies in its sample size and the high internal consistency of its instruments. On the other hand, certain limitations must be acknowledged. The primary limitation is the cross-sectional design, which prevents the establishment of temporal causality. Future research should observe shifts in student stress over time. Additionally, the potential for social desirability bias in self-reporting may have influenced the disclosure of maladaptive coping strategies. The study's scope was also limited to a single private university, affecting the broader applicability. Lastly, the exclusion of socioeconomic factors represents a gap, as these may play an important role in shaping the stress-support dynamic. Mental health nurses are contributory in strengthening social support networks in the nursing education. They can facilitate peer-support groups or mentorship circles where senior nursing students share coping strategies with juniors. Additionally, they can develop outreach programs for families to help them understand the unique demands of nursing education.

Conclusion

The findings revealed that students experienced moderate levels of stress, primarily stemming from academic assignments, heavy workloads, and patient care responsibilities. Though optimism and problem-solving emerged as the predominant coping strategies, maladaptive approaches were correlated with higher stress levels among nursing students. Social support from family functioned as a critical protective factor that attenuated perceived stress. Furthermore, sex, year level, and intrinsic interest in nursing influenced stress experiences, highlighting the multidimensional intersection of personal, contextual, and educational factors. These results underscore the necessity for interventions to improve resilience and well-being among nursing students, both in Vietnam and similar international settings. The Ministry of Health and the Ministry of Education are key stakeholders responsible for standardizing clinical environments to ensure workforce sustainability by addressing student mental health. Recommendations for policy and practice include integrating stress management into the national curriculum, establishing formal preceptor training programs, and mandating psychological counseling services for students. Future research could utilize qualitative exploration through interviews or focus groups, and interventional studies to build upon cross-sectional findings.

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AI statements

The authors declare that no generative AI tools were used to identify emerging research trends. The final manuscript was written entirely by the research team and reflects their original thoughts and critical analysis.

Author's declaration

All authors participated in preparing the research proposal, conceptualizing the methodology, and conducting the data collection, analysis, and final publication.

Availability of data and materials

All relevant data and materials are available upon reasonable request. Inquiries for further discussion or clarification on this topic should be directed to the corresponding author.

Competing interests

The authors disclose that they have no known competing financial interests or personal relationships that could have appeared to influence the finding in this study.

Ethical clearance

Prior to the commencement of data collection, ethical clearance was obtained from the Institutional Ethics Review Committee (IERC) of Trinity University of Asia, Philippines (Protocol code: 2024-2nd-CNU-Kieu-v1; TUA-IERC-022-R02). All study procedures adhered to institutional and ethical standards for research involving human participants.

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Publishers and journal's note

The study is significant as it examines the extent to which clinical training triggers stress among nursing students in Vietnam. The research design is appropriate and carries minimal clinical risk. These findings can serve as a baseline for developing intervention studies that focus on addressing the psychological well-being of nursing students in Vietnam and other countries.

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Authors' insight

Key points

- The study highlights that high patient volumes and traditional hierarchical structures in hospitals may intensify the clinical shock felt by students.
- The investigation utilizes the framework of psychological resilience to identify whether students are surviving their clinical placement or if they are developing the adaptive behaviors necessary for professional retention.
- Nursing schools must integrate formal social support systems into the curriculum to prevent burnout before graduation.

Emerging nursing avenues

- What are the specific levels and sources of stress experienced by Vietnamese nursing students during their clinical rotations?
- What specific coping strategies do nursing students in Vietnam predominantly utilize to navigate the challenges of clinical training?
- To what extent does social support from family, peers, and clinical instructors correlate with a reduction in perceived stress levels among students?

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