



**AISCH 2022**

**The 3<sup>rd</sup> Al Insyirah International Scientific  
Conference on Health**

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**PERCEPTIONS OF NURSING STUDENTS REGARDING PSYCHOSOCIAL  
ADAPTATION DURING CLINICAL PRACTICE IN HOSPITAL**

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**ABSTRACT**

*Nursing students have go through several clinical practice stages. When they go to first clinical practice, students will face a situation that is different from learning situation on campus and must adapt to the clinical practice environment both psychologically and socially. The aims is to explore Perceptions of Nursing Students' about Psychosocial Adaptation Process during Clinical Practice in Hospitals. This study uses a qualitative design with a phenomenological approach using a semi-structured interview method. Participants were determined through a purposive sampling method, namely 8 students from UAB. The instrument in this study was the researcher and using voice recorder. The interview were analyzed using Creswell method. Research results obtained three themes namely Adaptive Responses of Participants Including Feelings of Enthusiasm and happy, Maladaptive Responses of Participants Including Feelings of Nervousness and Fear, Self Adaptation Process which includes Experiences, The Coping Strategies, Participants' Expectations. Students experience several psychological responses such as feelings of enthusiasm, fear and nervousness, students also experience several challenges. Through this challenge students try to adapt using coping strategies through internal and external support such as family, friends, hospital staff and clinical supervisors so students experience increased knowledge and experience, students hope for development potential for further clinical practice.*

*Keywords: Perception; Psychosocial Adaptation; Clinical Practices.*

**INTRODUCTION**

In nursing learning process apart from the learning process on campus there is also a process that must be followed by nursing students, namely clinical practice. This clinical practice learning is one of the methods to produce professional students. This clinical practice is also an opportunity given to students to apply the knowledge and skills they have learned to real situations and directly to patients (Lindasari et al., 2020).

However, when they enter clinical practice students will face many new situations and some complicated problems (Zhang et al., 2021). Students will also experience pleasant experiences (such as gaining new knowledge or successfully performing actions on patients) as well as unpleasant experiences that makes students feel afraid, anxious and stressed (Bazrafkan & Kalyani, 2018). Based on research conducted by Caminati et al (2021) on 16 nursing students in the Italian burns unit, it was found that when they first started practicing, students felt enthusiastic and curious, but over time the initial enthusiasm turned into stress to frustration because students felt they were not able to reduce the suffering and pain of patients. The students said that this clinical practice was a golden opportunity for them to grow personally and professionally. In Indonesia itself, Amar et al (2019) conducted research on nursing

students who underwent basic clinical practice and obtained the results that students understood the true role of nurses, students also felt anxious at the beginning and were also enthusiastic. Students also expressed the difficulty of time management and the difference between implementation patient with nursing care.

Kaur et al. (2020) also examined the perceptions of nursing students regarding the experience of dealing with stress during clinical practice using the semi-structured interview method with 10 students. The results show that stress can be overcome by students learning about themselves, knowing themselves, social support, and relationships with clinical instructors. Students' cognitive and behavioral strategies including reflexology and valuing relationships help them understand stress and decide how to reduce its effects. Based on a preliminary study conducted by researchers on 6 second-level nursing students at Awal Bros Batam University. It was found that students felt enthusiastic, nervous, and anxious while practicing at the hospital. Various kinds of triggers for these students, among others, because it was the first time they went to practice at the hospital and the situation in the hospital environment was very different from the campus.

The feelings felt by students have an impact on their level of confidence when dealing with patients. Students said they became nervous when they were about to take action on patients. The students said they were dealing with problems such as stress, anxiety and nervousness by calming down first, asking senior nurses or asking senior nurses to accompany and supervise them when performing procedures on patients. Based on the phenomenon above, the researcher is interested in exploring the Perceptions of Nursing Students regarding the Process of Psychosocial Adaptation during Clinical Practice in Hospitals.

Researchers took nursing students as research subjects because nursing students have different themes for each clinical practice. For example, there is basic clinical practice, maternity clinical practice, mental and community clinical practice, medical surgical clinical practice, emergency clinical practice so that nursing students face a different adaptation process each time they enter a new clinical practice.

## **RESEARCH METHODS**

The type of research used is qualitative research with a phenomenological approach. The data collection technique uses semi-structured interviews. The participants in this study were Awal Bros Batam University students who had undergone clinical practice which were taken by purposive sampling. The inclusion criteria in this study were: Nursing Students who have completed Clinical Practice, Nursing Study Program Students level II and III at Awal Bros University Batam. The exclusion criteria in this study were: Nursing students who did not take part in clinical practice, Nursing students at level I and students who, in the research process, resigned, for example, sick or on leave.

This research was conducted from April 12 to August 16 2022 at Awal Bros University Batam. The data collection tool was through in-depth interviews using a voice recorder. The data collection was carried out as follows:

- 1) Preparation Stage:
  - a. Determine the topic taken and the phenomenon.
  - b. Identify the research location and the criteria for the individuals selected in the study.
  - c. Determine the types of data taken such as interviews, observations, documentation and audio-visual materials.
  - d. Manage other data collection strategies outside of observation and interviews.

## 2) Licensing Stage:

- a. The researcher submitted the title to the supervisor on April 12, 2022 and was approved.
- b. The researcher submitted an application for a preliminary study letter to the secretary of the Awal Bros Batam University study program.
- c. After the application letter came out, the researcher submitted a letter to Awal Bros Batam University to get a research permit reply letter.

## 3) Research Implementation:

- a. The Awal Bros Batam University gave a letter of reply.
- b. The researcher coordinated with the prospective respondent and explained the purpose and benefits of the research conducted and the interview process with the prospective respondent and asked the prospective respondent for their time.
- c. Furthermore, the researcher conducted interviews with several female students who were willing to be respondents.
- d. Researchers compiled a thesis based on the results of interviews.

## DATA ANALYSIS

The process of data analysis in qualitative research generally takes place simultaneously with the process of collecting data and writing findings. This effort includes mapping and sorting data and rearranging it. The following describes the steps for data analysis:

- a. The researcher transcribes the interview data into a tabular form which contains the researcher's questions, the participants' answers, the researcher's observations of the participants and the main ideas of the participants' answers.
- b. The researcher reads the entire transcript and selects the main ideas/key words from the participants' answers.
- c. Researchers code or categorize the main ideas of the participants.
- d. The researcher makes a theme based on the categories that have been found and gets three themes.
- e. The researcher presents the three themes found in the qualitative report and explains the categories in each theme and the relationships between the themes.
- f. The researcher makes an interpretation or discussion of the qualitative research data obtained.

## RESULTS AND DISCUSSIONS

This research was conducted at Awal Bros University in Batam. The following are the characteristics of the respondents:

Table 1. Demographic Data on the Distribution of Characteristics of Participants at Awal Bros University, Batam.

Code	Age	Level/Semester	Stase	Hospital and Room
P1	21	3/6	3	1. Rs.Graha Hermine Ranap Bidan 2. Rs.Graha Hermine Ranap Bidan 3. Yayasan Al-Fateh Nongsa
P2	21	3/6	3	1. Rs.Graha Hermine Ranap Dewasa 2. Rs.Graha Hermine Ranap Bidan 3. Yayasan Al-Fateh Nongsa
P3	21	3/6	3	1. Rs.Graha Hermine Ranap Bidan 2. Rs.Graha Hermine Ranap Bidan

				3. Yayasan Al-Fateh Nongsa
P4	20	2/4	1	Rs.Graha Hermine Ranap Bidan
P5	20	2/4	1	Rs.Graha Hermine Ranap Bidan
P6	20	2/4	1	Rs.Graha Hermine Ranap Dewasa
P7	20	2/4	1	Rs.Graha Hermine Ranap Bidan
P8	21	3/6	3	1. Rs.Graha Hermine Ranap Dewasa 2. Rs.Graha Hermine Ranap Bidan 3. Yayasan Al-Fateh Nongsa

Based on the table above, the data obtained is that most of the respondents are aged 20-21 years. Based on the table above, data were obtained from four respondents who were at level III who had undergone three clinical practices where the first and second clinical practices were at the hospital and the third clinical practice was at the Al-Fateh Foundation. Meanwhile, four other people who are at level II have only done clinical practice once and are housed in the hospital.

The results obtained 3 themes namely;

**Theme 1: Participants' Adaptive Psychological Responses Include Feelings of Enthusiasm and Happiness.**

In this study, two adaptive responses were found, namely enthusiasm and pleasure.

**The first category: Enthusiasm.**

"I felt enthusiastic because I want to take part in the action" P1

"The first time was excited and enthusiastic too." P2

"Because it was the first time I went down, I was enthusiastic to be able to feel the working atmosphere and then meet patients directly" P4

**Second category: Happy.**

"What is usually only done on campus, we can do it there, so it's more fun, right?" P3

"I'm glad" P5

"I'm happy sis... when we're in the hospital, we go straight to the patient and if the patient is satisfied with our service, there's a pleasure in itself, sis."

"If you're happy, I'm happy sis, because you can interact directly with people." P7

"It's nice when I take the patient home and the patient says thank you sis." P8

## **Theme 2: Participants' Maladaptive Psychological Responses include Feelings of Nervousness and Fear**

Another response experienced by participants is a maladaptive response or response that is negative or contrary to social and cultural norms so that it makes participants feel difficult.

**First category: Nervousness.** The first time they went to clinical practice, almost all participants felt nervous because it was the first time they went to clinical practice which was supported by data from participants as follows:

"The first time you went to practice at the hospital..you must be nervous sis" (P1)

"At first I was nervous because I didn't know the procedure" (P3)

"My heart was pounding and I had a little doubt." (P5)

"When I first felt a little panicked" (P6)

"I felt nervous sis." (P7)

**The second category** concerns the feelings of fear felt by the participants shown in the following statements;

"I'm afraid I can't continue to be afraid of being scolded like that." (P2)

"Fear of wrong action" (P4)

"I'm afraid because... I've never been in the field before, I'm afraid of taking the wrong action for the patient and giving the wrong dose of medicine" (P7)

"Not afraid but more worried, afraid of what's wrong." (P8)

## **Theme 3: Self-Adaptation Process Including Experience, Coping Mechanisms and Expectations of Participants**

When in a new environment, apart from producing adaptive and maladaptive responses, there is also an adaptation process. The adaptation process is inseparable from individual experiences, coping mechanisms, and participants' expectations.

**The first category is Experience.** Where experiences are good or pleasant experiences and less pleasant experiences.

"I can directly see a normal birth, I can see the curettage directly that the person who miscarried." P1

"At first, I was close to a friend, who at first wasn't close...Getting new knowledge and directly holding the patient makes me happy like that" P2

"It's a good experience to be closer to friends and continue to be called sis by patients." P3

"If it's best to directly hold the patient, sis, but it's not accompanied like that" P4

"Getting new knowledge from senior nurses there is like learning how to communicate with patients and experience working as a nurse." P5

"As for the best experience, I learned how to manage infusions using an infusion pump, at campus I wasn't taught a lot of actions." P6

"The best experience is getting knowledge and getting experience, and it's always fun to know how to jump right in" P7

"What if the first PKK is the best, how about it...it's crowded, it's like there's more work, so it's effective, so it's time to move." P8

As for the unpleasant experience according to the participants are some of the following;

"The experience was not good, the senior nurse did not trust me" P1

"Bad experience... being scolded by the patient's family" P2

"When I went down to midwifery, I didn't study at all, so I was shocked and overwhelmed" P5

"The bad thing is that the first time you put the medicine into the infusion, it's a little shaking...spurting as soon as the medicine comes out...a little reprimanded...in front of the patient" P6

"What's not good... it's so hard to get knowledge from his older brother. In fact, we are the ones who are scolded" P7

"...Sad because when we checked two patients died" P8

**The second category is coping mechanisms.** The coping mechanisms in question are the way individuals deal with challenges during clinical practice.

"I build trust by doing the job as well as possible." P1

"Trying to be brave even though I'm shaking" P2

"It's like, just do it, just do it, if you can do it, if your brothers and sisters can do it, why can't we do that? Then, if you are reprimanded, keep quiet and introspect again, don't do that again next time." P3

"Believe in yourself, you can do it and it's not as scary as you imagine" P4

"First, let's pray. Continue to be confident." P5

In addition to coping strategies there are also sources of coping support such as from friends, family, nursing staff and clinical supervisors, as follows;

"That's probably from a group of friends sis. ...the supervisors in the clinic mingle more with the students" P1

"From friends and family too sis, the clinical supervisor is good" P2

"The first... obviously from family... from friends and sometimes if you are a good nurse you are taught" P3

"From our parents, Sis... we were taught by the older nurse, the point is that what we don't know is what she explained... for example, we were hanging out with the clinic, we didn't know, so we asked her sister, so we had a discussion like that" P4

"That's from the family too sis... friends,..if it's from the clinic, the older sister is also good to teach" P5

"Parents sis, for example there is something I can't ask my friend. Sometimes I also ask sister nurses who are apprentices there who are new to training...in the field they always tell me that, this deck will take action later, you do it okay" P6

"From my father, from my parents...the clinic wants to help." P7

"From myself hehe. If it's from the family, it's like saying enthusiasm." P8

**The third category is participants' expectations.** It was found that participants hoped to develop their own potential as follows;

"Feel confident sis, get more lessons" P1

"From my point of view, I have confidence in myself...more action, I want to try it, if not wound care, hecing" P2

"Hopefully what has been applied can be applied .... You can do a lot of actions so you know insight." P3

"There are many actions, there are many cases so you know" P4

"More nimble, more questions to his brother. more communication with patients." P5

"Can be even better, can be more skilled, can be more agile." P6

"More confident and dare to ask" P7

"More like you can provide better service" P8

## **INTERPRETATION AND DISCUSSION RESULTS**

In this section, the researcher will describe the discussion of the results of the research on the Perceptions of Nursing Students regarding the Process of Psychosocial Adaptation during Clinical Practice in Hospitals.

### **Theme 1: Participants' Adaptive Psychological Responses Include Enthusiastic and Happy Feelings.**

The results of the study found that three participants felt enthusiastic and four others felt happy. The following is the expression data from the participants; Participant 1 expressed enthusiasm because he was going to take action, participant 2 felt nervous and enthusiastic at the same time, and participant 4 felt enthusiastic because of clinical practice for the first time and meeting patients face to face. Meanwhile, the feelings of pleasure experienced by students

are as follows; Participant 3 who felt happy because he was able to take action at the hospital, Participant 5 also said he was happy with clinical practice. Meanwhile, participant 6 said he felt happy because he interacted directly with patients and when the patient was satisfied with health services, it became his own pleasure, participants 7 and 8 feel happy because it interacts directly with humans.

Based on the theme and two categories, namely enthusiastic and happy feelings, both responses arise from perceptions and how individuals interpret the situation experienced (Fatimah Azzahra, 2017). Students generally experience a period of adaptation from the campus environment to the lecture environment related to the lecture schedule, including assignments, lectures, tutorials, and laboratory skills. Individuals who have positive (adaptive) and effective coping mechanisms are able to reduce or eliminate stress (Sumoked, 2019). This is in line with research by Amar et al (2019) which was listed in the preliminary study where the research aimed at exploring the experiences of Tanjungpura University nursing students in the Clinical Practice course I on 5 participants also found a positive influence from enthusiasm and feelings of joy from students.

## **Theme 2: Participants' Maladaptive Psychological Responses include Feelings of Nervousness and Fear**

The results of the study found that five participants felt nervous the first time they carried out clinical practice. The following is the interview data; Like participants 1 and 6 who said they felt nervous because it was the first time they went into clinical practice, participant 3 said they felt nervous because they did not understand procedures at the hospital, and participants 5 and 7 who felt nervous when they went into clinical practice. Another feeling experienced by the participants was fear. Following is data from four participants; Participant 2 revealed that they were afraid of being scolded when they could not take action, Participants 4 and 7 revealed that they were afraid if they took the wrong action on a patient such as giving the wrong dose of medicine, and the the last of the 8 participants who revealed that they felt worried and afraid of wrong actions.

In dealing with a new situation, it is certainly inseparable from the response, maladaptive responses also commonly arise when adapting to a new environment (Karimi et al., 2017). Ineffective maladaptive/negative responses can worsen the participant's condition and can cause potential illness (Rafiki, 2017). Students who take clinical practice are influenced by different levels of practice from the world of lectures, and there are processes that do not occur in regular lectures, such as phenomena that trigger fear. People who are in unfamiliar situations, or environments, are more likely to experience fear than when they are in their normal environment. The maladaptive feelings experienced by students can also be caused by a lack of practice in the learning process before starting clinical nursing practice (Sumoked, 2019). Another aspect of fear is being emotionally incompetent, not being able to cope with completely new situations, and being very emotionally involved. Students think they cannot handle such worries (Caminati et al., 2021). This is in line with research conducted by Fekonja in 2019 regarding Self-reflection during the first clinical practice: Experiences of nursing students where students express various emotions and emotional reactions from negative to positive: fear, anxiety, discomfort, tears, anxiety, terror, and joy. Students often feel in new situations that cause fear, nervousness and anxiety.

However, after students complete the training and adapt, these feelings change and students experience professional growth. Student enthusiasm and curiosity for new opportunities



overcome feelings of fear, nervousness and anxiety about student incompetence (Caminati et al., 2021).

### **Theme 3: Self-Adaptation Process Including Experience, Coping Mechanisms and Participants' Expectations**

In adapting, apart from psychological responses, there are also conflicts and coping mechanisms. Through this research, several aspects that emerged in the adaptation process were found, namely experience, coping mechanisms and participants' expectations. The following will explain per category; The first category is experience. The experience itself consists of good experiences and bad or unpleasant experiences. From the results of the study it was found that participants had good experiences such as participant 1 who was able to witness directly the process of giving birth normally and also the curettage process in miscarriage patients, participants 2 and 3 who become closer to friends and get new knowledge and experience. Participant 4 who was trusted by nursing staff to take action on patients without being accompanied, Participant 5 who got the opportunity to experience the world of work as a nurse, and participants 6, 7 and 8 who could take many actions so they got new knowledge and experience.

The feeling of being trusted by senior nurses and patients has an important role in the process of increasing students' knowledge and social experience. Labe & Nursing (2017) suggests that when a relationship of mutual trust is established, students feel happy and excited about undergoing clinical practice. A sense of acceptance and trust from patients also increase students' positive feelings. Arpanantikul & Pratoomwan (2017) also stated that good clinical practice experience can encourage nursing students to continue their studies and make them feel special and proud to represent nurses in the future. For unpleasant experiences and conflicts/obstacles found from research results; Participant 1 who felt that the nursing staff and patient's family lacked trust, participant 2 who was still hesitant to ask the nursing staff to teach and had been scolded by the patient's family, participants 3, 7 and 8 who complained about the senior nursing staff being ignorant and having difficulty getting knowledge from them, participants 4, 5 and 6 who had difficulty finding journals to work on reports during clinical practice and participant 8 who lost 2 patients during clinical practice.

In the field of health clinical practice is mandatory because through clinical practice students have the opportunity to apply the knowledge they have learned and gain experience. However, the experience gained may have challenges because students are still beginners so they are limited in knowledge, competence and experience (Arpanantikul, 2017). Through this experience students can experience negative emotions such as sadness, guilt, fear, anger, and shame. Health students must learn to manage their own emotions and those of their patients. Therefore, negative experiences or obstacles tend to be painful and can interfere with learning (Weurlander et al., 2018). The second category is coping mechanisms. Coping mechanisms are how we deal with stress and anxiety by deceiving ourselves. People usually deal with anxiety using problem-focused coping mechanisms, cognitive-focused coping mechanisms, and emotion-focused coping mechanisms (Sumoked et al., 2019). When undergoing clinical practice students are faced with several challenges, these can hinder the clinical practice process if they are not handled properly. Students must try to find solutions and support for any unpleasant situations. In this study, participants found coping strategies that included internal support and external.

The following is the research data; participant 1 coped by trying to do the best possible task so that the nursing staff and patient's family believed in the ability of participant 1, participant

2 tried to be brave, participant 3 tried to do the best he could and did self-introspection when reprimanded, as well as participants 4 and 5 who tried to be confident during clinical practice. The coping strategy through internal support in question is that participants learn to recognize their strengths and limitations and overcome them. This is in line with previous research by Gurpeet Kaur where participants in Gurpeet Kaur's research conducted positive self-talk to increase self-confidence and stress management abilities. Other participants shared knowing and accepting situations when they needed help successfully handling stressful situations. His experience and time in the clinical field taught him to trust himself (Kaur et al., 2020). Another study was conducted by Demir & Ercan in 2017 and found the theme of personal development where through clinical practice participants experienced changes in several ways. For example; participants felt more patient and their sense of tolerance towards others increased in everyday life.

The results of the study found that external support came from family, friends, nursing staff and clinical supervisors. Like participant 1 who received support from group friends and clinical supervisors, participant 2 who received support from family and also clinical supervisors, participant 3 who received support from family, people closest, friends and senior nurses who want to teach, participants 4, 5 and 6 who receive support from family, nursing apprentice staff and clinical supervisors. Participant 7 who receives support from fathers and clinical supervisors and finally participant 8 who receives support from family. Meanwhile, coping strategies include external support, proving that in overcoming challenges, a support system is needed that helps reduce anxiety and fear and enhances students' clinical experiences (Ahmed, 2019). Appropriate social support, such as family, friends and relatives, has been found to help counter the negative effects of stress. Coping systems by seeking support from family, friends and the environment are very common. (Labrague et al., 2018). Other external support revealed by other participants came from senior nurses who taught and accompanied students so that feelings of nervousness were reduced and also from clinical supervisors who directed participants, invited participants to discuss and nurtured participants. This was a good thing because clinical supervisors were a potential source of stress and main coping (Kaur et al., 2020). So if the clinical supervisor is nurturing, then this has a positive impact on the clinical learning atmosphere.

In research by Gurpeet Kaur in 2020 it was also stated that the term good clinical supervisor is "Luck" but bad clinical supervisors can "destroy" student clinical practice. Furthermore, it is also stated that clinical supervisors who are skilled and have extensive knowledge really help students deal with stress during clinical practice. This is because the clinical learning process involves clinical supervisors, patients and students. The roles of the three must be clear so that there is a harmonious relationship in carrying out a clinical learning process which is so complex and requires good management of clinical guidance. This guidance can assist students in obtaining a clear picture and obtaining education that is in accordance with their needs, talents, interests and abilities so that they can determine effective and efficient ways of completing the chosen field of education in order to achieve the expected results (Kereh & Rochmawati, 2022). Another study by Pertiwi & Ermayani in 2017 obtained the result that there was a relationship between the motivation of clinical supervisors and the readiness of students to practice clinical practice at the hospital. Giving motivation meant communicating in a relaxed manner, providing feedback to students, being open to discussion, providing a comfortable environment and the right support. Ultimately, clinical advisers must be available to students at all times, assess their stress levels, and work on competencies to prepare them for the clinical environment. CIs must also communicate with other medical staff to welcome, support, and foster relationships during a student's clinical

education. Clear targets must be determined from the start between all parties involved to avoid unnecessary conflicts (D'emeh & Yacoub, 2021).

This is in line with Kaur's research (2020) that an environment that supports intellectually and emotionally helps students deal with pressure during clinical practice. Support from family, friends, fellow nurses and non-nurses plays an important role in efforts to deal with stress and find solutions. The third category is hope. Participants for further clinical practice which includes the process of developing self-potential. The results of the study found the following partial data; Participants 1, 2, and 7 hoped to be more confident and get more action. Participants 3 and 4 hoped to do more many actions and being able to apply the material that has been studied, participants 5 and 6 hope to be more agile, skilled and communicate more with patients. And finally participant 8 hopes to be able to provide even better health services. Another hope is for friends that they are not selfish and want to share in taking action because they both want to gain knowledge. Participants also hope that nurses will care more about providing services to patients because participants see that nursing staff are just carrying out their duties and don't care enough for them. patients, while for patients is not to be prejudiced against students. Zakiah Amar (2019) found two things, namely expectations for student readiness and expectations for supervisors. Amar said that students can prepare themselves by studying groups and discussing with friends, studying soup, watching videos of action processes and preparing mentally and physically.

Students need to prepare themselves emotionally and behaviorally in order to be able to deal with difficult situations in a practice environment where there are quite a number of patients who refuse active student participation and question student competence. To dispel these doubts, students should prepare themselves before meeting their patients.

## **CONCLUSION**

Based on the research results, there were three themes that had been analyzed by researchers regarding the Perceptions of Nursing Students at Awal Bros University regarding Psychosocial Adaptation during Clinical Practice in Hospitals with a total of 8 participants, the following partial conclusions were obtained;

- a. The first theme is the Participant's Adaptive Psychological Responses Including Feelings of Enthusiasm and Happiness.
- b. The second theme is Participants' Maladaptive Psychological Responses including Feelings of Nervousness and Fear.
- c. The third theme is the process of self-adaptation which includes experiences of coping mechanisms and expectations of participants.

## **ACKNOWLEDGMENT**

The researcher would like to thank all those who have helped and supported this research.

- a. Dr. dr. Wiwik Suryandartiwi. A, M.M, as Chancellor of Awal Bros University.
- b. Utari CH Wardhani, Ners, M.Kep as Dean of the Faculty of Health Sciences, Awal Bros University.
- c. Sri Muharni, Ners, M.Kep, as Chair of the Nursing Science Study Program at Awal Bros University.
- d. Fitriany Suangga, Ners., MSN and Sri Muharni, Ners., M.Kep as supervising lecturers who have provided education and guidance during lectures.

- e. The entire academic community at Awal Bros Batam University who assisted researchers in various processes during the research periode.
- f. Students at Awal Bros Batam University who provided opportunities for researchers to conduct research and obtain the information needed to develop this research proposal.
- g. The parents of the researcher, Mr. and Mrs., who made the researcher enthusiastic in doing this research.
- h. A research friend, Maria Koten, who struggled with the researcher to complete this research proposal.

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