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The Impact of Problems in the Clinical Placement Environment on Anxiety among UNIMAS  
Nursing Students

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This project is submitted

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## DECLARATION

I declare that the work in this study was carried out in accordance with the regulations of Universiti Malaysia Sarawak (UNIMAS). Except where the due acknowledgements have been made, the work is that of the author alone. The study has not been accepted for any degree and is not concurrently submitted in candidature for any other degree.

*Dinie*

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## ABSTRACT

Clinical placements were essential in nursing education, as they enable students to apply theoretical knowledge in real-world healthcare settings. While these experiences were crucial for developing clinical competence, they were often accompanied by challenges that can adversely affect students' mental well-being. Issues such as inadequate supervision, fear of making mistakes, and communication difficulties can trigger high levels of anxiety. Thus, this study aimed to assess the impact of problems encountered by UNIMAS nursing students during clinical practice on their anxiety. A cross-sectional quantitative design was employed, and data were collected from 139 nursing students in Years 2 to 4 through a self-administered online questionnaire. The questionnaire included demographic items, a checklist of 14 clinical placement problems, and the State-Trait Anxiety Inventory (STAI). Data were analysed using descriptive statistics, independent T-tests, and Mann-Whitney U tests. The most frequently reported problems were fear of harming patients (96.4%), lack of clinical experience (93.5%), and fear of self-injury (82.7%). Several problems, including lack of supervision, fear of negative feedback, and communication barriers, were significantly associated with higher state and trait anxiety scores ( $p < .05$ ). However, some commonly reported issues, such as fear of harming patients, did not show a significant effect on anxiety ( $p > .05$ ). The findings indicate that some specific challenges in the clinical placement environment significantly contribute to increased anxiety among nursing students. Addressing these problems may help create a more supportive and psychologically safe clinical learning environment.

**Keywords:** clinical placement, problems, anxiety, nursing students, STAI form

## **ABSTRAK**

*Penempatan klinikal merupakan elemen penting dalam pendidikan kejururawatan kerana ia membolehkan pelajar mengaplikasikan pengetahuan teori dalam situasi penjagaan kesihatan sebenar. Walaupun pengalaman ini penting dalam membangunkan kompetensi klinikal, ia sering disertai dengan cabaran yang boleh menjejaskan kesejahteraan mental pelajar. Isu seperti kurangnya penyeliaan, ketakutan melakukan kesilapan, dan kesukaran berkomunikasi boleh mencetuskan tahap kebimbangan yang tinggi. Oleh itu, kajian ini bertujuan untuk menilai kesan masalah yang dihadapi oleh pelajar kejururawatan UNIMAS semasa latihan klinikal terhadap tahap kebimbangan mereka. Reka bentuk kuantitatif keratan rentas telah digunakan, dan data dikumpul daripada 139 pelajar kejururawatan Tahun 2 hingga Tahun 4 melalui soal selidik dalam talian yang dijawab sendiri oleh responden. Soal selidik tersebut merangkumi maklumat demografik, senarai semak 14 masalah penempatan klinikal, dan Instrumen Inventori Kebimbangan State-Trait (STAI). Data dianalisis menggunakan statistik deskriptif, ujian-T sampel bebas, dan ujian Mann-Whitney U. Masalah yang paling kerap dilaporkan ialah ketakutan mencederakan pesakit (96.4%), kurang pengalaman klinikal (93.5%), dan ketakutan mencederakan diri sendiri (82.7%). Beberapa masalah seperti kurang penyeliaan, ketakutan terhadap maklum balas negatif, dan halangan komunikasi didapati mempunyai hubungan yang signifikan dengan skor kebimbangan state dan trait yang lebih tinggi ( $p < .05$ ). Walau bagaimanapun, beberapa isu yang sering dilaporkan seperti ketakutan mencederakan pesakit tidak menunjukkan kesan yang signifikan terhadap kebimbangan ( $p > .05$ ). Dapatan kajian menunjukkan bahawa beberapa cabaran khusus dalam persekitaran penempatan klinikal menyumbang secara signifikan kepada peningkatan kebimbangan dalam kalangan pelajar*

*kejururawatan. Menangani masalah ini mungkin dapat membantu mewujudkan persekitaran pembelajaran klinikal yang lebih menyokong dan selamat dari segi psikologi.*

***Kata Kunci:*** *penempatan klinikal, kebimbangan, masalah, pelajar kejururawatan, borang STAI*

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## **LIST OF ABBREVIATIONS**

BSN	Bachelor of Science in Nursing
DSM-5	The Diagnostic and Statistical Manual of Mental Disorders- 5
FMHS	Faculty of Medicine and Health Sciences
ID	Identification
PII	Personal Identifiable Information
SPSS	Statistical Package for Social Science
STAI FORM	State-Trait Anxiety Inventory form
UNIMAS	Universiti Malaysia Sarawak

# CHAPTER 1

## INTRODUCTION

### 1.0 Introduction

The present chapter comprises eight sections: background of the study, problem statement, research questions, aim of the study, specific research objectives, hypotheses, significance of the study, operational definitions of key terms, and a summary of this chapter.

### 1.1 Background of the study

Clinical practice is essential in nursing and medical education, allowing students to apply theoretical knowledge in real-world healthcare settings (Ahmed et al., 2023). These experiences also enable nursing students to apply the knowledge, skills, and judgment they have learned in the classroom to achieve competence in nursing practice (Carless-Kane & Nowell, 2023). Clinical placements are systematically embedded into the curriculum in undergraduate nursing programs, both globally and within Malaysia. Globally, clinical placements are integrated into nursing curricula as structured, supervised, and competency-based learning experiences. In most countries, including Malaysia, nursing students commonly begin their clinical experiences in the early years of study, progressing through various specialities such as medical-surgical nursing, paediatric nursing, psychiatric care, maternal and child health, etc. These placements are closely aligned with concurrent academic modules and are supervised by clinical instructors.

The Malaysian Nursing Board (2013) mandates a minimum of 52-53 weeks of clinical placements as part of training requirements to ensure the graduates are adequately prepared for professional registration and practice. During clinical posting, students are assigned to

government hospitals, health clinics, or community-based institutions and are supervised by clinical instructors or nurse preceptors. Each clinical posting aligns with the theoretical courses taught in the semester. For instance, a module on maternal and child health theory will be followed by practical exposure in maternity wards or neonatal care units. This structured exposure is crucial for helping nursing students gradually transition into the roles and responsibilities of registered nurses. These experiences are beneficial and regarded as necessary components of nursing education programs, contributing significantly to the development of critical thinking, clinical judgement, communication, and hands-on skills (İlaslan et al., 2022). Clinical placements not only assess the development of core clinical competencies but also foster essential soft skills, such as teamwork, communication, adaptability, time management, and ethical reasoning, that are crucial to professional nursing practice (Song et al., 2024). Through these experiences, students gain insight into the values, responsibilities, and challenges that the nursing profession offers.

However, despite the well-intentioned structure of clinical placements, nursing students frequently encounter numerous challenges in these settings, many of which are potential sources of anxiety. Studies show that nursing students perceive the practicum experience as one of the most anxiety-inducing components of the nursing curriculum, attributed to the complexities of the clinical environment (Wang et al., 2019). Studies have shown that these difficulties can be overwhelming for nursing students, who must not only adapt to clinical demands but also balance academic pressures and personal responsibilities. These difficulties can directly affect students' desire to stay in the program. When students encounter fear and anxiety in a clinical setting and fail to address these issues, it may negatively impact their academic performance

(Araújo et al., 2022). While international studies have documented the psychological burden of clinical placements, there remains limited research on how these issues manifest in the Malaysian context, particularly at the studied institution. Thus, this study aimed to assess the impact of problems experienced by UNIMAS nursing students in the clinical practice environment on their anxiety.

## **1.2 Problem statement**

During clinical placements, nursing students are confronted with the realities of professional practice, often encountering unfamiliar situations that test their preparedness and adaptability in real-life situations (Mæland et al., 2021). For nursing students, this is a crucial time where resilience is a crucial component of their successful transition (Aryuwat et al., 2024). Although these placements are integral to developing clinical competence, they are also widely recognised as one of the most demanding components of nursing education.

Students frequently face challenges, including heavy workloads, high expectations from supervisors, limited clinical experience, and pressure to perform complex medical tasks (Dias et al., 2024). This can also occur when nursing students do not receive proper guidance or mentorship from clinical instructors; as a result, they may feel unsupported and uncertain about their roles and responsibilities (Kaphagawani & Useh, 2018). This feeling can trigger overwhelming anxiety, which may compromise their ability to focus, perform procedures correctly, and interact confidently with patients and staff (Alharbi et al., 2023). In addition to these, students face other challenges, including inadequate encouragement, communication barriers, time management stress, and emotional strain (Addisie et al., 2022).

Anxiety during clinical placements is a recognised issue in nursing education. In Malaysia, research indicates that while 7.5% of nursing students reported no anxiety, a notable proportion experienced severe anxiety (28.9%) and panic attacks (17.9%) during their placements (Mohamad Shariff et al., 2023). Such levels of psychological distress can challenge students' ability to engage meaningfully in clinical learning and may even jeopardise their long-term success in the nursing profession. Moreover, severe anxiety can impede the development of critical thinking and decision-making skills, which are essential for delivering safe and effective patient care (Ayuso-Murillo et al., 2020).

Despite growing awareness of the emotional demands of clinical education, limited research has focused on identifying the specific problems encountered by students during placement and how these specific problems directly impact their anxiety. Issues such as lack of supervision, ineffective communication with healthcare staff, limited opportunities for hands-on practice, and emotional strain remain under-investigated, particularly in the Malaysian context, especially in public university settings.

At Universiti Malaysia Sarawak (UNIMAS), there is a notable absence of data addressing how clinical placement-related challenges influence nursing students' anxiety. This lack of insight hinders the development of targeted interventions and support mechanisms needed to enhance student well-being and clinical performance. Therefore, this study aims to observe the impact of problems in the clinical placement environment on the anxiety of UNIMAS nursing students. The findings will provide valuable insights to improve clinical education practices and promote a more supportive and psychologically safe learning environment.

### **1.3 Research questions**

- 1.3.1 What is the prevalence of each clinical placement problem experienced by UNIMAS nursing students during their clinical placement?
- 1.3.2 Is there a significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the State Anxiety scale?
- 1.3.3 Is there a significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the Trait Anxiety scale?

### **1.4 Aim of the study**

To assess the impact of problems experienced by UNIMAS nursing students in the clinical practice environment on their state and trait anxiety.

### **1.5 Specific research objectives**

- 1.5.1 To determine the prevalence of each clinical placement problem experienced by UNIMAS nursing students during their clinical placement.
- 1.5.2 To assess the significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the State Anxiety scale.
- 1.5.3 To assess the significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the Trait Anxiety scale.

## **1.6 Hypotheses**

Alternative hypothesis: There is a significant difference in the total scores of the State and Trait Anxiety scales between UNIMAS nursing students who experience each clinical placement problem and those who do not.

Null hypothesis: There is no significant difference in the total scores of the State and Trait Anxiety scales between UNIMAS nursing students who experience each clinical placement problem and those who do not.

## **1.7 Significance of the study**

This study addresses the critical issue of how each problem encountered during clinical placement, such as lack of supervision, ineffective communication, limited hands-on experience, fear of making mistakes, and heavy workload, can impact the anxiety of nursing students at UNIMAS. These stressors may contribute to heightened anxiety, which in turn can impair students' clinical learning, performance, and professional development. Anxiety within clinical environments is detrimental to students and may result in negative consequences (Cornine, 2020). Thus, understanding these effects is critical, as anxiety is known to significantly influence students' learning, performance, and professional development.

The significance of this study lies in its potential to identify which clinical placement problems significantly contribute to anxiety. Understanding which aspects of the clinical environment contribute most to students' anxiety will allow educators, clinical instructors, and academic administrators to develop targeted interventions and supportive strategies. These may include structured mentorship programs, mental health resources, enhanced orientation before placement, and improvements in the supervision and feedback processes (Dias et al., 2024). It

could also provide insights to inform these educators on areas for improvement, such as better preparation for clinical placement or tailored mental health support (Wiedermann et al., 2023). The results of this study may guide and encourage healthcare institutions to create supportive and structured clinical placement environments that reduce stressors for nursing students.

This study's findings will enhance the existing body of knowledge by offering insights relevant to the Malaysian context, especially for UNIMAS nursing students. Although studies have explored these issues in other settings, limited research exists on how clinical placement problems affect the anxiety level of nursing students in Malaysia. By addressing this gap, the study offers evidence-based insights that can inform policy development, strengthen student support systems, and ultimately enhance the quality of nursing education in Malaysia.

## **1.8 Operational definitions of key terms**

### **1.8.1 Impact**

Impact refers to certain activities or operations aimed at specific targets and objectives, but it also has consequences (*Definition of Impact, n.d.*). Thus, in this study, the impact is defined as the effect or consequence that each clinical placement problems encountered during clinical placement have on UNIMAS nursing students' anxiety.

### **1.8.2 Problems**

A problem can be defined as a difficult task, situation, or person that is hard to control or manage because of its complexity and insincerity (Seel, 2012). In this study, 'problems' refer to the challenging tasks, circumstances, or individuals that UNIMAS nursing students encountered during their clinical placement. This will be assessed via section B: the clinical

practice problem forms by Yildirim & Dalcali (2020). It consists of 14 items, measured using a dichotomous scale (yes/no), addressing the 14 clinical practice problems that the nursing students might encounter in clinical practice.

### **1.8.3 Anxiety**

Anxiety is recognised as mood changes like fear, dread, and unease that can happen because of stress (*Definition of Anxiety - NCI Dictionary of Cancer Terms*, n.d.). Anxiety disorders are characterised by a distinction from transient feelings of anxiousness or nervousness, manifesting instead as more intense experiences of fear or anxiety. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (2013) defines anxiety as a state of enduring worry and apprehensive expectations that manifest more days than not for at least six months, relating to diverse events or activities, such as work or academic performance. In this context of the study, anxiety refers to UNIMAS nursing students' mood changes, such as fear, dread, and unease, that can happen because of stress in the clinical placement. This will be assessed via Section C: The State-Trait Anxiety Inventory (STAI Form) by Spielberger et al. (1970), which is divided into two sections: the State Anxiety Scale and Trait Anxiety Scale. Both scale consists of 20 items on a 4-point Likert scale. A maximum score of 80 and a minimum score of 20 suggested that a high score reflected elevated anxiety, while a low score indicated reduced anxiety.

### **1.8.4 Clinical placement environment**

A clinical placement is an arrangement in which a student engages in an educational experience within an environment that delivers healthcare or related services to patients or the public (*Introduction*, 2022). This study defines clinical placement as the setting where UNIMAS

nursing students from years 2 to 4 engage in educational activities within environments that deliver healthcare or related services to patients or the public. These placements involve direct participation in patient care and clinical learning activities under the supervision of qualified healthcare professionals, as part of their official academic curriculum.

### **1.8.5 Nursing students**

According to *Nursing Student Definition | Law Insider* (n.d.), a nursing student is any individual officially enrolled in the College of Nursing to pursue a Bachelor of Science in Nursing (BSN). In this study, nursing students refer to individuals formally enrolled in Universiti Malaysia Sarawak (UNIMAS) who are pursuing a Bachelor of Nursing with Honours.

### **1.9 Summary**

This study examines the impact of problems in clinical placement on anxiety among UNIMAS nursing students. Clinical placement is crucial for learning real-life nursing skills, but can also be stressful due to high expectations, heavy workloads, and challenging patient interactions. This study will provide valuable insights to improve support in clinical settings, helping nursing students feel less anxious and more motivated for their future careers.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents a concise literature review encompassing multiple research papers on related topics, variables, and samples. The search engines used to select the papers were the UNIMAS PETARY database, EBSCO hospital package, Google Scholar, ResearchGate, and PubMed. Keywords were used to find articles related to common problems in clinical placement, anxiety, the impacts of clinical placement problems, nursing students, and clinical placement. The filter used for the search was 'sorts by date' to view the latest papers published within the past five years, and the selected papers were written in English. The impacts of problems in clinical placement on anxiety have been well-researched in different countries and time frames. Thus, this literature review will explore existing studies on the impact of clinical placement issues on nursing students' mental health, particularly anxiety. By examining these effects, the review aims to provide insight into factors that may hinder or support nursing students' resilience and success within clinical training environments.

## **2.1 Prevalence of anxiety among nursing students**

Anxiety is a normal stress response that can help individuals focus and stay alert. However, when anxiety becomes severe, it extends beyond ordinary nervousness, manifesting as intense anticipation of future challenges, persistent muscle tension, and even avoidance of social situations (Penninx et al., 2021). Among nursing students, anxiety often arises from the dual pressures of academic and clinical demands. These can lead to stress and self-doubt that can impair their academic performance, clinical practice, and overall well-being.

Several studies have explored the prevalence and severity of anxiety among nursing students in clinical settings. For example, a study by Alshahrani et al. (2018) involving 154 participants in South Australia found that the majority of first-year nursing students experienced moderate (46.0%) to high (31.0%) levels of anxiety during their first clinical placement, with a smaller proportion reporting extreme anxiety (14.0%). These findings highlight the challenges that students face as they transition to working in clinical settings. Similarly, a cross-sectional study by Ahmed et al. (2023), which examined the satisfaction and anxiety levels during clinical training among 1052 nursing students, reported that 61.1% of nursing students in Saudi Arabia experienced mild anxiety during hospital training, with 12.7% experiencing severe anxiety. These findings align with Lavina et al. (2021) study among 100 nursing students found that most respondents' anxiety levels during their first clinical placement fell between moderately anxious (46.0%) and anxious (31.0%), while the remaining respondents were classified as either not anxious (9.0%) or highly anxious (14.0%).

Further supporting this, a study among 298 student nurses by Manana et al. (2023) aimed to determine the prevalence and risk factors for anxiety symptoms, and it was found that anxiety

symptoms were present in 74.7% of nursing students. The findings indicated that 19.5% of nursing students had severe anxiety symptoms, and 55.2% had mild to moderate ones. In addition, a cross-sectional study by Masha'al et al. (2022) involving 282 nursing students found that 76% of the students who took part reported having mild to severe anxiety. The consistently high prevalence rates of anxiety across these studies suggest a general issue in the structure and support of clinical training environments.

In Indonesia, Natalia et al. (2021) reported a striking prevalence of mild anxiety, with 86.4% of 331 nursing students experiencing this level of anxiety. Although only 1.5% reported severe anxiety and 0.3% reported panic-level anxiety, the high proportion of students experiencing mild symptoms suggests that anxiety, even at lower levels, is a widespread issue. This finding is supported by Shaista et al. (2023), who studied 93 nursing students during psychiatric clinical placements and found that 32.3% experienced mild to moderate anxiety, whereas 67.7% had anxiety levels considered within the normal range. In the Malaysian context, Mohamad Shariff et al. (2023) found that 28.9% of nursing students experienced severe anxiety, and 17.9% reported panic attacks during their clinical placements. These figures are concerning and suggest that a significant proportion of nursing students in Malaysia are at risk of psychological distress during their clinical education. Compared to other countries, the Malaysian prevalence of severe anxiety appears higher, underscoring a potential gap in support systems and coping strategies available to students. Although the prevalence rates vary slightly between countries and academic settings, the agreement across studies is that nursing students are at substantial risk of experiencing anxiety, particularly during clinical placements.

## **2.2 Clinical practice problems experienced by nursing students in the clinical placement environment**

Clinical placement represents a critical component of nursing education. However, research consistently demonstrates that nursing students encounter a range of challenges during clinical placements, which can significantly impact both their learning outcomes and mental well-being. A descriptive study explored the problems faced by nursing students in clinical training involving 264 nursing students carried out by Demirdağ and Uysal (2022) found that fear of making mistakes and hurting patients (61.7%) and feeling of inadequacy about starting practice (58.7%) were the most prevalent issues that the students encountered. These findings highlight the considerably high-pressure students experience when transitioning from classroom learning to direct patient care. Similarly, in another study among 154 nursing students by Alshahrani et al. (2018), which focused on nursing students' first clinical placement, 77.0% agreed that the fear of making mistakes that could endanger or harm patients is the primary source of the problem. According to the study's findings, the participants reported that their first clinical placement was worrying because they were afraid of making mistakes that could kill or injure patients. This further confirms that fear is a common issue for nursing students worldwide, particularly during early clinical exposure. It also highlights a gap between what students learn in class and what they need to apply in practice.

Furthermore, the sense of unpreparedness and lack of confidence further exacerbates the challenges faced by nursing students. A mixed-methods descriptive survey by Wang et al. (2019), involving 93 nursing students, examined their experiences with anxiety-inducing situations in clinical practicum. The findings revealed that the majority were concerned about

feeling unprepared, incompetent, and inadequate, which negatively impacted their ability to provide high-quality nursing care. Additionally, some participants reported that they had insufficient opportunities for essential learning during the practicum, which reflects gaps in the clinical training environment. Moreover, a few participants agreed that another primary concern was the absence of supportive instructors and team members during clinical. These findings highlight general issues in clinical placement, including inadequate resources, poorly structured mentorship programs, and limited learning opportunities. Supporting this, Yildirim and Dalcali (2020) discovered that 37.0% of participants were concerned about the lack of support from lecturers, and 47.2% of participants were worried about the physical state of the clinic.

In addition, these findings align well with the study by Addisie et al. (2022), which examined the challenges faced by 179 nursing students during their clinical placement in Ethiopia. The study revealed that 59.9% of nursing students faced problems with clinical instructors being unfamiliar with educational methods, and another 73.3% faced clinical instructors who were absent during essential ward hours. Together, these studies demonstrated the compounded effect of environmental deficiencies and insufficient instructional support, which create barriers to effective clinical learning. These barriers leave students feeling unprepared, limiting their ability to develop confidence in applying theoretical knowledge in practice. When compared with the findings of Wang et al. (2019), it becomes evident that general shortcomings in instructor preparedness and availability are a widespread issue across various contexts. These gaps hinder students' ability to acquire essential skills and exacerbate their feelings of inadequacy and unpreparedness, thereby heightening the challenges they face during clinical placement.

A recent study by Mamat et al. (2023), involving 400 nursing students in Malaysia, highlighted additional challenges, including the attitudes of staff and patients, personal problems, and inconsistencies between the theory and practice curricula. According to the researchers, the students reported that patients' lack of trust and unprofessional behaviour hindered their learning. In contrast, their emotional states, lack of interest, inadequate knowledge and practical skills, and poor time management led to intrapersonal conflicts. The learning environment also played a significant role, with overcrowded wards and discrepancies in the curriculum further impeding the students' experiences during clinical placement. These findings underline the importance of creating a supportive and conducive clinical learning environment, with a focus on enhancing both clinical and interpersonal skills.

Collectively, these studies highlight the complex nature of the challenges nursing students encounter during clinical placements. The researchers suggest that beyond improving clinical teaching, there is a need to enhance the overall learning environment and provide structured emotional and academic support. Therefore, understanding and addressing these issues is crucial to enhancing the clinical education of future nurses.

### **2.3 Significant differences between problems in the clinical placement environment and nursing students' State-Trait anxiety**

The problems that nursing students encountered during these clinical placements often exacerbate their anxiety, which was classified as state and trait anxiety. Understanding the significant relationship between these problems and anxiety is essential to enhance nursing education and address the mental health needs of students.

Yildirim and Dalcali (2020) conducted a descriptive and correlational study involving 316 nursing students and found that state anxiety scores were significantly higher in students who feared harming patients ( $p = .001$ ), faced inadequate clinical conditions ( $p = .001$ ), or had difficulties applying theoretical knowledge ( $p = .001$ ). Additionally, fear of inexperience ( $p = .008$ ), dissatisfaction with the nursing field ( $p = .001$ ), and conflicts between theoretical learning and practical application ( $p = .023$ ) were also associated with increased anxiety. Importantly, issues with time management were linked to higher trait anxiety scores ( $p = .001$ ), reflecting how organisational challenges can impact long-term anxiety levels. Overall, these results show that specific stressors within clinical environments significantly contribute to both state and trait anxiety, underscoring the pressing need to address not just clinical knowledge gaps but also systemic and environmental stressors within training settings.

Similarly, Perez-Siguas et al. (2023) examined the prevalence of anxiety among 150 nursing students and reported that 59.3% experienced moderate state anxiety, while 58.7% had low trait anxiety. Despite the relatively low trait anxiety figures, issues such as unfamiliar clinical environments, first-time patient care, and high workload were found to contribute significantly to both anxiety types. These issues impaired students' ability to perform effectively

during clinical procedures, reinforcing the connection between clinical placement stressors and heightened anxiety. The findings emphasise that transitioning into professional practice, particularly in high-pressure environments, significantly affects students' emotional stability and performance.

Sancar et al. (2018) provided further insight into the association between clinical problems and anxiety by focusing on nursing students caring for terminal patients. The researchers observed that trait anxiety was significantly associated with discomfort in discussing disease progression ( $p < .05$ ) and the negative mental health impact of end-of-life care. Students with poorer mental health had consistently higher trait anxiety scores. Additionally, state anxiety was significantly linked to the ability to communicate positive opinions toward patients ( $p < .05$ ). This finding suggests that emotionally charged clinical scenarios, such as caring for terminal patients, exacerbate both immediate (state) and enduring (trait) anxiety.

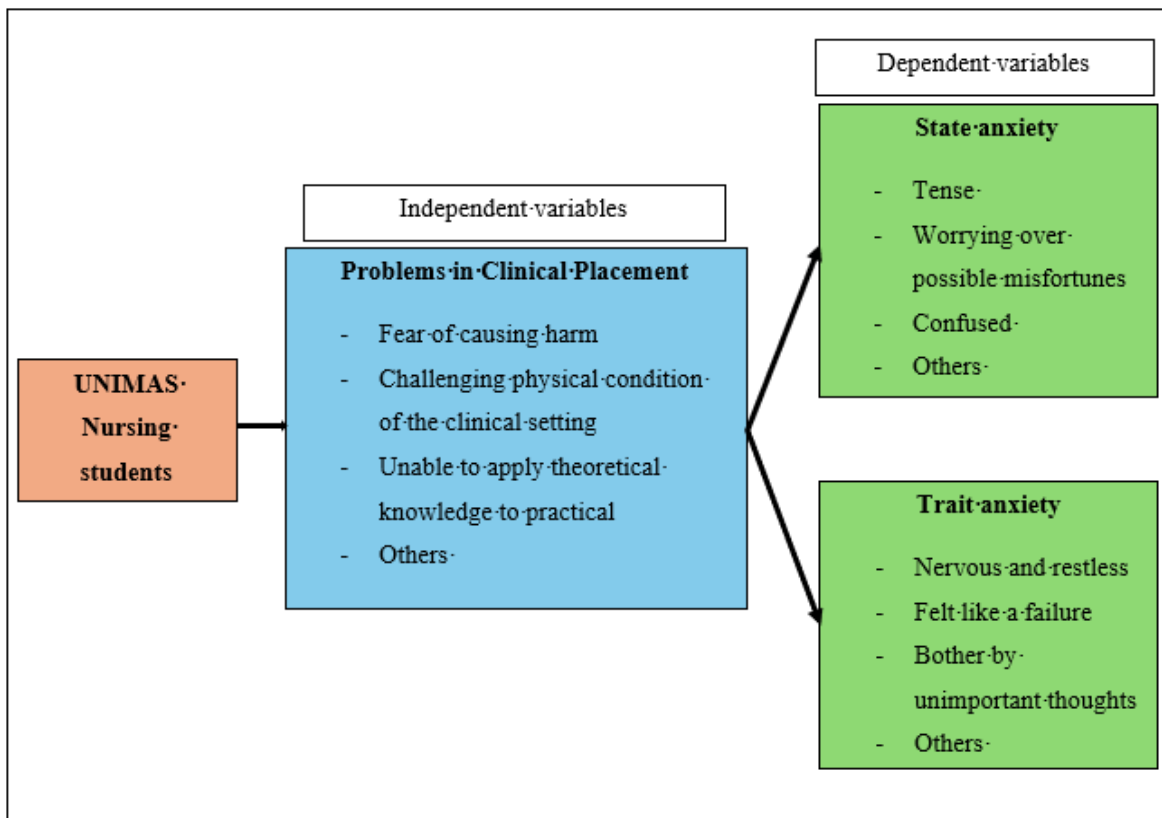
A critical comparison of these studies reveals consistent evidence that clinical placement problems, whether environmental, procedural, or emotional, significantly influence nursing students' anxiety levels. Yildirim and Dalcali (2020) highlighted the direct impact of general issues on anxiety, while Perez-Siguas et al. (2023) demonstrated how academic and workload-related challenges compound these effects. Sancar et al. (2018) extended this understanding by illustrating the emotional burden of specific clinical tasks, such as end-of-life care. Together, these findings emphasise the multifaceted nature of clinical problems and their role in shaping anxiety among nursing students.

## 2.4 Conceptual framework

Based on the literature review, the conceptual framework model is proposed and demonstrated, as shown in Figure 2.1, about the significant difference between problems in clinical placement with nursing students' state anxiety and trait anxiety. In the framework, problems in clinical placement are the independent variables, while the anxiety level, which is divided into state anxiety and trait anxiety, is the dependent variable. Problems in clinical placement can impact the nursing students' anxiety levels, which are comprised of state and trait anxiety. Therefore, this study will assess the impact of problems in clinical placement on the anxiety among UNIMAS nursing students.

**Figure 2.1**

*Conceptual Framework Model*



## **2.5 Summary**

This chapter concludes with a comparison of similar studies and outcomes on the impact of problems in clinical placement on anxiety among nursing students. The literature emphasises the interplay of anxiety in nursing students, particularly during clinical placement. Studies consistently show that nursing students experience varying levels of anxiety, from mild to severe, during clinical placement, often influenced by the gap between theoretical learning and real-world practice. Addressing these factors is essential to enhancing students' clinical experience and overall well-being.

## CHAPTER 3

### METHODOLOGY

#### 3.0 Introduction

This chapter comprises 11 sections that present the research design, research setting, sampling method, sample size, inclusion and exclusion criteria, research instruments, ethical considerations, data collection procedures for the pilot study and the actual study, data analysis, and summary.

#### 3.1 Research design

The research design is designed to establish a suitable framework for a study (Sileyew, 2019). Thus, this study used a quantitative cross-sectional design. Quantitative research employed various techniques to systematically analyse social phenomena using numerical or statistical data (Watson, 2015). This study simultaneously assessed nursing students' clinical placement problems and anxiety during their clinical placement. Thus, numerical data was needed for analytical purposes. Hence, this study employed a quantitative approach, which aligned with its aim. A cross-sectional study was the most effective method for examining the relationship between several exposures and outcomes, as it enabled the researcher to examine data from a population at a single point in time, according to Wang and Cheng (2020). Moreover, it was also usually inexpensive, fast, and easy for the researcher to conduct, as it gathered data at a single specific time (Kesmodel, 2018).

### **3.2 Research setting**

This study was conducted at the Faculty of Medicine and Health Sciences (FMHS), Universiti Malaysia Sarawak (UNIMAS). UNIMAS was a public university in Kota Samarahan, Sarawak. This study population consisted of nursing students enrolled in a four-year Bachelor of Nursing program with Honours at the studied institution. The target population of this study consisted of second-year to fourth-year nursing students from FMHS, UNIMAS, comprising 184 nursing students. First-year students were excluded because they had not yet undergone clinical placement.

### **3.3 Sampling method and sample size**

#### **3.3.1 Sampling method**

This study employed a simple random sampling method to select participants from the population of nursing students already undergoing clinical training. A standard sampling method in survey-based quantitative research is simple random sampling. Singh (2003) asserted that "simple random sampling," in which every unit was selected at random with an equal chance of being chosen at each draw, was the most straightforward and popular sample selection method. It was claimed that simple random sampling works well in homogeneous and uniformly selected populations.

There were advantages to using simple random sampling. It guaranteed that the population was objective, representative, and equally probable (Noor et al., 2022). Thus, the study was conducted by creating a population list using a computer program to generate random numbers and compiling a numerical list that covered the entire sample size (Rahi, 2017). A list of nursing students from years 2 to 4 was obtained from the academic office of FMHS,

UNIMAS. The total number of students from Year 2 to Year 4 is 184, sequentially numbered from 1 to 184. The names on the list were arranged in numbers using Excel. Then, the formula =RAND () was entered, and the 'Enter' key was pressed to generate a random number. The purpose of simple random sampling was to reduce the probability of research biases (Thomas, 2023).

### 3.3.2 Sample size

This research used the Taro Yamane Formula (1973) to calculate the sample size. The sample size calculations were as follows:

$$n = \frac{N}{1 + Ne^2}$$

$n$  = sample size

$N$  = population size

$e$  = error (0.05), reliability level 95%

$$n = \frac{184}{1 + 184(0.05)^2}$$

$\approx 126$  participants

Based on this formula, the sample size was approximately 126 nursing students. However, to account for potential dropout or non-completion of the study, an attrition rate of 10% was factored in (Das et al., 2016). The calculation was as follows:

$$\text{Final sample size} = \text{sample size} + (\text{sample size} \times 10\%)$$

$$= 126 + (126 \times 10\%)$$

$$= 126 + 13$$

$$\approx 139 \text{ participants}$$

Therefore, the adjusted sample size was increased to 139 participants to ensure that the final usable sample remains representative of the population, even after accounting for participant attrition. In conclusion, the final sample of 139 participants represented the whole population; therefore, no further classification was required, and the outcomes were highly randomised.

### **3.4 Inclusion and exclusion criteria**

#### **3.4.1 Inclusion criteria**

- i) Nursing students from years 2 to 4 are willing to volunteer to participate in this study.
- ii) Nursing students from years 2 to 4 who had experienced clinical training.

#### **3.4.2 Exclusion criteria**

- i) Nursing students who refuse to participate in the study.
- ii) Nursing students who fill in the data forms incompletely.
- iii) Year 1 nursing students who have not experienced clinical training yet.
- iv) Post-registration nursing students and post-graduate nursing students.
- v) Nursing students who have been recruited for the pilot study.

### **3.5 Research instruments**

The study instruments were the tools the researcher used to gather the data needed for the study. The questionnaire was presented in English. In this study, a questionnaire was adapted and modified from Yildirim and Dalcali's previous study (2020). The questionnaire was divided into three sections: Section A contained the demographic data form, Section B comprised the clinical practice problems form, and Section C included the State-Trait Anxiety Inventory (STAI Form) (refer to Appendix E).

Section A collected the participants' demographic information, including their age, gender, and years of study. In this section, participants were instructed to write their age in the provided space and to indicate their gender and year of study by ticking the appropriate boxes. Section B listed the common problems that participants might encounter during the clinical placement. It comprised 14 items, each with a dichotomous scale offering either a "yes" or "no" option. Participants were required to tick (✓) their answer in the provided box. Each answer with the "yes" answer was given a score of 1, while each question with a "no" answer was given a score of 0.

Section C was the State-Trait Anxiety Inventory (STAI FORM) developed by Spielberger et al. (1970). The STAI was intended to measure two distinct dimensions of anxiety: state anxiety and trait anxiety. The State Anxiety Scale assessed participants' feelings in response to a particular situation, specifically during their clinical placement. Meanwhile, the Trait Anxiety Inventory evaluated their general tendency to experience anxiety over time. Participants rated the scale items based on how often they experienced anxiety across various situations. Each of the two subscales in the STAI consisted of 20 items, totalling 40 items.

Responses were measured using a four-point Likert scale. For the State Anxiety Scale, response options were: 1 = not at all, 2 = a little, 3 = a lot, and 4 = completely. For the Trait Anxiety Scale, the options were: 1 = almost never, 2 = sometimes, 3 = often, and 4 = almost all the time.

Some scale statements were indicated positively, with a higher total representing more anxiety, and others negatively, with a higher score representing less anxiety. Reversed statements expressed positive feelings, while direct statements expressed negative feelings. On the State Anxiety Scale, the reversed code items were 1, 2, 5, 8, 10, 11, 15, 16, 19, and 20, whereas on the Trait Anxiety Scale, they were 21, 23, 26, 27, 30, 33, 34, 36, and 39. Scores for each subscale could range from a minimum of 20 to a maximum of 80, with higher scores indicating greater levels of anxiety. Table 3.1 displays the reverse-coded items for each scale.

**Table 3.1**

*The Reversed Code Items for the State-Trait Anxiety Form*

Scale	State Anxiety	Trait Anxiety
Items	1,2,5,8,10, 11, 15, 16, 19, 20	21, 23, 26, 27, 30, 33, 34, 36, 39

### **3.6 Ethical consideration**

Ethical approval (UNIMAS/NC-21.05/03-03 Jld. 8(123)) for this study was obtained from the Research and Ethics Committee of the FMHS, UNIMAS. All participants were provided with detailed information regarding the study's objectives, methodologies, potential risks, and benefits prior to their participation. They received an online informed consent form, which they agreed to before participating in the study. The online consent form indicated that participation was voluntary, and participants could withdraw from the study without facing any consequences. Furthermore, a formal letter of consent email was also sent to the authors to seek permission for the questionnaire tools used in this study.

In addition, the confidentiality of the participants was strictly maintained. Personal information such as names, student IDs, or other identifying details was not linked to the data collected. No personal data was revealed. Only the researcher and supervisor could access the password-protected systems where the data was safely stored. Instead, each participant was assigned a code to ensure anonymity, even though personally identifiable information (PII), such as email addresses, was collected to distribute informed consent copies.

The data collected was used solely for this research study. Any publication or presentation of the results ensured that no individual participant could be identified. The researcher disclosed any possible conflicts of interest that may have arisen during the study. Efforts were made to ensure that the study was conducted objectively and ethically without any bias that could affect the outcomes. All data was retained only for five years.

### **3.7 Data collection procedure**

#### **3.7.1 Pilot study**

A pilot study was undertaken before the main study to evaluate the feasibility and efficacy of the research design, data collection tools, and overall methodology. In (2017) defined a pilot study was defined as being distinguished by its specific design trait of being performed on a smaller scale than the primary or full-scale study. Therefore, improving the quality and effectiveness of the main study was essential. The pilot study involved a smaller sample of nursing students drawn from the population but was limited to 10% of the sample size (Whitehead et al., 2015). Therefore, 10% of the participants were selected to perform the pilot study. The sample size for this study was 139 participants. Therefore, 10% of the sample size was approximately  $13.9 \approx 14$ . These 14 nursing students who met the inclusion criteria were chosen to participate in the pilot study using the same sampling method as the actual study. These 14 participants were excluded from the actual data collection and analysis.

##### **3.7.1.1 Reliability and validity**

Reliability refers to a measuring instrument's precision in addressing random errors and data collection (Ahmed & Ishtiaq, 2021). When the finding was valid, it meant that it was statistically correct. Cronbach's alpha was the most employed test for assessing the reliability and internal consistency of the tools. It evaluated reliability by analysing the common variance or covariance among the items of an instrument, accounting for the total variance (Ahmed & Ishtiaq, 2021).

From this pilot study, the Cronbach's alpha for Section B, the clinical placement problem form, was 0.77. The Cronbach's alpha for Section C of the State Anxiety Scale was 0.96, and for the Trait Anxiety scale, it was also 0.96. As for the State-Trait Anxiety Inventory (STAI) form developed by Spielberger et al. (1970), Cronbach's alpha ranged from 0.94 to 0.96 for the State Anxiety Scale and between 0.83 and 0.87 for the Trait Anxiety Scale (Spielberger et al., 1970). The Cronbach's alpha result ranged between 0 and 1. A Cronbach's alpha value of 0.70 and above indicated acceptable reliability (Heale & Twycross, 2015). The values of Cronbach's alpha were described as excellent if the range was more than 0.90, good in the range of 0.80 to 0.89, and acceptable in the range of 0.70 to 0.79.

Validity refers to the extent to which a quantitative study accurately reflects the concept it aims to measure (Heale & Twycross, 2015). Content validity was used in this study. Yusoff (2019) defined content validity as the extent to which a measurement tool accurately represents the construct it was intended to assess. It was regarded as critical evidence supporting the validity of measurement tools, such as questionnaires, used in research. The pilot study provided insights to enhance clarity and usability, while participant feedback indirectly refined content, thereby supporting content validity. Therefore, a specialist in nursing practice and education, who serves as the supervisor, reviewed this study questionnaire for content validity.

### **3.7.2 Actual study**

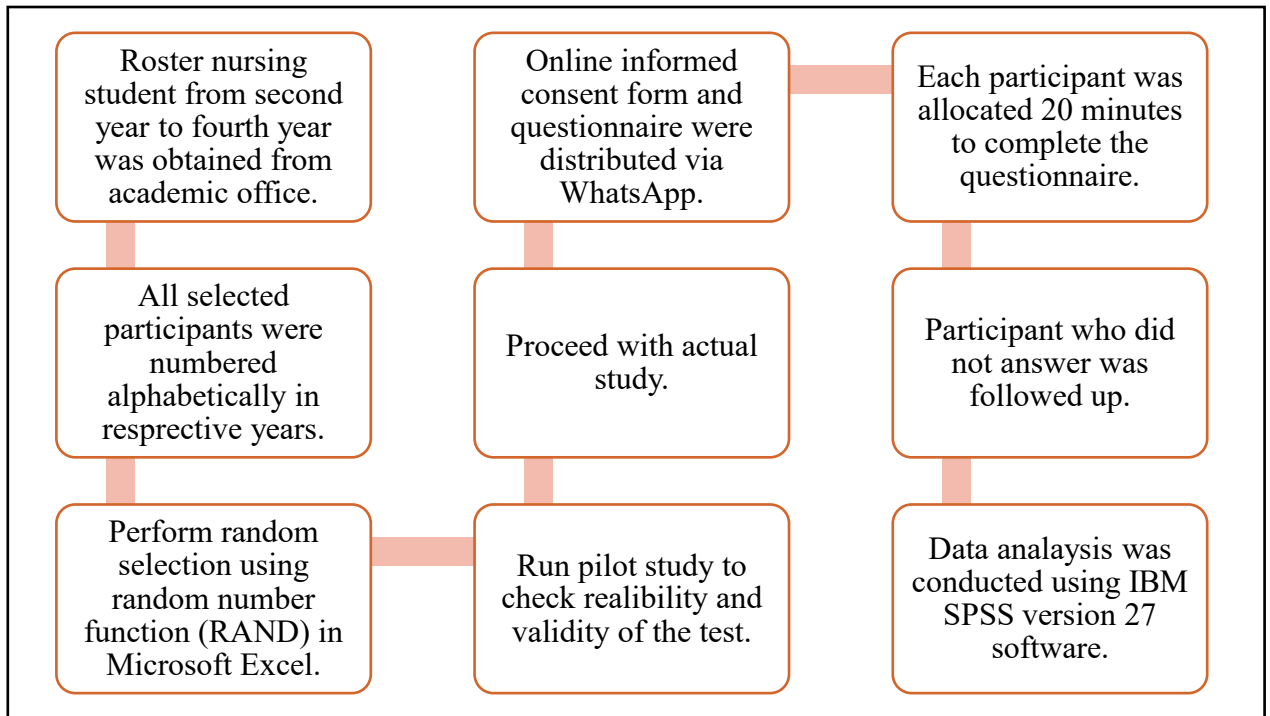
Participants who met the inclusion criteria were selected to participate in the study. Thus, a roster of nursing students from the second to the fourth year was acquired from the academic office of the FMHS, UNIMAS. All the selected participants were numbered alphabetically in their respective years of study, and Microsoft Excel was used to randomise the names with equal probability. The first 139 names from the randomised list were chosen for this study.

Data collection was conducted through an online self-administered questionnaire. The Google Forms links were established and distributed to each year's class representative via the WhatsApp platform. Prior to accessing the questionnaire, participants were required to complete an online informed consent form. The informed consent form outlined the purpose of the study, the voluntary nature of participation, and the confidentiality of responses. Only after providing their consent and submitting the form were participants directed to the questionnaire.

Each participant was allocated 20 minutes to complete the questionnaire. The researcher's contact number was provided in the consent form for the participant to communicate directly with the researcher. After the distribution, a follow-up was conducted for participants who did not return the questionnaire, and any lack of response was considered a withdrawal from the study. During the analysis, participants who refused to participate and those who filled out incomplete forms were also excluded from the study. The data analysis was conducted using IBM SPSS version 27. The data collection procedure is presented in a flowchart (see Figure 3.1) to provide a clearer picture of its implementation.

**Figure 3.1**

*Data Collection Procedure*



### **3.8 Data analysis method**

The data gathered in this study were examined using IBM Statistical Package for the Social Sciences (SPSS) version 27 statistical software. This study employed descriptive and inferential statistical methods to analyse the data collected. For Section A, descriptive statistics were used to examine age as a continuous variable, while frequencies were used to examine gender and academic years, as these variables were categorical.

To address objective 1, descriptive statistics were used to calculate the frequency and percentage of participants who reported experiencing each of the 14 clinical placement problems listed in Section B of the questionnaire. Each variable was answered using a dichotomous scale with "Yes" and "No" responses, where "Yes" indicated that the students had experienced that problem and "No" indicated they had not. The frequency of "Yes" responses for each item provided a count of how many students had encountered that specific problem, while the percentage allowed for a clearer understanding of how common each problem was within the sample population.

To address objectives 2 and 3, the study used an inferential statistical test. For each clinical placement problem, students were divided into two groups: those who answered "Yes" indicated that they had experienced the specific problem, and those who answered "No" indicated that they had not experienced it. Then, the mean total scores from the State Anxiety Scale and the Trait Anxiety Scale were calculated for each group. These total scores range from 20 to 80, with higher scores indicating higher anxiety.

To determine whether there was a statistically significant difference in anxiety between the "Yes" and "No" groups, an independent Samples T-test was used if the data met the

assumptions of normality. These assumptions were tested using the Kolmogorov–Smirnov test as the sample size in this study exceeded 50. If the data were not normally distributed, a non-parametric Mann–Whitney U test was used instead. This method allowed the researcher to compare the mean total scores of the State Anxiety Scale and the median total score of the Trait Anxiety Scale between students who experienced each specific clinical problem and those who did not. The level of significance was set at  $p < .05$  for both tests.

This analysis approach was consistent with the original study by Yildirim and Dalcali (2020), who also examined each clinical problem individually and compared the total state and trait anxiety scores of students based on whether they experienced that problem or not. Additionally, all participants in the present study reported experiencing more than one clinical placement problem. Therefore, it was not possible to create one overall comparison between students with and without problems. Instead, each of the 14 clinical problems was analysed separately, which followed the structure and purpose of the original research. Table 3.2 presents the normality test for the total score of State Anxiety and Trait Anxiety.

**Table 3.2**

*Normality Test for the Total Score of the State Anxiety and Trait Anxiety Scale*

<b>Items</b>	<b>Descriptives Statistics</b>	<b>Test Of Normality (Sig.)</b>	<b>Interpretation</b>
State Anxiety total score	Mean: 47.7626 5% of Trimmed Means: 47.9748	.20	Normality distributed
Trait Anxiety total score	Mean: 45.5252 5% of Trimmed Means: 45.7186	.03	Not normally distributed

### **3.9 Summary**

In summary, this study employed a quantitative approach. This was a cross-sectional study conducted at the Faculty of Medicine and Health Sciences, UNIMAS, involving nursing students from years 2 to 4 at UNIMAS. Random sampling was employed, and 139 participants were invited to participate in the study. The study instrument contained three sections, and an online questionnaire was distributed to the participants. Ethical approval was obtained prior to the collection of any data.

## CHAPTER 4

### RESULTS/FINDINGS

#### 4.0 Introduction

This chapter presents the results of an online questionnaire comprising three sections: demographic data, the clinical practice form by Yildirim and Dalcali (2021), and the State-Trait Anxiety Inventory by Spielberger et al. (1970). The results were presented based on an analysis conducted using SPSS version 27, providing a comprehensive view of the findings. All the result acquired based on the research objectives of this study which were to determine the prevalence of each clinical placement problems experienced by UNIMAS nursing students during their clinical placement, to assess the significant difference between the problems in clinical placement among UNIMAS nursing students and their total scores on the state anxiety scale and lastly to assess the significant difference between the problems in clinical placement among UNIMAS nursing students and their total scores on the trait anxiety scale.

Section 4.1 presents the questionnaire's response rate, Section 4.2 presents the demographic characteristics of the UNIMAS nursing students, Section 4.3 presents the prevalence of each clinical placement problems experienced by UNIMAS nursing students during their clinical placement, Section 4.4 presents the significant differences between the problems in clinical placement among UNIMAS nursing students and their total score on State Anxiety scale, Section 4.5 presents the significant differences between the problems in clinical

placement among UNIMAS nursing students and their total score of Trait Anxiety scale and lastly, Section 4.6 presents the summary of this chapter.

#### **4.1 Response rate**

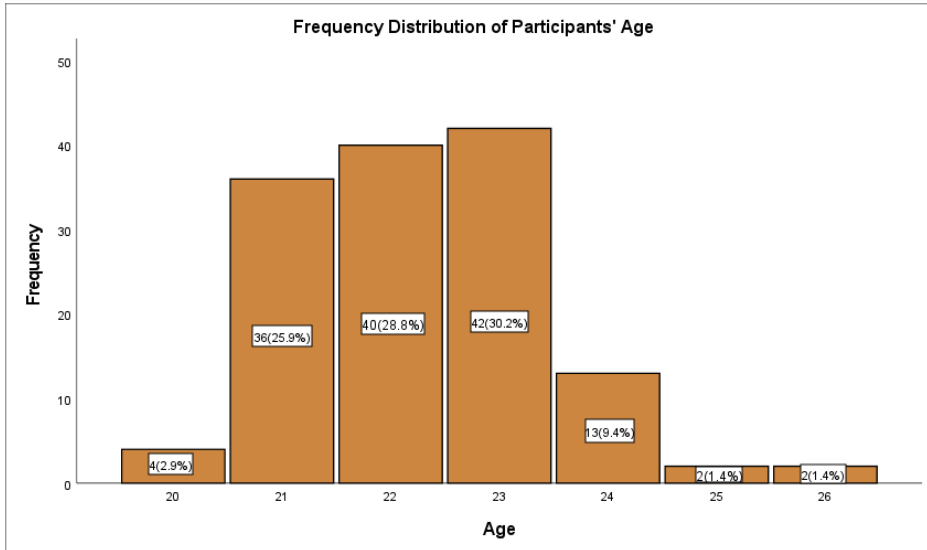
The questionnaire could be retrieved through a link leading to a Google Form, which was distributed to the class representative of each cohort to be shared in the class WhatsApp group chat. For the first round of distribution, only 107 respondents were obtained. Following a follow-up with each participant who had not yet responded to the questionnaire, a notable increase in the response rate was observed, with a total of 139 participants completing the questionnaire.

#### **4.2 Demographic characteristics of the study sample**

A total of 139 UNIMAS nursing students were recruited. In this study, the age distribution of the participants ranged from 20 to 26 years old. No outliers or extreme values were noted in the box plot for age. A Kolmogorov-Smirnov test revealed that the data do not follow a normal distribution,  $D(139) = 0.17, p < .001$ . The median age among the participants is 22 years ( $IQR = 2$  years). The maximum age is 26 years, while the minimum age is 20 years. The range is 6 years old. The mode age is 23 years old. The participants consisted of 32 males (23.0%) and 107 females (77.0%). There were also no outliers or extreme values in the data after screening. Most of the participants were from year two students, 50 (36.0%), followed by year 3 nursing students, 46 (33.1%), and year 4 nursing students, 43 (30.9%).

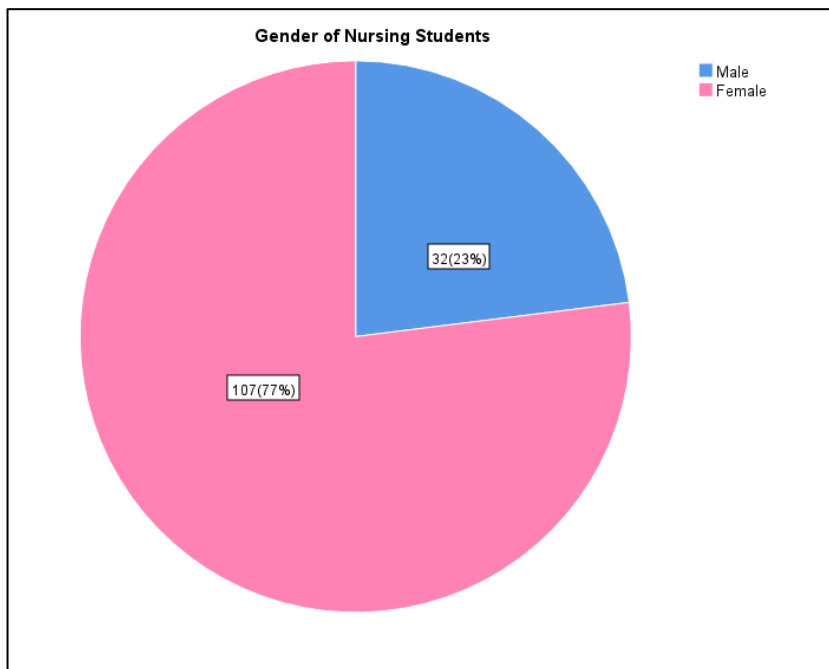
**Figure 4.1**

*Frequency and Percentage Distribution of Participants' Age (n=139)*



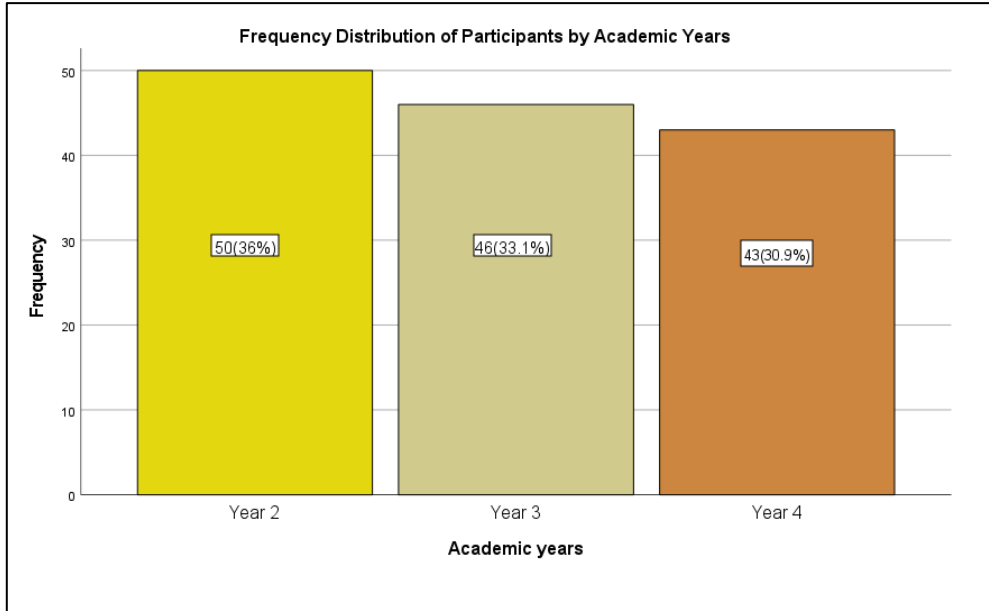
**Figure 4.2**

*Percentage and Frequency Distribution of Participants by Gender (n=139)*



**Figure 4.3**

*Frequency and Percentage Distribution of Participants by Academic Years (n=139)*



**Table 4.1***Demographic Variables of UNIMAS Nursing Students (n=139)*

<b>Description</b>	<b>n</b>	<b>%</b>	<b><i>M</i></b>	<b><i>SD</i></b>
<b>Age</b>				
20 years old	4	2.9		
21 years old	36	25.9		
22 years old	40	28.8	22.27	1.16
23 years old	42	30.2		
24 years old	13	9.4		
25 years old	2	1.4		
26 years old	2	1.4		
<b>Gender</b>				
Male	32	23		
Female	107	77		
<b>Academic years</b>				
Year 2	50	36		
Year 3	46	33.1		
Year 4	43	30.9		

Note: n: frequency, %: percentage, *M*: Mean, *SD*: standard deviation

### **4.3 The prevalence of each clinical placement problem experienced by UNIMAS nursing students during their clinical placement**

Table 4.2 presents the prevalence of each clinical placement problem experienced by UNIMAS nursing students during their clinical placement. Overall, the most frequent problem for the students was the fear of causing harm to patients while providing care, with 134 (96.4%) acknowledging this concern. This was closely followed by anxiety related to a lack of clinical experience, reported by 130 (93.5%), and fear of accidentally harming themselves during clinical tasks, experienced by 115 (82.7%) students.

Additionally, out of 139 participants, 113 (81.3%) expressed worry about receiving negative feedback or evaluations from teaching staff, while 108 (77.7%) participants reported difficulty bridging the gap between theoretical learning and practical application. A total of 103 (74.1%) students agreed that the physical conditions of the clinical setting can make it challenging to perform duties, and 101 (72.7%) experienced difficulties during their placement due to the absence of lecturers or clinical instructors. Moreover, 94 (67.6%) participants reported feeling uncertain about what to do during clinical placements, and 88 (63.3%) participants were unable to apply theoretical knowledge to practical situations sufficiently. 76 (54.7%) students reported struggling to manage time effectively during clinical placements.

According to the findings, the least clinical placement problems reported were the 67 (48.2%) participants feeling overwhelmed by the pace or demands of clinical placements, 64 (46.0%) difficulty communicating with clinical nurses, 63 (45.3%) difficulty communicating with patients, and 49 (35.3%) a lack of interest or dislike towards the nursing profession.

**Table 4.2**

*Prevalence of Each Clinical Placement Problem Experienced by UNIMAS Nursing Students during their Clinical Placement (n=139)*

<b>Clinical Placement Problems</b>	<b>n(%)</b>	
	<b>Yes</b>	<b>No</b>
1. Fear of causing harm to patients while providing care	134(96.4)	5(3.6)
2. Anxious about a lack of experience in clinical procedures	130(93.5)	9(6.5)
3. Fear of accidentally harming yourself during clinical tasks	115(82.7)	24(17.3)
4. Worry about receiving negative feedback or evaluation from teaching staff	113(81.3)	26(18.7)
5. Experience difficulty between theoretical learning and practical applications (e.g., differences in what is taught vs what is done in practice)	108(77.7)	31(22.3)
6. Physical conditions of the clinical setting make it challenging to perform your duties	103(74.1)	36(25.9)
7. Absence of lecturers or clinical instructors during placement causes difficulties	101(72.7)	38(27.3)
8. Feel uncertain about what to do during clinical placements	94(67.6)	45(32.4)
9. Unable to apply your theoretical knowledge to practical situations sufficiently	88(63.3)	51(36.7)

10. Struggle to manage time effectively during clinical placements	76(54.7)	63(45.3)
11. The clinical placement was too fast-paced or demanding	67(48.2)	72(51.8)
12. Difficult to communicate with clinical nurses	64(46)	75(54)
13. Difficulty communicating with patients	63(45.3)	76(54.7)
14. Feel a lack of interest or dislike towards nursing as a profession	49(35.3)	90(64.7)

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Note: n; frequency, %: percentages

#### 4.4 The significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the State Anxiety scale

Descriptive statistics were first conducted to understand the general level of state anxiety among participants. The mean score ( $M$ ) and standard deviation ( $SD$ ) for the total score of the State Anxiety Scale were  $47.90 \pm 8.67$ , with a minimum score of 28 and a maximum of 68. The scale ranges from 20 to 80, and a higher score indicates a higher level of anxiety. Based on the  $M$ , it is suggested that the state anxiety of UNIMAS nursing students was above average because it exceeded the score of 40. Table 4.3 presents the mean and standard deviation for the total score results of the State Anxiety Scale.

**Table 4.3**

*Mean and Standard Deviation for the Total Score of the State Anxiety Scale*

	<i>M(SD)</i>
State Anxiety Scale Total Score	47.90(8.67)

Note:  $M$ : Mean,  $SD$ : standard deviation

An independent samples t-test was conducted for each of the 14 dichotomous (Yes/No) clinical placement problem items. The test was conducted to compare the total scores of the State Anxiety scale among UNIMAS nursing students based on whether or not they experienced each clinical placement problem (Yes vs. No). Preliminary analyses were performed to ensure that no violation of the assumptions of normality occurred,  $D(139) = .06, p = .20$ . No outliers or extreme values were detected from the box plot. The results revealed that 11 of the 14 clinical

placement problems were significantly associated with higher state anxiety scores (see Table 4.4).

The analysis revealed a statistically significant difference in scores for students who reported difficulty communicating with patients ( $M = 51.94$ ,  $SD = 7.37$ ) and those who did not ( $M = 44.52$ ,  $SD = 8.27$ ),  $t(137) = 5.50$ ,  $p < .001$ . Similarly, a statistically significant difference in scores was found between students who found it challenging to communicate with clinical nurses ( $M = 51.72$ ,  $SD = 7.64$ ) and those who did not ( $M = 44.64$ ,  $SD = 8.20$ ),  $t(137) = 5.24$ ,  $p < .001$ . There were also statistically significant differences in total scores of state anxiety for the students who reported worried about receiving negative feedback from teaching staff ( $t(137) = 3.45$ ,  $p < .001$ ), students who reported unable to apply theoretical knowledge to practical situations sufficiently ( $t(137) = 3.57$ ,  $p < .001$ ), and students who experienced that absence of lecturers or clinical instructors during placement cause difficulties ( $t(137) = 3.65$ ,  $p < .001$ ).

Other than that, the analysis revealed a statistically significant difference in scores for students who thought that the clinical placement was too fast-paced or demanding ( $t(137) = 3.39$ ,  $p < .001$ ), students who experienced uncertain about what to do during placement ( $t(137) = 4.60$ ,  $p < .001$ ) and students who reported struggled to manage time effectively ( $t(137) = 2.29$ ,  $p = .02$ ). Moreover, statistically significant differences were also found in scores for students who anxious about lack of clinical experience ( $t(137) = 2.05$ ,  $p = .04$ ), students who experienced lack of interest or dislike towards nursing as a profession ( $t(137) = 3.58$ ,  $p < .001$ ), and lastly, students who experienced the physical conditions of the clinical setting was to challenging to perform duties ( $t(137) = 2.42$ ,  $p = .02$ ).

However, no statistically significant differences in state anxiety scores were found for students who reported fear of causing harm to patients while providing care ( $t(137) = 0.28, p = .77$ ), students who experienced fear of accidentally harming themselves during clinical tasks ( $t(137) = 0.30, p = .77$ ) and student who reported difficulties between theoretical learning (what is taught) and practical application (what is done) ( $t(137) = 1.01, p = .32$ ). These findings support the alternative hypothesis indicated that experiencing some specific clinical challenges was significantly associated with higher levels of state anxiety among nursing students.

**Table 4.4**

*Independent Samples T-Test on 14 Clinical Placement Problems with the Total Score of the State Anxiety Scale*

<b>Clinical Placement Problems</b>	<b>Group</b>	<b><i>M</i></b>	<b><i>SD</i></b>	<b><i>t</i></b>	<b><i>df</i></b>	<b><i>p</i></b>
Fear of causing harm to patients while providing care	Yes	47.94	8.59	.28	137	.77
	No	46.80	11.80			
Physical conditions of the clinical setting make it challenging to perform duties	Yes	48.93	8.69	2.42	137	.02*
	No	44.94	8.03			
Worried about negative feedback from teaching staff	Yes	49.07	8.04	3.45	137	<.001*
	No	42.81	9.62			
Unable to apply theoretical knowledge to practical situations	Yes	49.82	8.86	3.57	137	<.001*
	No	44.59	7.30			
Absence of lectures or clinical instructors during placement	Yes	49.48	8.48	3.65	137	<.001*
	No	43.71	7.85			

Difficulty between theoretical learning and practical application (e.g., differences in what is taught versus what is done in practice)	Yes	48.30	8.77	1.01	137	.32
	No	46.52	8.32			
Anxious about a lack of clinical experience	Yes	48.30	8.50	2.05	137	.04*
	No	42.22	9.79			
Difficult to communicate with clinical nurses	Yes	51.72	7.64	5.24	137	<.001*
	No	44.64	8.20			
Clinical placement was too fast-paced or demanding	Yes	50.39	9.13	3.39	137	<.001*
	No	45.58	7.58			
Uncertain about what to do during clinical placements	Yes	50.09	8.32	4.60	137	<.001*
	No	43.33	7.63			
Fear of accidentally harming oneself during clinical tasks	Yes	48.00	8.67	.30	137	.77
	No	47.42	8.86			
Difficulty communicating with patients	Yes	51.94	7.37	5.50	137	<.001*
	No	44.52	8.27			
Struggle to manage time effectively during clinical placements	Yes	49.41	8.53	2.29	137	.02*
	No	46.08	8.56			
Lack of interest or dislike towards nursing as a profession	Yes	51.33	7.74	3.58	137	<.001*
	No	46.03	8.62			

Note: *M*: mean, *SD*: Std. Deviation, *t*: t-value, *df*: degrees of freedom, *p*: p-value, \**p* < .05

#### 4.5 The significant difference between the problems in the clinical placement environment among UNIMAS nursing students and their total scores on the Trait Anxiety scale

Descriptive statistics were first conducted to determine the general level of trait anxiety among participants. The median total score of the Trait Anxiety Scale was 45.00 ( $IQR = 12.00$ ). Scores ranged from 23 to 65, within the possible range of 20 to 80. A higher total anxiety score indicates a high level of trait anxiety. Based on Table 4.5, the trait anxiety of UNIMAS nursing students was also considered above average, as it exceeded the midpoint score of 40.

**Table 4.5**

*Median and IQR for the Total Score of the Trait Anxiety Scale*

	<i>Mdn(IQR)</i>
Total score for the Trait Anxiety Scale	45.00(12.00)

Note: *Mdn*: median, *IQR*: interquartile range

A Mann-Whitney U test was performed for each of the 14 dichotomous clinical placement problems (Yes/No). The test was conducted to compare the total scores of the Trait Anxiety Scale among UNIMAS nursing students based on whether or not they experienced each clinical placement problem (Yes vs. No). Preliminary analyses were performed and found that the assumptions of normality were violated,  $D(139) = .08, p = .03$ . No outliers or extreme values were detected from the box plot. The result revealed that 10 out of 14 clinical placement problems were significantly associated with higher trait anxiety scores (see Table 4.6).

The analysis revealed a statistically significant difference in trait anxiety scores of students who reported difficulty communicating with patients ( $Mdn = 49$ ) compared to those

who did not ( $Mdn = 42.5$ ),  $U = 1478$ ,  $p < .001$ . Similarly, a statistically significant difference was observed in trait anxiety scores among students who reported difficulty communicating with clinical nurses ( $Mdn = 49.5$ ) and those who did not ( $Mdn = 42$ ),  $U = 1310$ ,  $p < .001$ . There were also statistically significant differences in total scores of trait anxiety for students who reported being worried about negative feedback from teaching staff ( $Mdn = 47$ ) compared to those who were not ( $Mdn = 42$ ),  $U = 977.5$ ,  $p = .01$ .

In addition, the analysis revealed a statistically significant difference in trait anxiety scores for students who reported the physical conditions of the clinical setting make it challenging to perform duties ( $U = 1321$ ,  $p = .01$ ), students who reported being unable to apply theoretical knowledge to practice ( $U = 1458$ ,  $p < .001$ ), students who described their clinical placement was too fast-paced or demanding ( $U = 1369.5$ ,  $p < .001$ ), students who anxious about a lack of clinical experience ( $U = 349$ ,  $p = .04$ ), students who reported uncertain about what to do during placement ( $U = 1308.5$ ,  $p < .001$ ), students who experienced struggled to manage time effectively ( $U = 1601.5$ ,  $p < .001$ ), and students who reported a lack of interest or dislike toward nursing as a profession ( $U = 1111.5$ ,  $p < .001$ ).

However, the test also revealed no statistically significant differences in the trait anxiety scores of students who reported fear of causing harm to patients while providing care ( $U = 363.5$ ,  $p = .74$ ), students who experienced fear of harming themselves during clinical tasks ( $U = 1444$ ,  $p = .72$ ), students who experiencing difficulty between theoretical learning and practical application ( $U = 1393$ ,  $p = .16$ ) and lastly, students who experienced difficulty during the absence of lecturers or clinical instructors during placement ( $U = 1514$ ,  $p = .06$ ). Overall, 10 out

of 14 clinical placement problems showed a significant difference in trait anxiety levels, supporting the alternative hypothesis.

**Table 4.6**

*Mann-Whitney U Test on 14 Clinical Placement Problems with the Total Score of the Trait Anxiety Scale*

<b>Clinical Placement Problems</b>	<b>Group</b>	<b>Mdn</b>	<b>U</b>	<b>p</b>
Fear of causing harm to patients while providing care	Yes	45	363.5	.74
	No	54		
Physical conditions of the clinical setting make it challenging to perform duties	Yes	47	1321	.01*
	No	41		
Worried about negative feedback from teaching staff	Yes	47	977.5	.01*
	No	42		
Unable to apply theoretical knowledge to practical situations	Yes	49	1458	<.001*
	No	42		
Absence of lectures or clinical instructors during placement	Yes	47	1514	.06
	No	43		
Difficulty between theoretical learning and practical application (e.g., differences in what is taught versus what is done in practice)	Yes	47	1393	.16
	No	42		
Anxious about a lack of clinical experience	Yes	46	349	.04*
	No	41		

Difficult to communicate with clinical nurses	Yes	49.5	1310	<.001*
	No	42		
Clinical placement was too fast-paced or demanding	Yes	49	1369.5	<.001*
	No	42		
Uncertain about what to do during clinical placements	Yes	49	1308.5	<.001*
	No	42		
Fear of accidentally harming oneself during clinical tasks	Yes	45	1444	.72
	No	48		
Difficulty communicating with patients	Yes	49	1478	<.001*
	No	42.5		
Struggle to manage time effectively during clinical placements	Yes	49	1601.5	<.001*
	No	42		
Lack of interest or dislike towards nursing as a profession	Yes	51	1111.5	<.001*
	No	42		

Note: *Mdn*: median, *U*: Sum of ranks, *p*: p-values, \**p* < .05

## **4.6 Summary**

This chapter provides a detailed summary of the sociodemographic variables, including age, years of study, and gender, for the participants. Not only that, but there are also a few problems experienced by UNIMAS nursing students during their clinical placement, which significantly affects the students' anxiety as measured by the Independent T-test and Mann-Whitney U-test. The results will be discussed and elaborated in the next chapter.

## **CHAPTER 5**

### **DISCUSSION AND CONCLUSIONS**

#### **5.0 Introduction**

This chapter provides a deeper understanding of the results and is divided into sections according to the research objectives. The prevalence of problems experienced by UNIMAS nursing students in the clinical placement environment, as well as the differences between these issues and the total score of the state and trait anxiety scale, will be further elaborated upon, along with the study's implications. This study summarises the findings, outlines the study's limitations, and presents the conclusions.

#### **5.1 Discussion of the results/findings**

##### **5.1.1 The prevalence of each clinical placement problem experienced by UNIMAS nursing students during their clinical placement**

The findings of this study revealed that the most common problem experienced by UNIMAS nursing students during clinical placement was the fear of causing harm to patients (96.4%). This finding aligned with previous studies that identified concerns of patient safety and fear of making mistakes as significant sources of anxiety among nursing students. For example, Demirdağ and Uysal (2022) found that the students' fear of making mistakes and hurting patients (61.7%) was the most prevalent problem. Moreover, Alshahrani et al. (2018) also supported this finding, with 77.0% agreeing that fear of making mistakes that could endanger or kill patients is the primary source of the problem that causes anxiety for the

participants during clinical placement. This fear often stems from students' limited clinical skills and heightened sense of responsibility when caring for real patients.

Next, a high number of participants (93.5%) reported a lack of clinical experience as a significant problem they also faced during the clinical placement. This finding was consistent with a study by Wang et al. (2019), which revealed that the majority of participants (36.6%) were concerned about feeling unprepared, and inadequate clinical experience can negatively impact the ability to provide high-quality patient care. Wang et al. (2019) also found that some participants (19.4%) reported difficulty bridging the gap between theory and practice, as they claimed to have had insufficient opportunities during the practicum. Similarly, in this study, 77.7% of the participants reported difficulty bridging the gap between theoretical learning and practical application during the clinical practicum.

In this study, the fear of accidentally harming oneself during procedures (82.7%) was also prominent among participants, reflecting the students' anxiety related to potential exposure to occupational hazards such as sharp or needlestick injuries. This concern is justified, as a study by Elisa et al. (2023) reported that 55.2% of nursing students had sustained a sharp or needlestick injury within a year, highlighting the real risks in clinical environments. This reflects the need for better orientation on infection control and safe handling procedures. Furthermore, 81.3% of participants expressed anxiety about receiving negative feedback from teaching staff, which is consistent with Alshahrani et al. (2018), who reported that 42% of participants expressed worry about their clinical lecturers' evaluations. Another study by Yildirim and Dalcali (2020) found that 39.60% also expressed the same fear of negative assessment.

On a positive note, a lack of interest in nursing was the least reported problem (35.3%). This suggests that despite the challenges faced during clinical placements, most students maintain a strong sense of purpose and commitment to their future nursing role.

### **5.1.2 Significant difference between the problems in clinical placement among UNIMAS nursing students and their total score of the state-trait anxiety scale**

This study found statistically significant differences between several clinical placement problems and the total scores of UNIMAS nursing students on the State-Trait Anxiety Scale. Overall, UNIMAS nursing students demonstrated elevated anxiety during clinical placement. The mean total score for the State Anxiety Scale was 47.90 ( $SD = 8.67$ ), while the median total score for the Trait Anxiety Scale was 45.00 ( $IQR = 12.00$ ). Both scores exceeded the midpoint value of 40, indicating that students experienced above-average levels of anxiety, both state and trait. This result was consistent with previous research, which has shown that clinical placements are one of the most anxiety-inducing components of nursing education (Alshahrani et al., 2018; Ahmed et al., 2023; Masha'al et al., 2022). To explore this further, Independent Samples t-tests and Mann–Whitney U tests were employed to compare state and trait anxiety scores between students who experienced each clinical placement problem and those who did not.

The findings demonstrated that many of the clinical placement problems had a significant association with increased anxiety, both state and trait. Problems such as difficulties in communication with clinical staff or patients, fear of negative feedback, and perceived inadequacy in applying theoretical knowledge to practice emerged as particularly statistically significant differences ( $p < .05$ ). Notably, problems related to communication, especially difficulty communicating with patients and nurses were strongly associated with higher scores

in both state and trait anxiety ( $p < .001$ ). These findings align with a study that found a statistically significant difference ( $p < .05$ ) between the anxiety scale result and communication with patients (Sancar et al., 2018). These findings show that communication apprehension was a primary contributor to clinical placement anxiety, especially when nursing students feel unable to express themselves clearly.

In this study, concerns about negative feedback from clinical instructors were also strongly associated with elevated anxiety, as the state-trait anxiety score means of students were higher, and the difference was statistically significant ( $p < .001$ ). These findings suggest that stressors related to performance evaluation have a substantial impact on students' anxiety levels during placements. This result was supported by Hamed et al. (2025), who found a statistically significant difference between feedback sensitivity and anxiety ( $p < .001$ ). The researchers concluded that students who were more sensitive to negative or critical feedback reported higher levels of anxiety, and that feedback sensitivity was a direct predictor of anxiety during clinical placements. Won (2023) also claimed that anxiety-provoking behaviours by clinical instructors, including the delivery of negative feedback, significantly increase students' anxiety and negatively affect their well-being.

Moreover, this study's findings revealed that students who felt unable to apply theoretical knowledge into practice also experienced significantly higher anxiety ( $p < .001$ ). This finding was supported by García-Velasco et al. (2025), who reported a strong statistical significance ( $p < .001$ ) linking students' feelings of incompetence in translating theory to practice with increased state and trait anxiety scores. Supporting this, Dokoohaki et al. (2024) found that nursing students who received enhanced opportunities to integrate knowledge into

practice reported significantly lower state-trait anxiety. Gemuhay et al. (2019) also supported Dokoohaki et al.'s study, claiming that adequate clinical supervision, appropriate patient assignments for students, and case presentations of clinical cases can reduce anxiety. This highlights the importance of bridging the theory-practice gap to lessen anxiety and enhance clinical learning outcomes for nursing students.

Furthermore, the significant association between environmental problems such as the physical conditions of the clinical setting, which make it challenging to perform duties, or the setting being too fast-paced or demanding, with nursing students' anxiety levels, indicates that the clinical placement environment itself plays a substantial role in shaping nursing students' psychological response ( $p < .05$ ). This finding was supported by Yildirim and Dalcali (2020), as they found that the inadequacy of physical conditions in the clinical setting and the state anxiety of nursing students were statistically significant ( $p = .001$ ). This is because when students feel unprepared or overwhelmed in these environments, it can heighten the sense of vulnerability, leading to acute anxiety and potentially contributing to chronic patterns of worry or self-doubt. A study by Simpson and Sawatzky (2020) reported that a healthy clinical learning environment, characterised by empathetic, supportive, and approachable faculty and staff, is essential for preventing and managing clinical placement anxiety.

However, some problems did not significantly influence the nursing students' state-trait anxiety levels ( $p > .05$ ), including fear of harming patients, fear of self-injury, and the difference between theoretical learning (what is taught) and practical application (what is done), even though it is the most prevalent problem that the nursing students experienced. These may reflect students' growing confidence in safety protocols and technical competencies, or the

effectiveness of academic preparation in reducing fear around procedural tasks. It may also suggest that some fears are more cognitively managed and less emotionally distressing than interpersonal or evaluative stressors. In supporting these findings, Gros (2024) explains that while fears such as harming patients and making errors are common triggers of clinical performance anxiety, their impact tends to be more situational and linked to specific high-pressure moments rather than persistent contributors to overall anxiety levels. Students often cognitively manage these fears, especially when adequate faculty support and preparation are available, making them less emotionally distressing than interpersonal or evaluative stressors, such as negative feedback or a lack of instructor presence. Therefore, the lower influence of these particular problems on state-trait anxiety may indicate adequate academic preparation and growing student confidence in clinical skills, which helps ease emotional distress in these areas.

## **5.2 Summary of the findings of the study**

To summarise, the findings of this study reveal that a wide range of clinical placement problems contribute to elevated anxiety levels among nursing students. The most frequently reported issues included fear of causing harm to patients, anxiety about a lack of clinical experience, and fear of accidentally harming oneself during procedures. Several of these challenges, particularly those related to performance pressure, communication difficulties, and fast-paced environments, were significantly associated with heightened state and trait anxiety. Less frequent problems, such as a lack of interest in nursing, were also linked to increased anxiety. In contrast, some common fears, such as fear of harming patients, did not significantly impact anxiety levels. These results indicate that both the nature and emotional weight of clinical problems influence student anxiety.

## **5.3 Implications, recommendations, future research**

### **5.3.1 Implications**

The findings from this study have several important implications for nursing education and clinical training programs. The high prevalence of clinical placement problems among UNIMAS nursing students and their significant associations with increased anxiety underscore the need for a more supportive clinical learning environment. Specifically, issues related to communication with staff and patients, the gap between theoretical knowledge and practice, and performance evaluation were identified as key contributors to heightened anxiety. These results suggest that nursing educators and clinical instructors play a vital role in influencing students' psychological well-being. The presence of anxiety during clinical placements not only affects students' learning and performance but may also impact patient care outcomes and students' long-term commitment to the nursing profession. Therefore, addressing the emotional and educational needs of students is crucial to ensuring that future nurses are competent, confident, and resilient.

### **5.3.2 Recommendations**

In light of these findings, schools, academics working in nursing education, and healthcare professionals should collaborate to find a solution to the problems encountered during clinical placements. In this way, the data obtained in this study can serve as a guide and can contribute to finding a solution. Furthermore, some recommendations are suggested to enhance the clinical placement experience and mitigate anxiety among nursing students. For example, mental health support services, including stress management workshops and peer support systems, should be readily accessible to nursing students. In addition, it is advisable for

nursing programs to consistently incorporate simulation-based education to enhance the connections between theory and practice, thus alleviating anxiety caused by perceived knowledge gaps.

### **5.3.3 Future research**

Future studies need to investigate the development and change of clinical placement-related anxiety during nursing education. Furthermore, it would also be beneficial to investigate the long-term effects of clinical placement stress on professional development, job satisfaction, and retention in the nursing workforce. Mixed-method studies that combine surveys with in-depth interviews could provide a more comprehensive understanding of the emotional experiences students face during placements. Additionally, comparative studies across universities or healthcare systems would offer valuable insight into how institutional differences affect student anxiety, potentially informing nationwide improvements in nursing education and practice.

### **5.4 Limitations of the study**

This study had several limitations, where the use of self-administered questionnaires may introduce response bias as the participants may underreport or overreport their anxiety level or clinic experiences, which can affect the accuracy of the findings. This study was conducted among nursing students at a single institution (UNIMAS), which may limit the generalisability of the results to other universities or healthcare training settings with different curricula, clinical environments, or support systems. Furthermore, this was the first time the researcher conducted research individually; therefore, the scope of the discussion may not be as broad as that of

studies conducted by experienced researchers. Financial and time constraints also limited the scope of the study. Lastly, while the study provides valuable statistical insights, it lacks qualitative data that could help better understand students' emotional experiences and coping strategies.

## **5.5 Conclusions**

This study explored the prevalence of clinical placement problems and their significant differences with state and trait anxiety levels among UNIMAS nursing students. The findings revealed that anxiety among nursing students is significantly influenced by specific clinical problems, particularly those related to communication challenges, performance evaluation, and demanding clinical environments. These results emphasise the importance of creating a supportive clinical learning environment that addresses both the educational and emotional needs of nursing students. Strengthening clinical supervision, improving communication pathways, and integrating mental health support into nursing curricula are essential strategies for reducing anxiety and enhancing clinical performance. Ultimately, nursing education programs can better prepare future nurses to enter the workforce with confidence, competence, and resilience by acknowledging and responding to the challenges students face during clinical placements.

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## APPENDICES

### Appendix A: Ethical Approval

Pejabat Akademik  
Fakulti Perubatan dan Sains Kesihatan  
Academic Office  
Faculty of Medicine & Health Sciences  
☎: 581000 samb 7768  
☎: 665152

UNIVERSITI MALAYSIA  
SARAWAK  
94300 Kota Samarahan

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#### MEMORANDUM

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**Reference** : UNIMAS/NC-21.05/03-03 Jld. 8(123)

**To** : Siti Wardini Nordin (81249)  
Bachelor of Nursing with Honours  
Faculty of Medicine and Health Sciences

**From** : Dean  
Faculty of Medicine and Health Sciences

**Date** : 05 March 2025

**Subject** : **Final Year Project - Research Approval: The Effect of Problems in Clinical Placement on Anxiety Level among UNIMAS Nursing Students**

The above matter is referred.

The Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) has granted the **RESEARCH APPROVAL** for this Final Year Project research based on the appraisal by the Department of Nursing, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) on 24 February 2025. The Final Year Project research details stated below:

**Student Name** : Siti Wardini Nordin

**Student ID** : 81249

**Programme** : Bachelor of Nursing with Honours

**Research Title** : *The Effect of Problems in Clinical Placement on Anxiety Level among UNIMAS Nursing Students*

**Supervisor Name** : Dr. T Saraswathy A/P Thangarajoo

**Supervisor H/P** : +60 13-344 8979

All records and data are to be kept strictly **CONFIDENTIAL** and can only be used for the purpose of this study. All precautions are to be taken to maintain data confidentiality. Permission from the all relevant heads of departments/units where the study will be carried out must be obtained prior to the study.

Please note that the approval is valid from **February 2025 to November 2025** only. The reference number for this letter must be stated in all correspondence related to this study to facilitate the process.

Thank you with regards and well wishes.

Yours sincerely,



Professor Dr. Asri bin Said  
**Dean**

c.c : Deputy Dean of Undergraduate  
: Head of Nursing Department  
: Bachelor of Nursing with Honours  
: MDJ4653 Final Year Project 1 Course Coordinator

## **Appendix B: Cover Letter for Ethical Application**

**Siti Wardini Binti Nordin,**

Faculty of Medicine and Health Sciences,  
Universiti Malaysia Sarawak,  
94300 Kota Samarahan,  
Sarawak.

**The Chairman,**

Medical Research Ethics Committee,  
Faculty of Medicine and Health Sciences,  
Universiti Malaysia Sarawak,  
94300 Kota Samarahan,  
Sarawak.

15<sup>th</sup> December 2024

Professor/Associate Professor/Dr/Sir/Madam,

### **REQUEST FOR APPROVAL TO CONDUCT RESEARCH PROJECT**

I am a final-year student pursuing a Bachelor of Nursing with Honours at the Faculty of Medicine and Health Sciences, UNIMAS. I enrolled in MDJ 4653 Final Year Project I, which course is coordinated by Madam Shalin Lee Wan Fei. Please find my details as follows:

**Full name:** Siti Wardini Binti Nordin

**Matrix number:** 81249

**IC No.:**020925-08-1104

I would like to request for the kind approval from the Faculty of Medicine and Health Sciences Medical Research Ethics Committee to conduct the following study:

**Research title:** The Effect of Problems in Clinical Placement on Anxiety Level among UNIMAS Nursing Students

**Supervisor's name:** Dr T Saraswathy Thangarajoo

**Email address:** ttsaraswathy@unimas.my

**Supervisor's HP number:** 013-3448979

Please find the required documents as appended for your kind consideration and approval.

Thank you.

Yours sincerely,

A handwritten signature in black ink, consisting of stylized loops and a small dot at the end.

(Siti Wardini Binti Nordin)

## Appendix C: Participant's Information Sheet (PIS) (English)



### PARTICIPANT INFORMATION SHEET/ *MAKLUMAT KAJIAN PESERTA*

- 1. Title of the study/ *Tajuk kajian*** : **The Effect of Problems in Clinical Placement on Anxiety Level among UNIMAS Nursing Students**
- 2. Main Researcher/ *Penyelidik utama*** : **Siti Wardini Binti Nordin**
- 3. Supervisor/ *Penyelia*** : **a) Course coordinator: Shalin Lee Wan Fei  
b) Main research supervisor: Dr. Saraswathy Thangarajoo**
- 4. Institution/ *Institut*** : **Department of Nursing  
Faculty of Medicine & Health Sciences  
Universiti Malaysia Sarawak**
- 5. Name of sponsor/ *Nama Penaja*** : **No external funding/ *Tiada penaja luar***

## **PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM**

(for adult subjects)

### **6. Introduction:**

It is important that you understand why the research is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study and that you wish to participate, you must sign this informed consent form.

Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal will still be used for the study. Your refusal to participate or withdraw will not affect any medical or health benefits to which you are otherwise entitled.

This study has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

### **7. What is the purpose of the study?**

The purpose of this study is to assess the effect of problems in clinical placement on anxiety levels among UNIMAS nursing students. This research provides insights that can guide improvements in clinical education, offering targeted support for UNIMAS nursing students as they navigate these critical learning experiences. The study also intends to identify the specific problems faced by UNIMAS nursing students and how these impact their mental health in developing supportive interventions and enhancing the overall quality of nursing education at UNIMAS.

This research will be conducted for six months (25/01/2025 till 30/06/2025). The expected number of participants is 139 individuals.

### **8. What are my responsibilities when taking part in this study?**

It is important that you answer all of the questions asked by the study staff honestly and completely, which will take about 20 minutes of your time.

You will be given an online survey form to complete. This form has three sections: demographic data, the clinical practice problems form, and the State-Trait Anxiety Inventory.

### **9. What are the potential risks and side effects of being in this study?**

Participation in this study will not affect your treatment, and the risk is minimal. You are free to decline to answer any of the questions that you feel uncomfortable with.

### **10. What are the benefits of being in this study?**

There may or may not be any benefits to you. Information obtained from this study will help advance understanding of how clinical placement challenges affect anxiety levels in nursing students, potentially leading to improvements in clinical education and support

systems. By focusing on problems of clinical placement, the study aims to provide valuable insights to support UNIMAS nursing students in their clinical placement, indirectly benefiting you and your peers in the future.

**11. Who is funding the research?**

This study does not receive any external funding and is fully sponsored by the main researcher. You will not be paid for participating in this study. There are no plans to develop commercial products from this study.

**12. Will my medical information be kept private?**

All your information obtained in this study will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data where appropriate and necessary.

**13. Who can participate in this study?**

The inclusion criteria are nursing students from year 2 until year 4 who were willing to volunteer to participate in this study, nursing students from year 2 until year 4 who were enrolled as students of the Nursing Department when the research was conducted and nursing students from year 2 until year 4 who had experienced clinical training for at least one month.

The exclusion criteria are nursing students who refuse to participate in the study, nursing students who fill in the data forms incompletely, year 1 nursing students who have not experienced clinical training yet, post-registration and post-graduate nursing students, and nursing students who have been recruited for the pilot study.

**14. Who should I call if I have questions?**

If you have any questions about the study or if you think you have a study-related injury and want information about it, please contact the study researcher, Siti Wardini Binti Nordin, at 0175731499.

If you have any questions about your rights as a participant in this study, please contact: The Secretary, Medical Research & Ethics Committee, Ministry of Health Malaysia, at telephone number 03-3362 8407/8205/8888.

## Appendix D: Informed Consent Form

### INFORMED CONSENT FORM

Title of Study: *The Effect of Problems in Clinical Placement on Anxiety Level among UNIMAS Nursing Students*

By signing below, I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions, and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary, and I can at any time freely withdraw from the study without giving a reason, and this will in no way affect my future treatment. I am not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the main researcher's (Siti Wardini Binti Nordin) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities have direct access to my medical record in order to make sure that the study is conducted correctly and the data are recorded correctly. All personal details will be treated as STRICTLY CONFIDENTIAL
- I will receive a copy of this subject information/informed consent form signed and dated to bring home.

#### **Subject:**

Signature:

I/C number:

Name:

Date:

#### **Investigator conducting informed consent:**

Signature:

I/C number:

Name:

Date:

#### **Impartial witness:**

Signature:

I/C number:

Name:

Date:

## Appendix E: Questionnaire/Semi-structured Questions

### Section A: Demographic data

1. Age: \_\_\_\_\_
2. Gender
  - Female
  - Male
3. Academic years
  - Year 2
  - Year 3
  - Year 4

### Section B: Clinical practice problems form

Please indicate whether you experienced the following problems during your clinical practice by selecting (√) YES or NO options for each item.

The Problems	YES	NO
1. Did you fear causing harm to patients while providing care?		
2. Were the physical conditions of the clinical setting challenging for you to perform your duties?		
3. Did you worry about receiving negative feedback or evaluation from teaching staff?		
4. Did you feel unable to apply your theoretical knowledge to practical situations sufficiently?		
5. Did the absence of lecturers or clinical instructors during your placement cause difficulties?		

6. Did you experience difficulty between theoretical learning and practical application (e.g., differences in what is taught versus what is done in practice)?		
7. Were you anxious about your lack of experience in clinical procedures?		
8. Did you find it difficult to communicate with clinical nurses?		
9. Did you feel that your clinical placement was too fast-paced or demanding?		
10. Did you feel uncertain about what to do during clinical placements?		
11. Did you fear accidentally harming yourself during clinical tasks?		
12. Did you have difficulty communicating with patients?		
13. Did you struggle to manage your time effectively during clinical placements?		
14. Did you feel a lack of interest or dislike towards nursing as a profession?		

## Section C: State-Trait Anxiety Inventory

### a) State Anxiety Scale

Several statements which people have used to describe themselves are given below. Read each statement and then choose the right number to the right of the statement to **indicate how you feel during your clinical placement**. There are no right and wrong answers. Do not spend too much time on one statement but give the answer that best describes your present feelings.

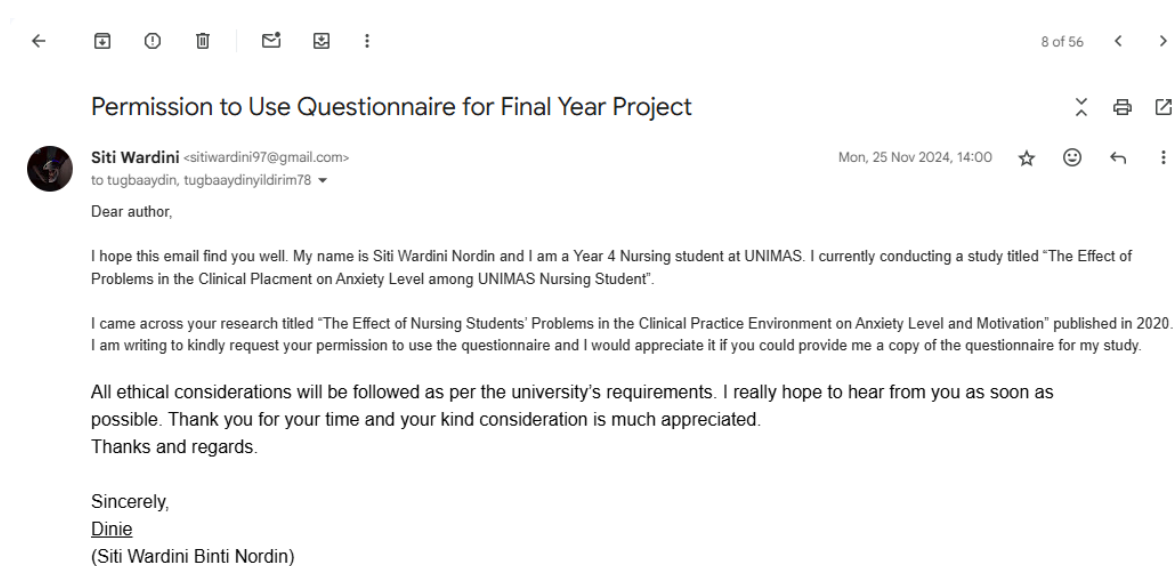
State Anxiety Scale Items	Not at all	A little	A lot	Completely
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self-confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I am content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

**b) Trait Anxiety Scale**

Several statements which people have used to describe themselves are given below. Read each statement and then choose the right number to the right of the statement to **indicate how you generally feel**. There are no right and wrong answers. Do not spend too much time on one statement but give the answer that best describes your present feelings.

Trait Anxiety Scale Items	Almost never	Sometime	Often	Almost all the time
21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I am secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thoughts run through my mind and bother me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

## Appendix F: Permission Obtained from Original Authors to Use Questionnaire



## Appendix G: Gantt Chart

Activity	Month/Year									
	2024				2025					
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Determine the research title	█	█								
Literature review		█	█	█	█					
Meeting with the supervisor		█	█	█	█	█	█	█	█	█
Submit defence proposal slides				█						
Ethical approval				█						
Submission of the first draft					█					
FYP1: Submission of research proposal					█					
Data collection						█	█	█		
Data analysis							█	█	█	

Writing report										
Submit the final draft										
FYP2: Submission of final project										

### Appendix H: Budget Planning

<b>BUDGET</b>	
<b>PROJECT TITLE</b>	The Impact of Problems in the Clinical Placement Environment on Anxiety among UNIMAS Nursing Students
<b>DURATION OF THE PROJECT</b>	September 2024-May 2025
<b>ITEMS</b>	<b>COSTS</b>
SPSS Software	RM5.00
Ink for the printer	Black = RM45 Colour = RM60
Binding of Written FYP	RM 100
Internet data plan	RM40 X 9 Months = RM360
<b>TOTAL COST</b>	<b>RM570.00</b>

## Appendix I: Turnitin Similarity Index Report

Last version			
ORIGINALITY REPORT			
<b>14%</b>	<b>10%</b>	<b>7%</b>	<b>4%</b>
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
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16	Kaya, Hatice, Nurten Kaya, Aylin A-ztÄ¼rk PalloÄY, and Leyla KÄ¼ÄSÄ¼k. "Assessing time-management skills in terms of age, gender, and anxiety levels: A study on nursing and midwifery students in Turkey", Nurse Education in Practice, 2012. Publication	<1%	
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