

Clinical Internship Stressors, Self-Efficacy, And Mental Health Among Young Nursing Interns In China A Cross-Sectional Survey Study Of The Clinical Learning Transition

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Abstract

Background: Clinical internship is the point at which nursing students must convert classroom knowledge into accountable patient care. The transition can produce stress even when students appear to be functioning well. This study examined the association between internship stressors, general self-efficacy, and mental health among young nursing interns in China. **Methods:** A cross-sectional survey was conducted among 434 nursing interns. Participants completed an internship stressor measure, the General Self-Efficacy Scale, and the Depression, Anxiety, and Stress Scale-21. Descriptive statistics and Spearman correlation analysis were used. **Results:** The overall stressor score was low-to-moderate ($M = 1.76$), while general self-efficacy was relatively high ($M = 3.08$). The most salient stressors concerned clinical instructors' teaching attitudes and the intern's role positioning within the ward. Depression, anxiety, and stress scores remained within the normal interpretive range, although stress was the most prominent of the three DASS-21 domains. Internship stressors were positively associated with depression, anxiety, and stress ($p = .344-.370$, $p < .001$), whereas self-efficacy showed an inverse relationship with negative mental-health indicators. **Conclusion:** Apparent psychological stability should not be interpreted as the absence of vulnerability. The findings support a preventive model that improves the relational and instructional conditions of clinical education while strengthening students' efficacy beliefs through structured feedback, graduated responsibility, and timely psychological support.

Keywords: nursing interns; clinical education; internship stressors; self-efficacy; DASS-21; China.

1. Introduction

Clinical internship is more than a period of supervised practice. It is a social and psychological transition in which a student begins to occupy a position that resembles, but does not yet equal, that of a professional nurse. The intern is expected to notice patient deterioration, communicate with families, follow institutional procedures, and perform technical tasks accurately, while still being evaluated by clinical teachers and staff nurses. This combination creates a distinctive form of pressure: the student is close enough to responsibility to feel its consequences but not yet secure enough to feel full control. The World Health Organization (WHO, 2020) identifies the education and retention of a capable nursing workforce as a central health-system priority. That priority begins before graduation, in the environments where students learn how responsibility is distributed and how mistakes are handled.

The nursing literature consistently identifies clinical learning as one of the most demanding parts of professional preparation. Stressors include workload, assignments, unfamiliar clinical environments, patient suffering, fear of making mistakes, evaluation by instructors, and interactions with nurses or physicians (Alzayyat & Al-Gamal, 2014; Pulido-Martos et al., 2012). An umbrella review of 189 studies concluded that student nurses commonly experience moderate-to-high stress, with academic demands, patient care, and relationships with staff and faculty repeatedly appearing as major sources (Labrague, 2024). These stressors do not operate independently. A student who is uncertain about a procedure may experience a supervisor's brief correction as evidence of personal inadequacy; a student who feels unsupported may interpret a busy ward as hostile rather than educational. The same clinical event can therefore have different psychological consequences depending on the student's perceived resources.

Self-efficacy is one such resource. In Bandura's (1997) social cognitive theory, self-efficacy refers to a person's belief that they can organize and execute the actions required to manage prospective situations. It is not identical to competence. A student may possess a technical skill yet hesitate to use it, or may still be learning but remain willing to seek information, persist after an error, and attempt a difficult task. Self-efficacy influences how

demands are appraised, how long effort is sustained, and whether setbacks are interpreted as information or as proof of incapacity. Nursing research has linked self-efficacy with coping, clinical performance, and psychological adjustment, while evidence among young Chinese nurses suggests that self-efficacy, coping, burnout, and social support shape the pathway between job stress and mental-health outcomes (Chen et al., 2020).

Mental health during internship should therefore be understood as an outcome of an interaction rather than a fixed student characteristic. Lazarus and Folkman's (1984) transactional model proposes that stress emerges through appraisal: demands become threatening when they are perceived to exceed available resources. In the clinical ward, the resource appraisal may include knowledge, confidence, time, supervision, peer support, and the legitimacy to ask for help. This model explains why relatively ordinary events—being corrected, receiving an unfamiliar patient assignment, or being asked to perform under observation—can become psychologically heavy when they occur in a low-support environment. It also explains why psychological support should not be reduced to encouraging students to “be resilient”; educational structures themselves can either create or reduce the appraisal of threat.

Chinese nursing interns occupy a particularly important research position. Internship is commonly linked with graduation requirements, the national nursing licensure examination, employment competition, and decisions about whether to remain in clinical nursing. Qualitative work among Chinese undergraduates has shown that anxiety in the later internship period may involve career decisions, employment, graduation projects, licensure examinations, and low confidence in clinical competence (Yi et al., 2022). At the same time, evidence from Chinese nursing students indicates that stress, passive coping, and burnout can cluster during late-stage clinical practice (Ma et al., 2022). These findings suggest that a low average symptom score at one point in training does not remove the need for early support; it may simply indicate that students are still compensating for pressure through effort, compliance, or social support.

The present study addresses three questions. First, which aspects of clinical internship are experienced as the most salient stressors? Second, what is the level of general self-efficacy among young nursing interns? Third, how are stressors and self-efficacy associated with depression, anxiety, and stress as measured by the DASS-21? The central argument is that mental-health protection in nursing education should be built around the clinical learning relationship. A student's psychological state cannot be separated from how supervision is delivered, how the student's role is explained, and whether the ward makes learning visible and legitimate. By examining stressors, self-efficacy, and mental health in one analytic frame, the study moves beyond a simple question of whether interns are stressed and toward a more useful question: which educational conditions make ordinary clinical demands psychologically manageable?

2. Conceptual Framework and Literature Review

2.1 Clinical stress as an educational ecology

The phrase “clinical stressor” can misleadingly suggest that stress resides inside the student. In reality, clinical stress is distributed across a learning ecology. The student encounters the patient, but also the timetable, the documentation system, the ward hierarchy, the instructor's feedback style, the expectations of staff nurses, and the implicit rules governing when questions are acceptable. Pulido-Martos et al. (2012) showed that nursing students' stressors shift as students acquire competence: early uncertainty is often replaced by performance expectations and the emotional weight of patient care. Shaban et al. (2012) similarly found that assignments and the clinical environment were prominent sources of stress during initial clinical training. More recent work has emphasized that stress varies by stage of study: academic demands dominate early training, clinical performance and loss of personal time become salient in the middle, and graduation or transition to employment becomes prominent near the end (Lavoie-Tremblay et al., 2022).

2.2 Self-efficacy as a psychological resource

Self-efficacy offers a bridge between the external learning environment and internal psychological response. General self-efficacy is a broad belief in one's ability to handle difficult situations; clinical self-efficacy is more domain-specific and concerns tasks such as assessment, communication, medication administration, or escalation of patient deterioration. The General Self-Efficacy Scale has been widely used to measure the broader resource. Its relevance is not that high scores make students immune to stress, but that efficacy beliefs alter the behavioral

route through which stress is processed. Students with stronger efficacy beliefs are more likely to interpret an unfamiliar task as a challenge that can be approached through preparation, feedback, and persistence. Students with weaker efficacy may withdraw, conceal uncertainty, or rely on avoidance, thereby increasing the likelihood that a small difficulty becomes a larger psychological burden (Bandura, 1997; Schwarzer & Jerusalem, 1995).

The relationship is reciprocal. A supportive clinical teacher can strengthen efficacy through mastery experiences, modeling, specific feedback, and graduated responsibility. Conversely, inconsistent supervision or humiliating correction can undermine efficacy even when the student's objective performance is adequate. McCarthy et al. (2018) identified problem-solving, optimism, and constructive social support as common coping resources among nursing and midwifery students, while intervention evidence suggests that coping can be taught rather than merely assumed. Zhang et al. (2024) further showed that self-efficacy can help explain how different forms of stress influence study-skills self-efficacy. The practical implication is that the development of self-efficacy should be embedded in clinical teaching rather than left to informal personal growth.

2.3 Mental health and the problem of “normal” scores

The DASS-21 measures recent symptoms associated with depression, anxiety, and stress. It is a screening instrument rather than a diagnostic interview, but it is useful for identifying patterns of emotional burden in student populations (Antony et al., 1998; Henry & Crawford, 2005). A result within the normal range does not mean that a student has no psychological needs. The DASS-21 captures symptoms over a recent period, whereas internship stress may fluctuate by department, shift pattern, assessment cycle, patient acuity, and anticipated employment. Furthermore, nursing students may normalize distress because they understand pressure as part of becoming a competent nurse. A preventive approach therefore attends to meaningful associations and stressor profiles even when mean symptom levels are not clinically elevated.

Research from China reinforces this caution. Young qualified nurses show pathways from job stress to depression and anxiety through emotional exhaustion and social support (Chen et al., 2020), while Chinese nursing interns may experience anxiety around employment, licensure, graduation, and professional identity (Yi et al., 2022). The transition from intern to registered nurse is not a sharp boundary; it is a cumulative process. If students learn that uncertainty must be hidden, they may enter the workforce with a fragile confidence that becomes visible only when workload and accountability increase. Measuring self-efficacy alongside symptoms allows educators to distinguish between students who are currently well and students who are well but under-resourced.

3. Methods

3.1 Design and participants

A cross-sectional, questionnaire-based design was used to examine relationships among clinical internship stressors, general self-efficacy, and mental health. The target population consisted of young nursing interns undertaking supervised clinical placement in China. A total of 434 valid questionnaires were included in the analysis. Participants were approached through cooperating nursing education and clinical-placement channels and completed the survey during the internship period. Eligibility required current participation in a clinical internship and the ability to understand the questionnaire items. Responses with substantial missing data were excluded before analysis. Because the study focused on the psychological conditions of the learning transition, the unit of analysis was the individual intern rather than the ward or hospital.

The study was organized around a simple analytic sequence: identify the stressors that students encounter, estimate the psychological resource of self-efficacy, assess recent mental-health symptoms, and examine associations among the three domains. Figure 1 presents this logic. The design does not claim that cross-sectional correlations prove causality. Instead, it tests whether the pattern predicted by transactional stress theory is visible in a Chinese internship context.



Stressors are treated as modifiable features of the learning environment; self-efficacy is treated as a psychological resource.

Figure 1. Study framework linking the clinical learning transition, psychological resources, and mental-health outcomes.

3.2 Measures

Internship stressors were assessed with a structured stressor questionnaire covering the educational, relational, organizational, and clinical features of internship. Items addressed workload and time pressure, patient-care demands, fear of error, interaction with clinical instructors and nursing staff, role positioning, and uncertainty about performance. Items were scored so that higher values indicated greater perceived stress. The measure was treated as an index of the learning environment as experienced by the student; it was not interpreted as a clinical diagnosis or a measure of objective ward workload.

General self-efficacy was assessed using the General Self-Efficacy Scale (GSES), a widely used measure of optimistic beliefs about one's ability to cope with difficult demands (Schwarzer & Jerusalem, 1995). The Chinese adaptation has been used in student and health-professional research and is suitable for examining perceived coping capacity in non-clinical populations (Zhang & Schwarzer, 1995). Higher scores indicate stronger perceived efficacy. The scale was selected because it captures a general psychological resource that can plausibly influence responses across different clinical departments rather than a single technical procedure.

Mental health was assessed with the 21-item Depression, Anxiety, and Stress Scale. The DASS-21 contains three seven-item subscales. Participants report how much each statement applied to them over the recent assessment period, and subscale scores are interpreted using established severity bands. The instrument has demonstrated acceptable psychometric performance in general and student populations (Antony et al., 1998; Henry & Crawford, 2005). Recent Chinese psychometric evidence also supports careful use of the measure across different Chinese populations while reminding researchers that its factor structure and interpretation should be checked in context (Chen et al., 2023).

Table 1. Constructs, measures, and analytic roles.

Construct	Instrument / domain	Interpretive direction	Role in analysis
Internship stressors	Clinical, relational, organizational, and performance-related items	Higher score = greater perceived stress	Primary explanatory domain
General self-efficacy	General Self-Efficacy Scale	Higher score = stronger coping belief	Psychological resource

Construct	Instrument / domain	Interpretive direction	Role in analysis
Depression	DASS-21, 7-item subscale	Higher score = more depressive symptoms	Mental-health outcome
Anxiety	DASS-21, 7-item subscale	Higher score = more anxious symptoms	Mental-health outcome
Stress	DASS-21, 7-item subscale	Higher score = greater tension and overload	Mental-health outcome

3.3 Data analysis

Descriptive statistics were used to summarize the overall level of perceived internship stressors, general self-efficacy, and the three DASS-21 domains. Correlations were estimated with Spearman's rho because the measures are ordinal or non-normally distributed in many student samples, and because the study's central interest was monotonic association rather than a linear prediction model. Statistical significance was evaluated at the .05 level, with two-tailed tests. In interpreting the results, effect size and direction were considered alongside p-values. The analysis was intentionally conservative: it did not treat self-efficacy as a mediator or claim that stressors caused mental-health symptoms.

3.4 Ethical considerations

Participation was voluntary. Students were informed of the purpose of the survey, the anonymous nature of responses, and their right to decline or discontinue participation. No identifying clinical-performance information was included in the analytic dataset. Because the DASS-21 can identify students who may benefit from support, the study framework recommends that participating programs maintain a referral pathway to a counselor, mental-health professional, or designated student-support service. Screening should not be used to stigmatize students or to make academic decisions without further assessment.

4. Results

4.1 Descriptive profile

The 434 interns reported a relatively low-to-moderate overall level of internship stressors, with a mean score of 1.76. This average should not obscure the location of pressure. The most salient concerns involved clinical instructors' teaching attitudes and the student's role positioning in the ward. These are relational and interpretive stressors: they concern whether the student feels respected, whether expectations are clear, and whether the intern is treated as a learner who is developing or as an additional pair of hands who should already know what to do. Workload, time pressure, patient care, and performance anxiety formed a second cluster of concerns.

General self-efficacy was relatively high, with a mean score of 3.08. The coexistence of low-to-moderate perceived stress and high self-efficacy is important. It suggests that many students were not simply overwhelmed; they were using a psychological resource to manage an environment that still contained meaningful demands. However, high efficacy should not be read as evidence that the educational environment is benign. Students can maintain a sense of capability while experiencing fatigue, anticipatory worry, or pressure to conceal uncertainty. In this sense, self-efficacy may be protective but also compensatory: it can keep students functioning while the underlying source of stress remains unchanged.

Depression, anxiety, and stress scores all fell within the normal interpretive range of the DASS-21. Among the three domains, stress was the most prominent. The pattern indicates that current symptoms were not, on average, clinically elevated, yet the students' emotional responses were not evenly distributed. Stress was more visible than depression or anxiety, consistent with the idea that the internship environment produces immediate tension and overload before those experiences necessarily consolidate into more persistent symptoms.

Table 2. Main descriptive findings.

Indicator	Observed result	Interpretation
Sample size	434 valid nursing interns	Sufficient for descriptive and correlation analysis
Internship stressors	M = 1.76	Low-to-moderate overall burden; relational teaching issues most salient
General self-efficacy	M = 3.08	Relatively strong perceived capacity to handle demands
DASS-21 depression	Normal range	No average indication of clinically elevated depressive symptoms
DASS-21 anxiety	Normal range	No average indication of clinically elevated anxiety symptoms
DASS-21 stress	Normal range; highest of three domains	Immediate overload was more prominent than depression or anxiety

4.2 Associations among stressors, self-efficacy, and mental health

Internship stressors were positively associated with all three DASS-21 domains. The reported Spearman coefficients ranged from $\rho = .344$ to $\rho = .370$, and all associations were statistically significant. The strongest association was observed for anxiety ($\rho = .370$), followed by stress and depression. These are moderate relationships: stressors do not determine mental health, but they are sufficiently connected to show that the clinical learning environment matters for emotional well-being. The pattern is consistent with the transactional model, in which perceived demands become psychologically consequential when students appraise them as exceeding available coping resources.

General self-efficacy showed the opposite pattern, with significant inverse relationships with negative mental-health indicators. Students who held stronger beliefs in their ability to deal with difficult demands tended to report fewer symptoms. The inverse pattern does not mean that self-efficacy eliminates stress. Rather, it suggests that efficacy may help students preserve emotional stability when faced with uncertainty, evaluation, and patient-care responsibility. The relationships are summarized in Table 3.

Table 3. Associations among the study domains.

Variable pair	Direction	Spearman ρ / pattern	Meaning
Internship stressors – depression	Positive	$\rho = .344, p < .001$	More perceived stressors accompanied more depressive symptoms
Internship stressors – anxiety	Positive	$\rho = .370, p < .001$	Anxiety was the DASS-21 domain most closely related to stressors
Internship stressors – stress	Positive	Within $\rho = .344-.370, p < .001$	Clinical pressure was linked to immediate overload
Self-efficacy – depression/anxiety/stress	Negative	Significant inverse pattern	Stronger efficacy beliefs co-occurred with better mental-health indicators

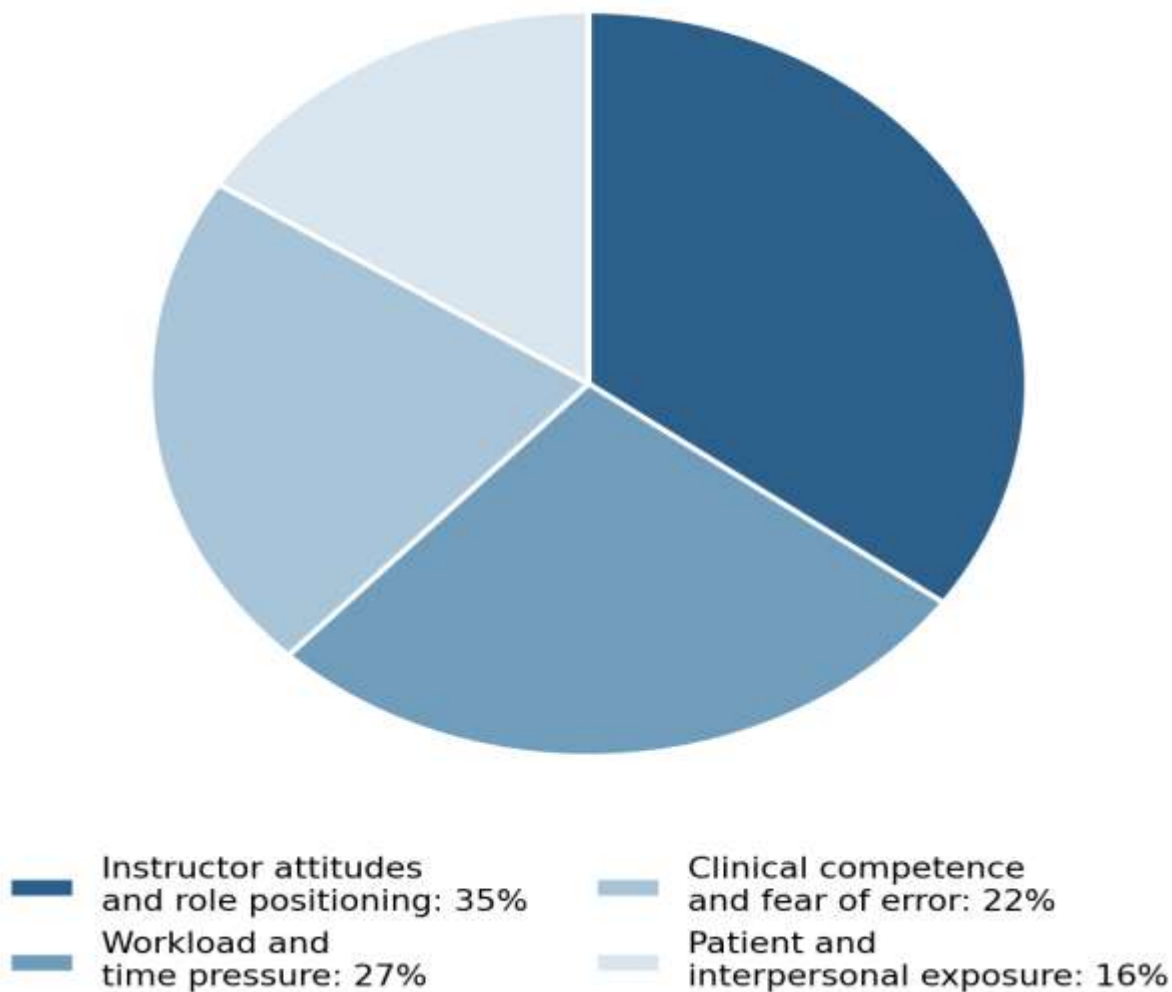


Figure 2. Relative emphasis of stressor domains described in the survey framework. Percentages are normalized visual weights for the reported ranking, not participant prevalence estimates.

5. Discussion

5.1 The central finding: the relationship around the student matters

The most important result is not that nursing interns experienced stress. That finding is already well established. The more useful result is where stress was concentrated: in teaching attitudes and role positioning. A clinical internship asks students to learn within an existing hierarchy. They need enough responsibility to develop competence, but enough protection to ask questions and admit uncertainty. When this boundary is unclear, the student is placed in a psychologically unstable position. They may be held responsible for outcomes without being given the authority, information, or time needed to manage them. The result is not necessarily dramatic distress; it may appear as constant vigilance, reluctance to speak, over-preparation, or a sense that every interaction is an evaluation.

This interpretation extends the traditional view that nursing-student stress is mainly a matter of workload. Workload is important, but the present results suggest that the meaning of workload is mediated by the learning

relationship. A busy shift can be educational when the instructor explains priorities, demonstrates reasoning, and provides feedback that is specific rather than personal. The same shift can feel threatening when the student does not know what counts as acceptable performance or whether asking for help will be interpreted as incompetence. Alzayyat and Al-Gamal (2014) and Pulido-Martos et al. (2012) both identified the clinical environment and faculty relationships as significant stress sources. The current findings place those relationships at the center rather than at the margins of the internship experience.

5.2 High self-efficacy is protective, but not a substitute for institutional support

The relatively high self-efficacy score provides a second important insight. These interns appear to have entered the clinical setting with a meaningful belief that they can manage difficulty. That belief may have helped explain why the average DASS-21 scores remained within the normal range despite significant associations between stressors and mental health. Bandura's (1997) model predicts that efficacy changes effort, persistence, and emotional regulation. In practical terms, a student with stronger efficacy is more likely to prepare for a task, seek clarification, and recover after correction. The student may still experience pressure, but the pressure is less likely to become evidence of personal failure.

There is, however, a risk in using self-efficacy as the main solution. If institutions interpret resilient students as students who need no support, the psychological resource becomes a reason to transfer responsibility from the ward to the individual. Chen et al. (2020) showed among young Chinese nurses that job stress is linked to mental-health outcomes through a network that includes self-efficacy, coping, burnout, and social support. This network points to a systems interpretation: psychological resources matter because environments either replenish or exhaust them. A student should not have to rely on unusually high personal efficacy to survive unclear supervision.

5.3 Why normal DASS-21 scores should trigger prevention rather than reassurance

The normal DASS-21 profile might be read as evidence that the students were psychologically healthy and that intervention was unnecessary. That reading would be too narrow. First, the DASS-21 is a recent-symptom measure, not an assessment of future risk or professional adjustment. Second, averages can hide subgroups with greater difficulty. Third, students may underreport symptoms when they fear that disclosure will affect their evaluations or reputation. Finally, the most prominent domain was stress, which is the domain most directly connected to the immediate demands of internship. Stress may be the first visible signal in a trajectory that later includes anxiety, depressive symptoms, sleep disturbance, or withdrawal from nursing.

The findings therefore support a low-intensity, universal prevention model. All interns should receive clear role expectations, structured feedback, and information about confidential support. Students with repeated signs of overload should receive targeted check-ins. Students whose scores or clinical behavior suggest significant risk should be referred for professional assessment. This stepped approach avoids both extremes: treating every student as clinically ill and waiting until distress becomes severe before offering help. It also fits the WHO's emphasis on mental health promotion and prevention in educational and work settings (WHO, 2022).

5.4 The Chinese transition: competence, identity, and employability

The Chinese internship context gives the results an additional layer. Interns are not only learning how to perform nursing tasks; they are also preparing for licensure, employment, and the social identity of a nurse. Yi et al. (2022) found that anxiety in the later internship period was tied to career decisions, job pursuit, graduation, licensure, and low confidence in clinical competence. These concerns can amplify the meaning of daily feedback. A correction about a procedure may be heard not merely as information about a skill, but as evidence that the student is not ready for employment. Similarly, uncertainty about role positioning may be connected to a larger question: "Will I be accepted as a future nurse?"

This helps explain why role clarity should be treated as a mental-health intervention. Students need to know what they are expected to do independently, what requires supervision, and how competence will be judged. They also need opportunities to connect clinical tasks with professional identity. Ma et al. (2022) showed that perceived stress, coping style, and burnout are related in Chinese nursing students during late-stage practice. The present study adds that a strong efficacy belief may buffer this relationship, but the buffering effect will be more sustainable when schools and hospitals provide predictable educational structures.

5.5 Comparison with the wider nursing-student literature

The pattern is broadly consistent with international evidence but differs in emphasis. International studies frequently identify assignments, patient care, faculty relationships, and clinical uncertainty as stressors (McCarthy et al., 2018; Shaban et al., 2012). Cross-cultural work also suggests that students rely on problem-solving,

optimism, and support, although the relative use of these strategies varies by context (Labrague et al., 2018). The present study does not imply that Chinese interns are less stressed than students elsewhere. Instead, it suggests that the stress is being held within a setting where students may continue to perform and report normal average symptoms. The educational challenge is therefore to detect relational strain before it is converted into burnout or attrition.

The results also align with recent calls to treat clinical stress as a modifiable feature of nursing education. Toqan et al. (2023) emphasized that first clinical training brings stressors related to patient care, staff interaction, and the demands of acquiring psychomotor skills. Zhang et al. (2024) showed that the relationship between stress and self-efficacy is not mechanically negative; the meaning and intensity of stress matter. Some pressure can motivate preparation, while uncontrolled or unsupported pressure undermines confidence. The objective is not to remove all difficulty from internship. It is to ensure that difficulty is accompanied by explanation, feedback, and a realistic path to mastery.

6. Educational and Clinical Implications

The findings point to interventions at three levels: the student, the clinical teacher, and the institution. The strongest implication is that these levels must be connected. A stress-management workshop without changes to role clarity will have limited effect; a supportive instructor without a referral pathway may be unable to respond to severe distress.

Table 4. A prevention-oriented support model derived from the findings.

Level	Priority	Practical action	Expected mechanism
Student	Strengthen efficacy through mastery	Use graduated responsibility, simulation rehearsal, and brief reflective debriefs after difficult cases	Successful experiences and guided reflection build confidence
Clinical teacher	Improve relational supervision	State expectations at the start of a shift; give behavior-specific feedback; normalize questions	Reduces ambiguity and makes correction informational rather than threatening
School-hospital partnership	Create a shared support pathway	Coordinate advisor check-ins, confidential counseling, and referral procedures	Prevents students from carrying escalating stress alone
Program level	Monitor stressor patterns	Use short pulse surveys by department and internship stage	Identifies local problems before they become generalized burnout

For students, self-efficacy should be developed through concrete mastery experiences rather than motivational slogans. Before a high-risk task, the student can rehearse the sequence in simulation, observe a model, perform the task with supervision, and receive feedback that identifies what was done well and what should change. Reflection should focus on decisions and strategies, not on global labels such as “careless” or “not suitable for

nursing.” Peer support can also be structured through small groups in which students discuss common clinical uncertainties without turning the discussion into competitive comparison.

For clinical teachers, the central practice is role clarification. At the beginning of each rotation or shift, teachers should specify which tasks interns may perform, which require direct supervision, how questions should be raised, and how performance will be assessed. Feedback should be timely and behavior-specific. A student can act on “verify the patient identity before preparing the medication” more effectively than on “you lack clinical awareness.” This is not merely a communication preference. It is a way to protect self-efficacy while preserving patient safety.

For schools and hospitals, the most useful infrastructure is a stepped support pathway. Routine check-ins can be brief and non-stigmatizing, with questions about workload, role clarity, sleep, confidence, and access to help. A designated academic advisor should be able to coordinate with the clinical teacher without exposing the student to unnecessary disclosure. The WHO (2022) emphasizes organizational action in mental-health promotion; the implication here is that support should be built into the internship system rather than offered only after a crisis.

7. Limitations

Several limitations should be considered. The cross-sectional design prevents causal inference; the findings show associations at one point in the internship rather than a developmental trajectory. Self-report measures may be affected by memory, social desirability, or concern about evaluation. The study used a general self-efficacy measure rather than a task-specific clinical self-efficacy scale, so it cannot determine which clinical competencies most strongly shape confidence. The DASS-21 is a screening tool and should not be treated as a diagnostic assessment. Finally, the sample was drawn from a Chinese nursing-intern population and may not represent all regions, educational pathways, hospital types, or rural placements. Longitudinal research should follow interns across departments and into the first year of employment, combining questionnaires with interviews, supervisor ratings, sleep measures, and retention outcomes.

8. Conclusion

Young nursing interns in China reported manageable average levels of internship stress and relatively strong self-efficacy, while their depression, anxiety, and stress scores remained within the normal DASS-21 range. Yet the significant association between perceived stressors and all three mental-health domains shows that clinical education is psychologically consequential even before symptoms become severe. The most salient pressure concerned the teaching relationship and the student’s position within the ward. The practical response is not to remove challenge, but to make challenge teachable: clarify roles, provide specific feedback, build mastery experiences, and connect students to confidential support. A nursing workforce that is technically prepared but psychologically unsupported is not a sustainable workforce. Protecting interns’ mental health is therefore part of preparing them for safe, confident, and durable professional practice.

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