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Anxiety and Stress Levels of Midwifery Students Before and After the First Clinical Practice

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ABSTRACT

Purpose: This study is conducted to determine the anxiety and stress levels experienced by midwifery students before and after the first clinical practice.
Method: The sample of the study was 63 midwifery students studying in first grade at a public university located in the Central Anatolian region of Turkey and going to begin clinical practice. Data were collected by the student information form, The State-Trait Anxiety Inventory, and Pagana Clinical Stress Questionnaire (CSQ). Data was analyzed in IBM SPSS Statistics 21 program. In data analysis, numbers, percentages, mean, standard deviation, paired samples t test and Wilcoxon test were used.
Results: The students expressed their feelings before the first clinical practice as a curiosity (88.9%), excitement (87.3%), stress (44.4%), and worry (38.1). The factors affecting these feelings are; to be learning something new (87.3%), worrying about harming the patient (60.3%), being in a hospital setting (60.3%), worry about failing (31.7%). After the clinical practice of the students; state anxiety point averages ($p<0.001$), CSQ total point averages ($p=0.046$), and stress levels experienced in the threat ($p<0.001$) and harm ($p < 0.001$) sub-dimensions of this scale increased significantly compared to pre-clinical practice.
Conclusion and Suggestions: Midwifery students experienced moderate stress and anxiety levels before the first clinical practice. State anxiety and clinical stress levels also increased significantly after clinical practice. Academicians should note that the first clinical practice is very stressful for midwifery students, and they should take steps to reduce students' anxiety and stress levels through information and orientation meetings during the clinical practice.

Ebelik Öğrencilerinin İlk Klinik Uygulama Öncesi ve Sonrası Kaygı ve Stres Düzeyleri

Makale Bilgileri

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ÖZ

Amaç: Bu çalışma ebelik öğrencilerinin ilk klinik uygulama öncesi ve sonrası yaşadıkları kaygı ve stres düzeylerini belirlemek amacıyla yapılmıştır.
Yöntem: Çalışmanın örneklemini Türkiye'nin İç Anadolu bölgesinde yer alan bir kamu üniversitesinde birinci sınıfta okuyan ve ilk kez uygulamaya çıkacak olan 63 ebelik öğrencisi oluşturmuştur. Veriler öğrenci bilgi formu, Durumluk-Sürekli Kaygı Envanteri ve Pagana Klinik Stres Anketi (KSA) ile toplanmıştır. Verilerin IBM SPSS 21 programında değerlendirildi. Verilerin analizinde; sayı, yüzde, ortalama, standart sapma, eşli iki örnek t testi ve wilcoxon testi kullanıldı.
Bulgular: Öğrenciler ilk klinik uygulama öncesi hissettikleri duyguları; merak (88.9%), heyecan (87.3%), stres (44.4%) ve endişe (38.1) olarak belirtmiştir. Bu duygulara neden olan faktörleri ise; yeni bir şeyler öğrenecek olmak (87.3%), hastaya zarar verme korkusu (60.3%), hastane ortamında bulunacak olmak (60.3%), hata yapmaktan korkmak (31.7%) olarak belirtmişlerdir. Öğrencilerin klinik uygulama sonrasında; durumluk kaygı puan ortalamaları ($p < 0.001$), KSA toplam puan ortalamaları ($p = 0.046$) ile bu ölçeğin tehdit ($p < 0.001$) ve zarar ($p < 0.001$) alt boyutlarında yaşadıkları stres düzeyleri klinik uygulama öncesine göre anlamlı olarak yükselmiştir.
Sonuç ve Öneriler: Ebelik öğrencilerinin ilk klinik uygulama öncesi orta düzeyde stres ve kaygı yaşadıkları belirlenmiştir. Ayrıca klinik uygulama sonrası durumluk kaygı ve klinik stres düzeyleri anlamlı olarak yükselmiştir. Akademisyenler ilk klinik uygulamanın ebelik öğrencileri için oldukça stres verici olduğunu unutmamalı ve bu doğrultuda klinik uygulama süresince bilgilendirme ve oryantasyon toplantıları ile öğrencilerin kaygı ve stres düzeylerini azaltacak girişimlerde bulunmaları önerilir.

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INTRODUCTION

Clinical practice provides students with the opportunity to practice their acquired knowledge and skills during actual health care delivery (Gemuhay et al., 2019). It is reported that students studying in applied sciences generally experience continuous stress during clinical teaching. Midwifery students are a high-stress group (Budu et al., 2019). Stress means difficulty, and distress affects both personal and professional life by impairing the well-being of individuals (McCarthy et al., 2018). Students, who have just begun midwifery education, have not been exposed to the hospital environment before the first clinical practice and have not faced the real face of studying and working in the field of midwifery before (Cummins et al., 2018). While many students experience excitement and worry about the field of practice before clinical practice, they also experience anxiety and stress during practice (Polat et al., 2018; Sun et al., 2016). Hospitals are generally unfamiliar places to students and constitute an environment with unique and unfamiliar sights, sounds, and odors (Cummins et al., 2014). Students experience clinical stress due to reasons such as insufficient knowledge and skills for practice, fear of harming the patient and making mistakes, lack of clear expectations of their instructors, unknown environment, not trusting their knowledge and skills, thoughts such as encountering negative reactions, and low self-confidence (Açıksöz et al., 2016; Karakoc et al., 2020). The stress of students disrupts learning and negatively affects the quality of education (Rafati et al., 2017). While a low or moderate level of stress is a source of motivation, a high level of stress makes learning, thinking (Budu et al., 2019; Köse Tosunöz et al., 2021), and skills difficult, and may negatively affect physical and psychological health. Therefore, clinical practice is one of the situations that has an important place in improving the professional knowledge, skills, and qualifications of students, but also creates the most stress for students (Karakoc et al., 2020).

It has been reported that the expectations of the students often do not match the situations they encounter in clinical practice, which has an impact on their well-being, stress levels, and the results of leaving the midwifery program (Thunes & Sekse, 2015). While experiences of the first clinical practice may affect students positively and corroborate their desire to become a midwife, sometimes they may consume ideal midwifery views of the students on the contrary (Cummins et al., 2018). For this reason, educators should be aware of the sources of stress experienced by their students in order to support development and improvement (Yearwood & Riley, 2010).

A study conducted in our country to determine the midwifery students' anxiety levels at the beginning and end of their first clinical experience determined that the fear of harming the patient and the attitudes of the physicians-nurses in the clinic were among the stress factors reported by the students. It has also been reported that students' anxiety and stress levels increase during their first clinical experience, and their anxiety and stress levels decrease as the clinical experience increases (Aydın Kartal & Yazıcı, 2017). In a study on the stress and coping with the stress of undergraduate nursing and midwifery students, emphasized that stress is common in all areas of nursing and midwifery undergraduate education (McCarhty et al., 2018). Educators are aware of this effect, and it is essential to provide support to students in both clinical and academic environments. In this study it is also stated that more research is needed to identify the barriers and facilitators to experience stress and support students from the students' perspective (McCarhty et al., 2018). Significant research has been done to determine what supports student learning in general, but few studies have involved midwifery students and their learning in initial clinical practice (Aydın Kartal & Yazıcı, 2017; Thunes & Seskse, 2015). Our study was carried out to reveal midwifery students' experiences by determining their anxiety and stress levels before and after the first clinical practice.

Research Questions:

- What is the anxiety level of midwifery students before the first clinical practice?
- Does the level of anxiety experienced by midwifery students in the first clinical practice differ before and after the practice?
- What is the clinical stress level of midwifery students before the first clinical practice?

METHOD

Research Design

This was a descriptive study that was conducted in the midwifery department of a public university during the spring semester of 2018-2019 academic year. Midwifery students' experience clinical practice in hospitals in different vocational courses every semester starting from the first grade.

Research Sample

The population was the first-grade students (n = 65) studying in the Department of Midwifery in the Faculty of Health Sciences of a public university in the Central Anatolia region of Turkey. Sample selection was not made and it was aimed to reach all target populations of the study. 63 students attending the basic care skills course constitute the research study group. After explaining the aim and importance of the research, all students volunteered to participate in the research. The post-hoc power of the study calculated using the G. Power-3.1.9.7 program. As a result of the analysis applied to 63 participant, the stress levels of the students before the clinical application were calculated as 34.16± 5.94, while it was obtained as 39.32± 9.8 after the first clinical application. It was concluded that the state anxiety scores of the participants before and after the first clinical application were significant and at the level of α=0.05, the effect size was 0.6034. As a result of the post-hoc analysis, the observed power of the study was calculated as 0.99. The minimum required power value for post hoc analysis is 0.67. In this case, the power made is at an acceptable level, the number of data is sufficient.

Research Instruments and Processes

The data were collected by student information form, State-Trait Anxiety Inventory, and Clinical Stress Questionnaire.

Student Information Form: It consisted of 6 questions to determine the socio-demographic data and feelings of the students towards clinical practice. In order to determine the socio-demographic characteristics of the students, the age, the high school they graduated from, the place of residence were asked and to determine the feelings they felt before the first clinical practice: "What feelings do you feel about going to the clinical practice for the first time?" and "What is the reason for these feelings you feel?" questions were asked.

The State-Trait Anxiety Inventory (STAI): STAI was developed by Spielberger et al. in 1970 (Spielberger et al., 1970). Turkish validity and reliability study was conducted by Oner and Le Compte in 1983 (Öner & le Compte, 1983). The scale consists of 40 items to determine the state (20 items) and trait (20 items) of anxiety levels. While the state anxiety inventory determines feelings at a certain time and under certain conditions, the trait anxiety inventory assesses how the individual general feeling. The Likert-type scale has four grades ranging from "not at all" to "completely," and the total score obtained from both scales varies by 20-80. A high score obtained from the scale refers to a high level of anxiety, and a low score refers to a low level of anxiety. Oner and Le Compte (1983) determined the STAI's Turkish reliability and validity. The Cronbach's alpha value of the scales ranges between 0.81-0.87. In this study Cronbach Alpha was found 0.63 before clinical practice and 0.65 after clinical practice for STAI-S, and 0.67 for STAI-T at the beginning of clinical practice and 0.74 after clinical practice.

Pagana Clinical Stress Questionnaire (CSQ): Pagana developed the CSQ in 1989 to determine the initial value of stress that threatens or challenges student nurses in their first clinical practice experience. Sendir and Acaroglu conducted Turkish validity and reliability study of the scale in 2008 (Sendir & Acaroglu, 2008). CSQ is a Likert-type scale consisting of 4 sub-headings, including emotional expressions of threat, challange, harm, and benefit, with a total of 20 items. The total score obtained from the scale varies by 0-80. A low score refers to a low level of stress, while a high score refers to a high level of stress. Cronbach's alpha value of the scale was found to be 0.70. In this study Cronbach Alpha was found 0.68 before clinical practice and 0.74 after clinical practice.

Data Collection

The data of the study were collected in two stages. Firstly, data collection forms were distributed to the students in the classroom one day before starting the clinical practice in the spring semester. Then, the students participated in the clinical practice, which lasted for 12 weeks for about 8 hours a week. Data collection forms were applied immediately again after completing the clinical practice. It took an average of 10-12 minutes each time for students to fill out the forms.

Data Analysis

The data were analyzed using SPSS version 21. Descriptive statistics tests were numbers, percentages, mean, and standard deviation. A one-sample Kolmogorov-Smirnov test was used to evaluate the conformity of variables to normal distribution. The difference between pre-test and post-test scores was evaluated by paired samples t test for parametrically distributed data and the Wilcoxon test for non-parametric data. The statistical significance level was considered at $p < 0.05$ level.

Ethic

The necessary permission was obtained from the Scientific Research Ethics Committee (No: 19/2). Institutional permission was obtained before the study. At the first stage, the importance and purpose of the research were explained to the students and their voluntary consent was obtained. The study was conducted in line with the principles of the Declaration of Helsinki.

RESULTS

The average age of the students was 18.93±0.75, 24% of them were high school graduates related to health, and 66.7% of them live in dormitories. 81% of the students stated that they choose the midwifery department willingly.

When students were asked about their feelings about the first clinical practice; 88.9% reported that they were curious, 87.3% were excited, and 44.4% were stressed. Students reported the affecting factors as learning something new (87.3%), worry about harming the patient (60.3%), being in a hospital setting (60.3%) (Figure 1).

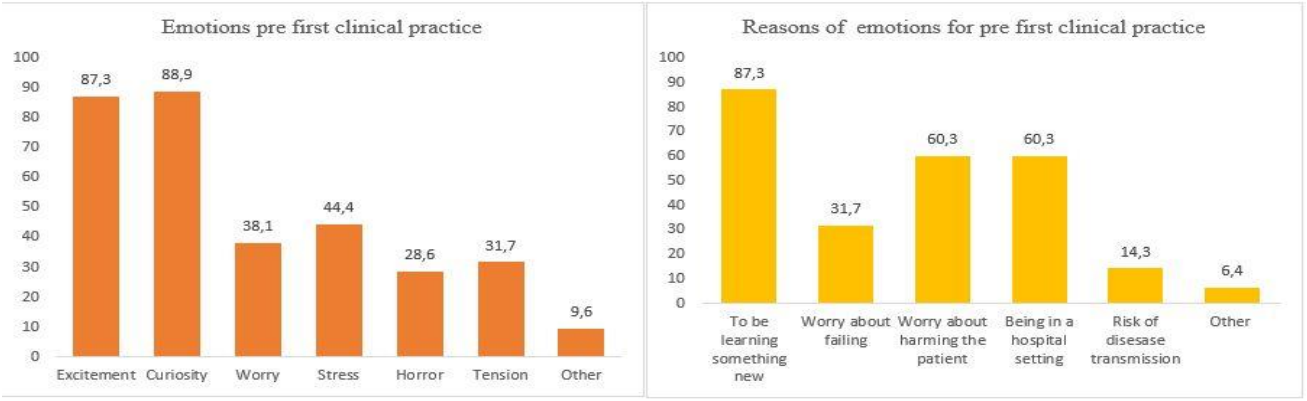

Figure 1. *Emotions and Their Reasons of Stress Before Clinical Practice*

It was determined that the state anxiety mean score of the students before the first clinical application was 34.16±5.94, the trait anxiety mean score was 47.03±8.06, and the CSQ total score mean was 33.44 ± 7.45. However, after the clinical practice the state anxiety mean score of the students was 39.32 ± 9.8, trait anxiety mean score was 46.57 ± 6.95, and CSQ's total score mean was 35.27 ± 8.54 (Table 1).

Our analysis showed that the mean of state anxiety of the students before and after the practice were statistically and significantly different, and the post-clinical anxiety level was high (t:-4.988, $p < 0.001$), but the mean of trait anxiety were not statistically and significantly different (z: -0.698, $p = 0.485$) (Table 1).

When comparing the clinical stress questionnaire before and after the clinical practice, it was found that the clinical stress of the students after practice was statistically and significantly higher (t:-2.040, $p = 0.046$). Similarly, it was determined that the mean of threat and harm sub-dimensions increased after the clinical practice ($p < 0.001$) (Table 1).

Table 1. *Comparison of the Pretest-Posttest Total Scores of STAI and CSQ for the First Clinical Practice*

	Pre Mean score±ss Median (Min-Max)	Post Mean score±ss Median (Min-Max)	Range of attained score	t	p
STAI-S	34.16±5.94 34 (21-51)	39.32±9.8 39 (22-62)	0-80	-4.988*	**<0.001**
STAI-T	47.03±8.06 45 (32-76)	46.57±6.95 47 (31-61)	0-80	-0.698**	0.485
CSQ subdimensions					
Threat	6.63±3.62 6 (0-15)	8.15±3.94 8 (2-18)	0-28	1.269**	**<0.001**
Challenge	18.81±4.39 19 (6-27)	18.05±4.7 18.5 (2-26)	0-20	495.500**	0.115
Harm	2.56±2.33 2 (0-13)	3.87±2.72 3(0-11)	0-8	986.500**	**<0.001**
Benefit	5.35±2.13 6 (0-8)	5.32±1.75 5 (1-8)	0-24	593.000**	0.958
CSQ total	33.44±7.45 35 (15-48)	35.27±8.54 36 (9-57)	0-80	-2.040*	**0.046**

*Paired-sample T Test; **Wilcoxon Test

When the state anxiety scores of the students before and after the first clinical practice were compared according to their graduation from a health-related high school, it was found that anxiety scores of both those who graduated from a health-related high school ($p= 0.024$) and those who did not graduate from a health-related high school ($p<0.001$) after practice increased significantly and statistically. Moreover, it was found that the mean of CSQ who did not graduate from a health-related high school increased after clinical practice ($p = 0.049$) (Table 2).

In addition, the state anxiety scores of the students who reported they had chosen the midwifery department willingly were 33.69 ± 5.79 before the clinical practice and 38.55 ± 9.4 after the clinical practice, and the difference was statistically significant ($p<0.001$). No statistically significant difference was found in the anxiety and CSQ scores of the students, who reported that they did not choose the midwifery department willingly, before and after the clinical practice (Table 2).

Table 2. *Comparison of Pretest-Posttest Total Scores of STAI and CSQ According to Some Variables*

	STAI-S			CSQ		
	Pre Mean score±ss Median (Min-Max)	**Post Mean score±ss Median (Min-Max)**	**t and p**	**Pre Mean score±ss Median (Min-Max)**	**Post Mean score±ss Median (Min-Max)**	**t and p**
Graduate from health-related high school						
Yes	32.13±5.11 34 (22-42)	36.07±8.47 33 (24-60)	-2.532* **0.024**	28.13±7.13 30 (15-41)	29.87±9.09 30 (9-41)	0.715* 0.486
No	34.79±6.09 34 (21-51)	40.33±10.04 40 (22-62)	4.362* **<0.001**	35.1±6.81 36 (15-48)	36.96±7.7 36.5 (15-57)	-2.025* **0.049**
Prefer the midwifery department willingly						
Yes	33.69±5.79 34 (21-49)	38.55±9.4 39 (22-60)	4.513* **<0.001**	32.8±7.49 33 (15-48)	34.16±8.42 35(9-54)	-1.492* 0.142
No	36.17±6.41 34 (27-51)	42.58±11.19 40.5 (30-62)	2.133* 0.056	36.17±6.93 37.5 (19-47)	40±7.66 38.5 (30-57)	-1.414* 0.185

*Paired Sample T Test

DISCUSSION

This study aims to determine the midwifery students' anxiety and stress levels before and after the first clinical practice. Our result showed that the first clinical practice can increase the level of state anxiety and clinical stress in students. Students may perceive clinical experiences as a source of anxiety (Karagözoğlu et al., 2014) as clinical environments are complex, multidimensional, and variable. Clinical practice stress is common in nursing and midwifery learning (McCarthy et al., 2018).

In our study, it was determined that CSQ levels of the students were below the average value. In a study conducted on nursing students in Turkey, it was determined that CSQ scores of the students were below the average before the first practice (Oktay et al., 2017). However, another study reported that the stress of first clinical practice in students was above the average (Bektaş et al., 2018).

In our study, CSQ scores of students were compared before clinical practice and immediately after the practice, and it was found that CSQ score means of students were significantly higher after the first clinical practice. Similar to our study, the state anxiety levels of nursing students who performed clinical practice for the first time were compared on the first day and the last day of the practice in the study by Karagozoglu et al. (Karagözoğlu et al., 2014), and it was found that the anxiety was higher on the last day of clinical practice (Karagözoğlu et al., 2014). However, contrary to our results, it was reported that the total stress level decreased significantly after clinical practice compared to the beginning (Arabaci et al., 2015; Aydın Kartal & Yazıcı, 2017). In the study of Bektas et al. (2018), it was reported that students' stress levels increased after clinical practice, but the difference was not statistically significant. It was thought that students' exposure to threatening and dangerous stimuli in a clinical setting might cause an increase in anxiety and stress. Our study probably supports this view as it was determined that the scores of the students in the threat and harm sub-dimensions of CSQ increased after the clinical practice. Stress is a negative reaction that occurs when a person is under excessive pressure or when too much is expected of them (Arabaci et al., 2015). The study conducted by Eswi et al. (2013) showed that students got angry and upset about events that are beyond their control, and reported that the important clinical stressors of students were taking too much responsibility and struggling to fulfill them, getting low grades than expected, insufficient sleep, and making important decisions about their future career (Eswi et al., 2013). The midwifery student also falls somewhere between hospital practice and the world of theoretical education and research during clinical practice. The clinical aspect of midwifery learning may be less developed than the theoretical components. These are fundamental problems in clinical learning and are likely to occur (Jonsén et al., 2013). Our result that clinical stress increased after the first practice may have resulted from the fact that students faced the real face of studying and working in the field of midwifery when they were exposed to the hospital setting for the first time. Our idea is supported by the fact that state anxiety scores of students were higher after clinical practice in our study.

Moreover, the increase in the moderate level of stress experienced by the students before the clinical practice may indicate the students' need for help. Educators should consider that clinical practice is stressful and provide appropriate support to students in both clinical and academic environments. It is essential to provide a free atmosphere and visible rules in the clinical setting to maximize learning (Jonsén et al., 2013). Providing students with an orientation before clinical practice, clarifying clinical learning objectives, visiting students in a clinical setting may positively affect students' clinical learning experience and may help them keep their stress levels under control (Gemuhay et al., 2019). So, it is recommended to review the appropriate interventions that support students' coping with stressful situations in future studies.

Our study found that the mean score of CSQ of students who did not graduate from a health-related high school also increased after clinical practice. In a study conducted with midwifery students, it was reported that the stress and anxiety levels of students who graduated from health vocational high school were significantly lower (Aydın Kartal & Yazıcı, 2017). In another study conducted with nursing students, it was determined that the clinical stress level of students with previous hospital experience were lower, while there was no significant difference between them and students without previous hospital experience (Karagözoğlu et al., 2014). In line with these data, assuming that the students who graduated from health-related high school have performed clinical practice before, it can be said that these experiences positively contribute to controlling the students' clinical stress level.

In our study, the students reported that they felt the emotions such as excitement, curiosity, anxiety, worry, and stress before the clinical practice. When they were asked about the source of these feelings, they answered as to be learning something new, worry about failing, worry about harming the patient, being in a hospital setting, and risk of infection. In a study conducted with midwifery students, the students reported that they felt excitement, happiness, stress, anxiety, and worry during the first clinical experience, and the source of these feelings was being worry about harming the patient, the attitudes of the physicians and nurses, worry about failing in hospital procedures, distrust towards midwifery students, and being worry about failing (Aydın Kartal & Yazıcı, 2017). In studies conducted with nursing students, it was reported that students beginning clinical practice for the first time experience anxiety-worry about issues such as excitement, anxiety, worry about harming the patient, misapplication, being criticized by teachers in the clinical setting, and encountering a dying patient (Açıksöz et al., 2016; Budu et al., 2019; Levett Jones et al., 2015). In our study, the feelings of midwifery students performing the first clinical practice are similar to the literature.

Our study determined that there was no significant change in the trait anxiety scores of the students before and after the clinical practice. Similar to our study Açıksöz et al. (2016) found no significant difference between the trait anxiety scores of nursing students before and after the first clinical practice. It is expected that scores of the students before and after the practice are similar because trait anxiety inventory is a measurement tool for evaluating how individuals generally feel themselves (Öner & le Compte, 1983; Spielberger et al., 1970).

Our study determined that the state anxiety scores of the students were moderate before the first clinical practice but increased after the clinical practice. In similar studies conducted with nursing students, it was determined that students experienced a moderate level of anxiety before clinical practice (Arabaci et al., 2015; Köse Tosunöz İ et al., 2021). Unlike our study, a study conducted by Aydın Kartal and Yazıcı (2017) found that state anxiety scores of midwifery students decreased significantly after the practice. In two studies conducted with nursing students, it was determined that the state anxiety mean score of the students was higher after the first clinical practice than before the clinical practice, but the difference was not statistically significant (Açıksöz et al., 2016; Arabaci et al., 2015). Our results considered that higher state anxiety scores of the students after practice were related to their higher CSQ scores. The fact that the threat and harm sub-dimension scores of CSQ were higher after the practice in our study suggests that the situation-specific anxieties of the students being in the hospital setting for the first time increased due to the difficulties they experienced. Atay and Yılmaz, in their study conducted with midwifery and nursing students, reported that students feeling ready for the clinical setting before the first clinical practice perceived the practice setting as less threat (Atay & Yılmaz, 2011).

Our study found that the anxiety scores of those who graduated from a health-related high school and those who did not graduate from a health-related high school increased statistically and significantly

after the practice. This result points out that stress sources of midwifery students should be examined during clinical practice, and supportive attempts should be planned to reduce these stressful situations.

Our study determined that the state anxiety mean scores of the students who reported that they had chosen the midwifery department willingly increased significantly after the first clinical practice. On the other hand, no statistically significant difference was found in the anxiety and CSQ scores of the students who reported that they did not choose their department willingly, before and after the clinical practice. First clinical practice experiences may sometimes negatively affect students, leading to their ideal midwifery views (Cummins et al., 2018). It has been claimed in the literature that formal education equips students with "visionary ideals," but they may feel utterly unprepared in clinical practice placements (Cummins et al., 2018). Indeed, Bilgin et al. (Bilgin et al., 2016) report in a study conducted with midwifery students that their love of their profession affects the expectation level of practice at a very high level (Bilgin et al., 2016). Our study considered that the students who have chosen the midwifery department willingly have very high professional ideals and that various factors experienced in clinical practice could increase their anxiety levels.

CONCLUSION AND SUGGESTIONS

In this study it is determined that the state anxiety scores of the students were moderate before the first clinical practice but increased after the clinical practice. And it was found that CSQ score means of students were significantly higher after the first clinical practice. This result points out that stress sources of midwifery students should be examined during clinical practice, and supportive attempts should be planned to reduce these stressful situations. Also, educators should consider that clinical practice is stressful and provide appropriate support to students in both clinical and academic environments. This study is important as it highlighted that students should be supported before and after clinical practice. Students intensely experience emotions such as curiosity, anxiety, worry, and stress before the practice due to being worry about failing, or harming the patient, and learning something new. Academicians and clinical instructors play essential roles in providing students with a positive clinical experience. It is recommended to use interventions such as providing students with an orientation before clinical practice, clarifying clinical learning objectives, visiting students in a clinical setting, and using proven "pre-clinical preparation programs." Thus, this may positively contribute to the first clinical practice experience affecting the future professional performance of midwifery students and help reduce anxiety and stress levels. The final objective of clinical practice is to train effective, confident, and competent midwives. It is recommended to evaluate effective coping methods with stress experienced by students in clinical practice in future studies.

LIMITATIONS

There are limited studies in the literature to evaluate the level of anxiety and clinical stress experienced by midwifery students during their first clinical practice. For this reason, we think that our study will contribute to the understanding of the anxiety and clinical stress experienced by midwifery students during their first clinical practice and that it will be inspiring for different studies in this regard. The most important limitation of our study is the low sample size and conducting in the same hospital with students from only one department.

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Conflict of Interest

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Author Contributions

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