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Academic Stress And Coping BehaviourAmong Under Graduate Nursing Students In A Nursing College Of Lalitpur, Nepal

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Abstract:
Background*:Many students have stressed every day. Stress may be related to day-to-day life or their class related activities or academic. Because of the stress, they may have suffered from physical or psychological problems. If the factors associated stress are not identified on time, they may have severe problem like anxiety and depression and other mental health problems even may commit to suicide.*
Materials and Methods*: A descriptive cross-sectional research design was used to assess academic stress and coping behaviour among under graduate students. A probability simple random sampling technique was used to select 299 respondents. Data were collected by using self-administer questionnaire, the standard tool academic stress inventory and stress coping style inventory prepared by Lin and Chen (2009,2010). Descriptive and inferential statistical methods were used to analyze data.*
Results*: The result of the study shows that majority of students (65.6%) had moderate level stress, most of students (94.3%) had average level coping behaviour and academic stress is statistically significant with age, academic year and qualification. The overall stress and coping score of the respondents was 93.2 (±21.8), and 91.3 (±7.7) respectively.*
Conclusion:*The majority of respondents experience moderate levels of academic stress, while most respondents demonstrate average coping behaviors, there is evident scope for enhancing their coping strategies.*
Key Word:*Academic stress; Coping behaviour; Undergraduate nursing students.*

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I. Introduction

Academic stress arises while studying, homework, tests and balancing the time for extra-curricular activities. [1] Academic stress have been reported to be the most common mental state that students experience during their training period. [2] Excess of academic stress adversely affects academic performance, class attendance and psychological well-being of students. If it is not managed early, it can cause depression, anxiety, behavioural problems, irritability, social withdrawal and physical illnesses. [3,4,5] Students having a problem with academic stress should not be neglected. It is important to help students to cope with stress which may have a high chance of becoming chronic and continue into adulthood. [6]

A study conducted in India (2020) presented that moderate level of academic stress was found in 77.3% followed by mild (17%) and severe (5.7%). Regarding coping with stress, 95% was found average followed by poor (3.8%) and good (1.2%). [7]

A study conducted in Nepal (2023) revealed that 77.2% students had experienced moderate and 10.7% had experienced a high-stress level and self-distraction was the highest used coping strategy followed by acceptance and substance use. [8]

Some amount of academic stress can be beneficial, fostering healthy competition among peers. [5] However, high level academic stress negatively impacts academic performance, if left unrecognized it may lead to physical and mental health problems.[3] Therefore, this study aims to find out academic stress and to explore the coping strategies nursing students use to manage it.

II. Material And Methods

This descriptive cross-sectional study was carried out on undergraduate nursing students of school of nursing and midwifery, patan academy of health sciences, Nepal. A total 299students were for in this study.

Study Design: Descriptive cross-sectional study

Study Location: The study was carried out in School of Nursing and Midwifery (SoNM), Patan Academy of Health Sciences (PAHS), Nepal.

Study Duration: The duration of study was 2024-09-01 to 2024-12-30 and data collection was done for two weeks from the time of ethical approval.

Sample size: 299 students.

Sampling technique: A probability simple random sampling technique was followed. Where all the total population was identified and kept in one frame. The lottery method was used to select the respondents.

Sample size calculation: Sample size was determined after calculating according to previous study done in India 7, where the moderate level of academic stress among students was 77.3% with 95% confidence interval with 5% allowable error, sample size estimation was calculated as:
Sample Size for infinite population (n) = Z2 *p*q/e2 (Cochran, 1977)
where Z = 1.96 for 95% confidence interval
p= 0.77
q = 1-p = 1-0.77= 0.23 and
e = 0.5 margin of error expressed as decimal (i.e., 0.05), with allowable error of 5% (absolute precision).

To adjust for possible non-response, the sample size was included additional 10% of respondent in the calculated sample size.
Hence, final total sample size was 272+27=299
The sample was proportionately allocated across each class, as shown in the following table.

Program	Academic year				
	1st year	2nd year	3rd year (batch 2024/25)	3rd year (batch 2023/24)	Total
BSc nursing	299x40/341=35	299x40/341=35	299x40/341=35	299x39/341=34	139
BNS	299x35/341=31	299x34/341=30	299x38/341=33	299x40/341=35	129
BMS	299x12/341=11	299x15/341=13	299x8/341=7	-	31
Total	77	78	75	69	299

Inclusion criteria:
1. Undergraduate nursing students who are studying in Patan Academy of Health Sciences, School of Nursing and Midwifery.
2. Those who are willing to participate.

Procedure methodology

Applying all the ethical procedures data collection was done. List of student's class roll number from each programme and year was collected based on class student register. Sample frame was prepared and lottery method was used to select sample according to proportionately allocated number of students from each year of program. Written consent was obtained prior to data collection. Questionnaire was given to respondents to fill up the form. Data was collected within 2 weeks.

Data collection tools

On the basis of research objectives self-administered questionnaire was developed. The standard tool academic stress inventory and stress coping style inventory prepared by Lin and Chen (2009,2010) was adopted to assess academic stress and stress coping behaviour among undergraduate nursing students. The academic stress inventory is a five-point Likert's scale with 34 items. The items are given under seven factors viz Stress from teachers, Stress from results, Stress from tests, Studying in group stress, Peer stress, Time management stress and Self-inflicted stress. These factors comprise 1-9, 10-14, 15-18, 19-23, 24-27, 28-30 and 31-34 items respectively. The responses in the Likert's five-point scale are "completely disagree," "disagree," "neutral," "agree," and "completely agree", with scores ranging from one to five points respectively. Cumulative scores ranging from 34 to 79, 80 to 125 and 126 to 170 are considered as mild, moderate and severe levels of academic stress respectively.[10]

The stress coping style inventory is a five-point Likert's scale with 28 items. The items are given under four factors viz active emotional coping, passive emotional coping, active problem coping and passive problem coping. These factors comprise 1-8, 9-14, 15-20, and 21-28 items respectively.Likert's five-point scale is ranging from 5 completely agree to 1 completely disagree. The higher the points achieved in each factor

represented, the higher is the rate of this coping style used. On the other hand, the lower the points represented, the lower is the type of coping style used. Overall coping with stress is rated as poorly adoptive when cumulative score of the participant ranged from 28 to 63, average when it is 64 to 102 and good when it is 103 to 140. [11]

Instrument was divided into three sections:
Part 1: It consists of questions related to background information, which includes age, gender, marital status, current status of living.

Part 2: It consists of questionnaire to assess academic stress. Academic stress was measured by academic stress inventory tool. It consists of 34 items with 7 factors. The total score ranges between 34 (completely disagree) and 170 (completely agree). Cumulative scores ranging from 34 to 79, 80 to 125 and 126 to 170 are considered as mild, moderate and severe levels of academic stress respectively. [10]

Part 3: It consists of questionnaire to assess coping behaviour. Coping behaviour was measured by stress coping style inventory tool. It consists of 28 items with 4 factors. The total score ranges between 28 (completely disagree) and 140 (completely agree). Cumulative scores ranging from 28 to 63, 64 to 102 and 103 to 140 are considered as poorly adoptive, average adoptive and good adoptive respectively. [11]

Statistical analysis

Data were analyzed in SPSS Statistics version 23 using descriptive statistics namely frequency, percentage, mean, standard deviation and inferential statistics method such as chi-square test.

III. Result

The study included a sample of 299 undergraduate students with a mean age of 23.4 ± 3.4 years and out of them, 159(53.2%) were of the age between 21 to 25 years. Majority of the students, that is 243(81.3%) were unmarried and 201(67.2%) were staying with their family. Regarding academic year and program, the highest number of students, 145 (48.5%), were studying in 3rd year, and 139 (46.5%) were involved in BSc nursing program. (Table 1).

Table no 1: Socio-Demographic Characteristics of the respondents
N= 299

Characteristics	Frequency (n)	Percent (%)
Age (in years)		
≤20	66	22.1
21 – 25	159	53.2
> 25	74	24.7
Mean ± SD	23.4 ± 3.4	
Gender		
Female	299	100.0
Marital status		
Married	56	18.7
Unmarried	243	81.3
Status of living		
Hostel	62	20.7
With family	201	67.2
Staying alone	36	12.0
Academic Year		
1st year	77	25.8
2nd Year	77	25.8
3rd year	145	48.5
Bachelor's Degree in		
BNS	129	43.1
BMS	31	10.4
BSc	139	46.5

Figure 1 shows, most of respondents (65.6%) fall into the moderate stress categories, indicating that academic stress is a significant issue for most students. Most respondents (94.3%) exhibit average levels of coping behavior, which suggests that while they are managing stress to some extent, there is room for improvement in their coping strategies. Despite a high prevalence of moderate to severe stress, only a small percentage (5.7%) of respondents exhibit good adaptive coping behavior, suggesting a potential gap in effective stress management techniques.

N=299

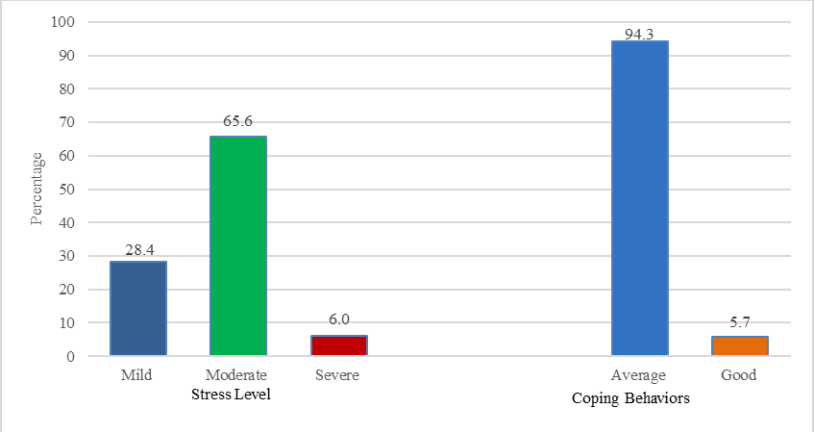

Fig 1: Respondent's level of academic stress and Coping Behaviour

Table 2 shows, younger students (≤20 years) have the highest proportion of moderate to severe stress (87.9%), while older students (>25 years) show a slightly lower proportion (66.2%). The association between age and academic stress is statistically significant ($\chi^2 = 11.09$, $p = 0.004$), indicating that age influences stress levels.

Married students are less likely to report moderate to severe stress (62.5%) compared to unmarried students (73.7%). The association is not statistically significant ($\chi^2 = 2.79$, $p = 0.095$), suggesting marital status does not strongly impact stress levels in this sample.

The proportion of students with moderate to severe stress is nearly identical whether they live alone/hostel (71.4%) or with family (71.6%). There is no significant association ($\chi^2 = 0.001$, $p = 0.969$), indicating living arrangements do not affect stress levels in this sample.

First-year students report the highest proportion of moderate to severe stress (89.6%), whereas second-year students report the lowest (51.9%). The association is statistically significant ($\chi^2 = 26.94$, $p = 0.000$), showing academic year significantly influences stress levels.

Students pursuing BSc have the highest proportion of moderate to severe stress (81.3%), whereas BMS students have the lowest (51.6%). The association is statistically significant ($\chi^2 = 14.57$, $p = 0.001$), indicating qualification significantly affects stress levels.

Table no 2: Association between Sociodemographic characteristics and academic stress

N=299

Variables	Academic stress		χ^2 Value	*p-value*
	Mild n (%)	Moderate to Severe n (%)		
Age				
≤20	8 (12.1)	58 (87.9)	11.09	0.004
21 – 25	52 (32.7)	107 (67.3)		
> 25	25 (33.8)	49 (66.2)		
Marital status				
Married	21 (37.5)	35 (62.5)	2.79	0.095
Unmarried	64 (26.3)	179 (73.7)		
Status of living				
Alone or in Hostel	28 (28.6)	70 (71.4)	0.001	0.969
With family	57 (28.4)	144 (71.6)		
Academic Year				
1st Year	8 (10.4)	69 (89.6)	26.94	0.000
2nd Year	37 (48.1)	40 (51.9)		
3rd Year	40 (27.6)	105 (72.4)		
Qualification				
BNS	44 (34.1)	85 (65.9)	14.57	0.001
BMS	15 (48.4)	16 (51.6)		
BSc	26 (18.7)	113 (81.3)		

Table 3 presents, the proportion of respondents with "Good" coping behaviors is slightly higher in the ≤20 age group (7.6%) compared to 21–25 (5.0%) and >25 (5.4%).Married respondents have a slightly lower percentage of "Good" coping behaviors (5.4%) compared to unmarried respondents (5.8%). Respondents living alone or in hostels have a lower proportion of "Good" coping behaviors (2.0%) compared to those living with family (7.5%). "Good" coping behaviors are most common among 2nd-year students (2.6%) and least common among 3rd-year students (7.6%). The highest percentage of "Good" coping behaviors is observed among BMS

students (19.4%), followed by BSc students (7.2%), and the lowest among BNS students (0.8%). Most sociodemographic factors (age, marital status, living status, and academic year) do not show a significant association with coping behaviors. However, qualification is significantly associated with coping behaviors, indicating that the field of study might play a role in how individuals cope.

Table no 3: Association between Sociodemographic characteristics and Coping Behaviours N=299

Variables	**Coping Behaviour**		**χ^2 Value**	***p-value***
	Average n (%)	**Good n (%)**		
Age				
≤20	61 (92.4)	5 (7.6)	0.733	0.753
21 – 25	151 (95.0)	8 (5.0)		
> 25	70 (94.6)	4 (5.4)		
Marital status				
Married	53 (94.6)	3 (5.4)	0.000	1.000
Unmarried	229 (94.2)	14 (5.8)		
Status of living				
Alone or in Hostel	96 (98.0)	2 (2.0)	2.67	0.102
With family	186 (92.5)	15 (7.5)		
Academic Year				
1st Year	73 (94.8)	4 (5.2)	2.18	0.322
2nd Year	75 (97.4)	2 (2.6)		
3rd Year	134 (92.4)	11 (7.6)		
Qualification				
BNS	128 (99.2)	1 (0.8)	15.97	0.000
BMS	25 (80.6)	6 (19.4)		
BSc	129 (92.8)	10 (7.2)		

Table 4 summarizes the ranking of stress types and coping types based on mean score values among a sample of 299 students. The respondents' total academic stress scores range from 44 to 148, with a mean score of 93.2 (±21.8), representing 54.82% of the maximum possible score. The total coping scores range from 64 to 122, with a mean score of 91.3 (±7.7), representing 65.21% of the maximum possible score.

Time management issues and test-related stress are the most significant stressors for students. Stress related to academic results is the least impactful, suggesting it is a lower priority for students compared to other stress types. Students favor active coping strategies (both emotional and problem-focused), which are more effective at managing stress. Passive coping strategies, particularly emotional ones, are less utilized, reflecting a possible understanding of their limited effectiveness.

The mean total stress score (54.82%) and coping score (65.21%) indicate that students experience moderate levels of stress and rely moderately on coping strategies, with a preference for active methods over passive ones.

Table no 4: Ranking of Stress type and Coping Type based on mean score values N=299

Stress Related	Total score	Obtained Range (Minimum, Maximum)	Mean ± SD	Percentage of Mean Score	Rank
Time Stress Score	15	(3, 15)	9.9 ± 3.0	66.00	1
Test Stress Score	20	(4, 20)	11.9 ± 4.2	59.50	2
Self-inflicted Stress Score	20	(4, 18)	11.7 ± 3.1	58.50	3
Teachers stress score	45	(12, 41)	24.8 ± 6.8	55.11	4
Peer Stress Score	20	(4, 20)	10.8 ± 4.1	54.00	5
Group Stress Score	25	(5, 25)	12.5 ± 6.0	50.00	6
Results stress score	25	(5, 23)	11.6 ± 5.0	46.40	7
Total Stress Score	170	(44, 148)	93.2 ± 21.8	54.82	
Coping Related					
Active Emotional Coping Score	40	(20, 40)	32.2 ± 3.7	80.50	1
Active Problem Coping Score	30	(13, 29)	23.6 ± 2.7	78.67	2
Passive Problem Coping Score	40	(9, 32)	20.9 ± 3.4	52.25	3
Passive Emotional Coping Score	30	(6, 29)	14.6 ± 3.9	48.67	4
Total Coping Score	140	(64, 122)	91.3 ± 7.7	65.21	

Table 5 shows the correlations between various stress types and coping strategies among 299 respondents. Active emotional coping is negatively correlated with results-related stress (r=−0.407, p=0.000), indicating a strong inverse relationship. This suggests that students with higher results-related stress are less likely to use active emotional coping.

Active emotional coping is positively correlated with time-related stress (r = 0.115, p = 0.047), indicating a weak direct relationship. This suggests that students with higher time-related stress slightly increase their reliance on active emotional coping.

Passive emotional coping is positively correlated with teacher-related stress (r = 0.225, p = 0.000), results-related stress (r = 0.154, p = 0.008), group-related stress (r = 0.196, p = 0.001), and peer-related stress (r = 0.370, p = 0.000), indicating that students experiencing these stressors tend to rely on passive emotional coping. However, there is no significant relationship with test-related stress (r = 0.095, p = 0.100) and time-related stress (r = -0.068, p = 0.243).

Active problem coping is positively correlated with teacher-related stress (r = 0.148, p = 0.010) and time-related stress (r = 0.276, p = 0.000), indicating that teacher and time-related stress significantly increase the use of active problem coping. However, active problem coping is negatively correlated with results-related stress (r = −0.263, p = 0.000), group-related stress (r = −0.202, p = 0.000), and peer-related stress (r = −0.151, p = 0.009), suggesting that these stressors reduce the use of active problem coping.

Passive problem coping is negatively correlated with group-related stress (r = −0.127, p = 0.028) and time-related stress (r = −0.139, p = 0.016), indicating weak inverse relationships. These stressors slightly reduce students' reliance on passive problem coping. There is no significant relationship with other types of stress.

To conclude, the total coping score is positively correlated with teacher-related stress (r = 0.197, p = 0.001), indicating a weak positive relationship. This stressor increases overall coping. However, it is negatively correlated with results-related stress (r = −0.235, p = 0.000) and test-related stress (r = −0.127, p = 0.029), suggesting that these stressors reduce overall coping efficiency.

Table no 5: Correlation between stress and coping score

N=299

		Teachers stress	Results stress	Test Stress	Group Stress	Peer Stress	Time Stress	Self-inflicted Stress	Stress
Active Emotional Coping	Correlation Coefficient	0.071	-.407**	-.230**	-.125*	-.115*	.115*	-.143*	-.239**
	Sig. (2-tailed)	0.222	0.000	0.000	0.030	0.046	0.047	0.014	0.000
Passive Emotional Coping	Correlation Coefficient	.225**	.154**	0.095	.196**	.370**	-0.068	0.104	.288**
	Sig. (2-tailed)	0.000	0.008	0.100	0.001	0.000	0.243	0.073	0.000
Active Problem Coping	Correlation Coefficient	.148*	-.263**	0.046	-.202**	-.151**	.276**	0.051	-0.108
	Sig. (2-tailed)	0.01	0.000	0.426	0.000	0.009	0.000	0.384	0.062
Passive Problem Coping	Correlation Coefficient	-0.033	0.018	-0.094	-.127*	-0.008	-.139*	-0.088	-0.067
	Sig. (2-tailed)	0.569	0.762	0.106	0.028	0.897	0.016	0.129	0.246
Coping	Correlation Coefficient	.197**	-.235**	-.127*	-0.077	0.079	0.076	-0.027	-0.055
	Sig. (2-tailed)	0.001	0.000	0.029	0.186	0.175	0.190	0.640	0.346

IV. Discussion

The present study revealed that most of respondents (65.6%) fall into the moderate stress categories, indicating that academic stress is a significant issue for most students. Majority of respondents (94.3%) exhibit average levels of coping behavior. Despite a high prevalence of moderate to severe stress, only a small percentage (5.7%) of respondents exhibit good adaptive coping behavior, suggesting a potential gap in effective stress management techniques.

Similar to the present study, cross-sectional study conducted in India involving 364 medical students found that most of the students (77.3%) fall into the moderate stress category, indicating that stress is a common challenge for the medical students. [7]

The present study finding that most students (94.3%) exhibit average levels of coping behavior is consistent with the results of study conducted in Jimma University, Ethiopia (2015) among 193 BSc nursing students, which reported that the students generally employ moderate coping strategies, including emotional and problem-focused techniques.[12]

In contrast to the present study, a study conducted in Iran (2007) found that a significant proportion of nursing students with high stress levels still employed effective coping strategies, such as seeking social support or using relaxation techniques.[13] This discrepancy suggests that the availability of coping resources, cultural factors, or institutional support might influence the development of adaptive coping behaviors.

In the present study result, no significant result is detected between academic stress level and demographic variables such as marital status and living status. Likewise, a study done in Saudi Arabia (2018) also found that no significant result was detected between stress level and demographic variables.[14]

The findings of this study indicate the association between age and academic stress is statistically significant ($\square^2 = 11.09$, $p = 0.004$), indicating that age influences stress levels. This result aligns with systematic review research by Zhang et al. (2022) demonstrated that older nursing students showed lower levels of stress compared to their younger counterparts ($\square^2 = 12.78$, $p = 0.003$). Older students were more likely to have developed resilience and time management skills.[15]

The proportion of students with moderate to severe stress is nearly identical whether they live alone/hostel (71.4%) or with family (71.6%). There is no significant association ($\square^2 = 0.001$, $p = 0.969$), indicating living arrangements do not affect stress levels in this sample. In contrast a study of India (2020) showed academic stress was found to be least among participants who were staying with their parents, siblings or relatives. [7]

First-year students report the highest proportion of moderate to severe stress (89.6%), whereas second-year students report the lowest (51.9%). The association is statistically significant ($\square^2 = 26.94$, $p = 0.000$), showing academic year significantly influences stress levels. This result is similar to the study of Iran which revealed that mean stress was significantly greater in first year than in fourth year nursing students (36.4 vs 29.3, F = 3.39, P = 0.009). [13]

Many studies; Shdaifat, Mohammed and Amer (2018), Evans and Kelly (2004), Nolan and Ryan (2008) found that stress from teachers and nursing staff were significant and one of the most common sources of stress they perceived, may be the reason behind that was the time of communication between teachers, nursing staff and students was not enough. But the present study shows, time Stress (66.00%) is the highest-ranked stress type, indicating time-related challenges are most prevalent among participants followed by Test Stress (59.50%), Self-Inflicted Stress (58.50%), Teacher Stress (55.11%).[14, 16, 17]

Regarding Coping-Related Scores in this study, Active Emotional Coping (80.50%) is the highest-ranked coping strategy, suggesting students rely on emotional coping mechanisms such as seeking social support or managing emotions actively. A study by Seyedfatemi, Tafreshi and Hagani presented that among coping strategies in 12 areas, most students used the family problem solving strategies, "trying to reason with parents and compromise" (73%) and "going along with family rules" (68%) followed by the social support strategies, "apologizing to people" (59.6%). [13]

In the present study, the total coping score is positively correlated with teacher-related stress ($r = 0.197$, $p = 0.001$), indicating a weak positive relationship. This stressor increases overall coping. However, it is negatively correlated with results-related stress ($r = -0.235$, $p = 0.000$) and test-related stress ($r = -0.127$, $p = 0.029$), suggesting that these stressors reduce overall coping efficiency. The study result of India presented correlation of academic stress scores with stress coping scores was found to be significant ($r = 0.467$, $p < 0.001$). Also, correlation between academic stress scores with passive emotional ($r = 0.513$, $p < 0.001$) and passive problem ($r = 0.401$, $p < 0.001$) coping behaviours were found to be significant. However academic stress was not significantly correlated with active emotional ($r = -0.036$, $p = 0.468$) and active problem ($r = 0.072$, $p = 0.149$) coping behaviours. [7] likewise, in present study, Active problem coping is positively correlated with teacher-related stress ($r = 0.148$, $p = 0.010$) and time-related stress ($r = 0.276$, $p = 0.000$) and Passive problem coping is negatively correlated with group-related stress ($r = -0.127$, $p = 0.028$) and time-related stress ($r = -0.139$, $p = 0.016$).

The findings from the present study and related literature emphasize the need for nursing programs to integrate stress management and coping skills training into their curricula. Interventions such as mindfulness training, peer support groups, and time management workshops can help bridge the gap in adaptive coping behaviors and improve overall well-being among nursing students.

V. Conclusion

The majority of respondents experience moderate levels of academic stress, highlighting its prevalence as a significant concern among students. While most respondents demonstrate average coping behaviors, there is evident scope for enhancing their coping strategies. The study reveals significant associations between academic stress and certain sociodemographic factors, specifically age, academic year, and qualification, whereas marital status and living status do not significantly influence stress levels. Furthermore, most sociodemographic factors, including age, marital status, living status, and academic year, show no significant association with coping behaviors. However, qualification is notably associated with coping strategies, suggesting that the field of study may influence how individuals manage stress. The results also indicate a strong inverse relationship between academic stress and adaptive coping strategies, particularly active emotional and problem-focused coping, implying that higher stress levels may impair effective coping mechanisms. Additionally, peer-related stress shows a positive association with passive emotional coping, suggesting that students may tend to avoid directly addressing stressors related to peer interactions.

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