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Academic stress and stress management strategies among undergraduate nursing students

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Abstract

Background: In order to handle their academic obligations and reduce stress, students needed to have effective coping techniques. In order to plan interventions, nurse educators are suggested to assess the stress level of the nursing program because various nursing students have varying amounts of stress and coping mechanisms.

Purpose: to investigate the variations in nursing undergraduates' academic stress and coping mechanisms.

Method: Undergraduate nursing students made up the population of the descriptive study, which employed a cross-sectional approach. Census sampling was used, and the stress coping style survey and the stress related to school questionnaire were the instruments used to gather data. For inferential analysis, ANOVA was used, and the results were presented as means and standard deviations.

Results: Age group differences in peer stress were significant ($p = 0.004$). Male respondents have lower mean academic stress than female respondents, with the exception of peer stress. There was a significant gender difference in the mean academic stress for peers and teachers ($p = 0.04$ and 0.02 , respectively). Academic stress ranges from 300 to 400 on average, with the exception of group study. Active problem dealing had the highest mean score across all age groups. There is no appreciable difference in stress coping mechanisms among all the variables. Male respondents have a greater mean stress coping style than female respondents when it comes to active emotional coping and active issue coping, with significant differences of $p = 0.011$ and 0.045 , respectively. The 500-level respondents have the highest mean stress coping style across all metrics when compared to respondents from other levels.

Conclusion: When creating therapies to lessen academic stress among undergraduate nursing students, lower age groups should be taken into consideration. Female students require more attention than male students. Students at the 300 and 400 levels should be given more attention than those at lower levels. Additionally, students should be taught a variety of coping strategies, where to apply them, and the consequences of each, regardless of their age, gender, or academic standing.

Keywords: Academic; Activities; Clinical; Coping; Nursing; Stress; Undergraduates.

INTRODUCTION

Stress is one of the biggest problems that students face in the twenty-first century (Jauhar, Nazim, & Hassaan, 2024). Because of its academic ramifications, it has become a topic of debate and study in academia (Le Grange, 2020). Anxieties brought on by unrealistic expectations that a person cannot manage are what define stress (Kannan, Varma, & Kumar, 2025). It is defined as a typical emotional and physical reaction to difficult life

situations based on an individual's social, genetic, and environmental background (Luyten, Campbell, & Fonagy, 2020). While psychological stress arises from an awakened need to act and take steps toward resolution, physical stress is a reaction to worries, circumstances, and/or perceived threat (Ovsiannikova, Pokhilko, Kerdyvar, Krasnokutsky, & Kosolapov, 2024). The intricacy and intense stress of academic activities make students vulnerable to

varied degrees of pressure, anxiety, and other negative impacts of high levels of stress (Adom, Chukwuere, & Osei, 2020; McDougall, 2021).

Nursing students are known to experience stress due to the nature of nursing schools (Baluwa, Lazaro, Mhango, & Msiska, 2021). Stress is common among nursing students globally, according to a number of historical and present studies (Kacan, & Pallos, 2021). Stress has a detrimental impact on students' overall health and academic performance (Akanpaadgi, Binpimbu, & Kuuyelleh, 2023). Nursing students frequently endure high amounts of stress, according to a study done in three nations (the Philippines, Greece, and Senegal) (Lavoie-Tremblay, Sanzone, Aubé, & Paquet, 2022).

Nursing students' primary sources of stress are clinical and academic factors (Ullah, Arbab, Liu, Du, Khan, Khan, & Li, 2025). Student stress may arise from various factors, including a demanding curriculum, extended study hours, heavy workloads, and numerous responsibilities (Thornby, Brazeau, & Chen, 2023). Observing dying patients and lacking clinical expertise are two more factors that contribute to stress (Bhurtun, Turunen, Estola, & Saaranen, 2021). Therefore, in order to handle their academic responsibilities and reduce stress, students needed to have effective coping techniques.

In the process of stress adaptation, coping styles—behavioral and cognitive strategies for handling both internal and external stressors—are essential. The positive coping style use positive appraisal to manage stress, whereas the negative coping style uses negative ideas and actions (Liu, Yang, Chen, Zhang, Zeng, & Li, 2022). Nursing students frequently use adaptive stress management techniques such as active confrontation of stress (Ji et al., 2024). Common stress management strategies among nursing students include venting, seeking advice and social support, positive thinking, and physical activity (Chinga, Cheungm, Hegney, & Rees, 2020). Two maladaptive stress-reduction techniques used by nursing students include avoidance and substance addiction. However, little is known about the different coping strategies used by nursing students (Chinga et al., 2020).

Prior research has emphasised the significance of recognising stressors and coping strategies in nursing students (Liu et al., 2022). Stress and coping

strategies in nursing students have not received enough attention in sub-Saharan African nations (Baluwa et al., 2021). In order to plan interventions, nursing educators are also encouraged to assess the stress level of nursing programs (Zeb, Arif, & Younas, 2022). Nonetheless, stress levels and coping strategies vary across nursing students (Zhao, Zhou, Li, Luan, Wang, Zhao, Mu, & Chen, 2021). Gender and academic year are factors that affect nursing students' stress levels, according to research studies (Perng, Sung, Chen, Lee, & Koo, 2020; Wu, Rong, & Huang, 2021). Thus, this study examines how the characteristics of nursing students impact their academic stress and stress coping style (SCS).

RESEARCH METHOD

The population of this cross-sectional descriptive study consisted of 200–500 undergraduate nursing students from the Department of Nursing Science at Cheikh Anta Diop University (UCAD), Senegal. Census sampling was employed; therefore, all undergraduate nursing students at the university were included as study participants. Data were collected using the Academic Stress Inventory and the Stress Coping Strategies (SCS) Inventory. The Academic Stress Inventory, developed by Lin and Chen (2009), consists of 26 items measured on a 5-point Likert scale. The SCS Inventory, developed by Lin and Chen (2010), consists of 27 items measured on a 4-point Likert scale.

Three experienced academics used face and content validation to assess the instruments. Reliability assessments for the academic stress inventory and coping style inventory showed Cronbach alphas of 0.84 and 0.77, respectively. Before any data was collected, written consent from the respondents and written approval from the department's management were acquired. The Statistical Package for the Social Sciences (SPSS) version 26 was used to analyse the data. Means and standard deviations were used to determine the variations in academic stress and coping style among the respondents' characteristics. Analysis of variance (ANOVA) is another statistical technique for inferential analysis. The project received ethical approval from the Cheikh Anta Diop University (UCAD) Research Ethics Committee.

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RESEARCH RESULTS

Table 1. Frequencies and Percentages of Respondents' Characteristics (N=118)

Variable	Results
Age (Year)(Mean±SD)	(24.09±4.43)
Age (n/%)	
15-19	8/6.7
20-24	51/43.3
25-29	33/27.7
≥ 30	26/22.3
Gender (n/%)	
Male	54/45.7
Female	64/54.3
Level of study (n/%)	
200	34/28.8
300	31/26.3
400	35/29.7
500	18/15.3

Table 1. The average age of the respondents was 24.09 (SD = 4.43). The biggest majority of respondents (43.3%) were in the 20–24 age group, while 6.7% were in the 15–19 age group. Women made up the bulk of responders (54.3%). The largest percentage of respondents (29.7%) were at the 400 level, while the lowest number (15.3%) was at the 500 level.

Table 2. Differences in Mean (M) Scores of Academic Stress by Age

Factors	15-19 (M±SD)	20-24 (M±SD)	25-29 (M±SD)	≥30 (M±SD)	df	F	P	Post hoc
Factor 1	(1.78±0.44)	(1.94±0.65)	(1.85±0.74)	(1.65±0.68)	3	1.057	0.37	-
Factor 2	(1.00±0.00)	(1.10±0.31)	(1.09±0.28)	(1.17±0.48)	3	0.646	0.59	-
Factor 3	(1.90±0.94)	(1.99±1.02)	(1.63±1.07)	(1.65±1.06)	3	1.078	0.36	-
Factor 4	(1.15±0.88)	(1.40±0.77)	(1.46±0.88)	(1.17±0.95)	3	0.829	0.48	-
Factor 5	(0.75±0.40)	(1.18±.78)	(1.26±0.96)	(1.78±0.92)	3	4.730	0.004	.007*; .031**
Factor 6	(1.40±1.09)	(1.37±0.93)	(1.00±0.90)	(1.25±1.07)	3	1.125	0.34	-
Factor 7	(1.90±0.85)	(1.62±0.88)	(1.80±1.12)	(1.56±0.92)	3	0.552	0.48	-

Factors: 1= Teachers' stress, 2= Results stress, 3= Tests stress, 4= Studying in groups stress, 5= Peer stress, 6= Time management stress, 7= Self-inflicted stress. *Between 15-19 & ≥30; **between 20-24 & ≥30

Table 2 shows that for all factors and age groups, the average degree of academic stress was less than 2.00. However, factor 3 had the highest mean academic stress in the 15–19 and 20–24 age groups (1.90 and 1.99, respectively). Factor 5 (0.75 and 1.18) had the lowest mean academic stress in the 15–19 and 20–24 age groups. Additionally, the mean academic stress of factor 5 is the only mean that increases with age. Factor 5 is the only component that shows a significant difference in mean academic stress between age groups ($P = 0.004$). There are differences between the age categories 20–24 and ≥30 and 15–19 and ≥30. $P = 0.007$ and 0.031 , respectively (post hoc).

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Table 3: Variations in Academic Stress Mean (M) Scores by Gender

Factors	Gender		df	F	P
	Male (M±SD)	Female (M±SD)			
Factor 1	(1.68±0.71)	(1.97±0.61)	1	5.551	0.02
Factor 2	(1.08±0.33)	(1.12±0.33)	1	0.520	0.47
Factor 3	(1.63±1.09)	(1.95±0.98)	1	2.855	0.09
Factor 4	(1.34±0.77)	(1.36±0.91)	1	0.029	0.86
Factor 5	(1.47±0.92)	(1.13±0.83)	1	4.434	0.04
Factor 6	(1.19±1.08)	(1.27±0.88)	1	0.169	0.68
Factor 7	(1.61±1.12)	(1.74±0.81)	1	0.562	0.46

Factors: 1= Teachers' stress, 2= Results stress, 3= Tests stress, 4= Studying in groups stress, 5= Peer stress, 6= Time management stress, 7= Self-inflicted stress.

Table 3 demonstrates that, with the exception of factor 5, men respondents report lower mean academic stress than female respondents. Male respondents have a higher mean academic stress score (1.47) than female respondents (1.13) in factor 5. The mean academic stress for the two genders differed significantly in factors 1 and 5 ($P = 0.02$ and 0.04 , respectively).

Table 4: Variations in Academic Stress Mean (M) Scores by Study Level

Factors	200 M(SD)	300 M(SD)	400 M(SD)	500 M(SD)	df	F	P	Post hoc
Factor 1	1.86(.59)	1.92(.71)	1.90(.59)	1.56(.84)	3	1.273	0.247	-
Factor 2	1.05(.24)	1.13(.34)	1.11(.40)	1.11(.32)	3	0.288	0.841	-
Factor 3	1.78(.98)	1.98(1.03)	1.84(1.09)	1.52(1.06)	3	0.838	0.466	-
Factor 4	1.22(.71)	1.42(.95)	1.31(.83)	1.52(.96)	3	0.697	0.556	-
Factor 5	.98(.78)	1.44(.87)	1.65(1.07)	.86(.68)	3	5.756	0.001	0.004*; 0.008**
Factor 6	1.13(.78)	1.49(.98)	1.29(1.12)	.93(.90)	3	1.535	0.227	-
Factor 7	1.69(.87)	1.85(.93)	1.72(1.03)	1.29(1.00)	3	1.323	0.271	-

Factors: 1= Teachers' stress, 2= Results stress, 3= Tests stress, 4= Studying in groups stress, 5= Peer stress, 6= Time management stress, 7= Self-inflicted stress. *Between 200 & 400; **Between 400 & 500

With the exception of factor 4, the mean differences in Table 4 indicate that academic stress is higher at the 300 and 400 levels. But only factor 5 ($P = 0.001$) demonstrates a significant difference in the mean academic stress of the study levels. The mean academic stress of 200–400 levels and the mean academic stress of 400–500 levels differ from each other. The post hoc P values are 0.004 and 0.008, respectively.

Table 5: Differences in Mean (M) Scores of Stress Coping Styles by Age

Factors	15-19 M(SD)	20-24 M(SD)	25-29 M(SD)	≥30 M(SD)	df	F	P	Post hoc
Factor A	2.75(.66)	3.20(.44)	3.09(.58)	2.99(.61)	3	2.259	0.085	-
Factor B	1.88(.47)	1.77(.56)	1.87(.49)	1.63(.58)	3	0.968	0.425	-
Factor C	3.00(.66)	3.27(.49)	3.08(.72)	3.39(.54)	3	2.003	0.118	-
Factor D	2.02(.38)	2.23(.42)	2.38(.44)	2.36(.59)	3	2.020	0.115	-

Factors: A=Active Emotional Coping, B= Passive Emotional Coping, C= Active Problem Coping, D= Passive Problem Coping

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Table 5 illustrates that factor C of SCS has the greatest mean SCS (3.00, 3.27, 3.08, and 3.39) in the age groups of 15–19, 20–24, 25–29, and ≥30. Additionally, among the ≥30 age group, factor C had the highest mean SCS (3.39). In the age groups of 15–19, 20–24, 25–29, and ≥30, Factor B had the lowest mean SCS (1.78, 1.76, 1.87, and 1.63). All of the factors do not significantly differ from one another. For Factors A, B, C, and D, $P = 0.085, 0.415, 0.118, \text{ and } 0.115$, respectively.

Table 6: Variations in Mean (M) Stress Coping Style Scores by Gender

Factors	Gender		df	F	P
	Male (M(SD))	Female (M(SD))			
Factor A	3.23(.43)	2.97(.61)	1	6.686	0.012
Factor B	1.73(.46)	1.79(.59)	1	0.434	0.512
Factor C	3.34(.58)	3.12(.59)	1	4.106	0.046
Factor D	2.23(.49)	2.32(.46)	1	1.083	0.302

Factors: A=Active Emotional Coping, B= Passive Emotional Coping, C= Active Problem Coping, D= Passive Problem Coping

According to Table 6, there is a significant difference between the mean SCS of male and female respondents in factors A and C ($P = 0.012$ and 0.046 , respectively). In other aspects, however, female respondents have higher mean SCS (B and D with no significant difference, $P = 0.512$ and 0.302 , respectively).

Table 7: Variations in Mean (M) Stress Coping Style Scores by Study Level

Factors	200 M(SD)	300 M(SD)	400 M(SD)	500 M(SD)	df	F	P	Post hoc
Factor A	3.01(.59)	3.04(.53)	3.06(.56)	3.37(.41)	3	1.933	0.126	-
Factor B	1.81(.48)	1.80(.72)	1.67(.43)	1.82(.49)	3	0.497	0.685	-
Factor C	3.27(.58)	3.13(.62)	3.12(.66)	3.44(.39)	3	1.540	0.208	-
Factor D	2.19(.43)	2.29(.54)	2.30(.40)	2.39(.55)	3	0.765	0.514	-

Factors: A=Active Emotional Coping, B= Passive Emotional Coping, C= Active Problem Coping, D= Passive Problem Coping

Table 7 respondents at the 500 level had the greatest mean SCS across all parameters compared to those at other levels, with no discernible difference. For elements A, B, C, and D, the corresponding P values are $0.126, 0.685, 0.208, \text{ and } 0.514$.

DISCUSSION

The study's results revealed no statistically significant difference between the respondents' ages and any of the ASI variables, with the exception of component 5 (peer stress), which shows a statistically significant difference. There were differences between the age categories of 15–19 and ≥30 and 20–24 and ≥30. According to a Senegal study on the topic, younger and older undergraduate students experience the same level of academic stress (Diasse, & Kawai, 2025). Nevertheless, this study divided the respondents into four age groups,

whereas the authors divided them into two. Additionally, the analysis in this study was based on many ASI factors, whereas the analysis in the other study was based on a broad examination of the questionnaire.

Male students had lower average AS scores than female students, with the exception of factor 5 (peer stress), where male students had better average AS scores than female students. For variables 1 and 5 (teacher stress and peer stress), there was a substantial difference in AS depending on the gender of the respondent. These findings are in line with a China study that discovered female students were more stressed out about their studies than male students (Gao, Ping, & Liu, 2020). In contrast, discovered that students' reported feelings of stress were unaffected by their gender (Graves et al., 2021). In this study, the average AS scores for components 1 and 5 (peer stress and instructor

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stress) varied considerably. This may be proof of how gender affects students' stress levels.

The study levels with the highest AS were the 300 and 400 levels, with the exception of factor 4 (learning under peer pressure), where the 500 level had the highest stress levels. There was no significant variance in the other components, with the exception of component 5 (peer pressure), where there was a substantial difference between the 200 and 400 levels and between the 400 and 500 levels. According to earlier studies, final-year students had considerably more academic stress than middle- and first-year students (Sujadi, 2022). Which runs counter to this research. The authors ascribed their findings to the last year's increased workload, which includes research and project writing. In nursing schools, the situation might be different because final-year students take fewer classes and spend the majority of their time in practical settings. However, compared to students at other levels, first-year students report higher levels of academic stress (Akhtar, & Akhtar, 2024).

The mean SCS of factor C (active problem coping) is shown to be high across all age groups. Because of this, responders of all ages most frequently employ active issue dealing as a coping strategy. However, respondents in the age categories of 20–24 and 25–29 also had high mean SCS in component A (Active Emotional Coping). These two age groups employ active emotional coping in addition to active issue dealing. A study found that students in the 20–30 age range are more adept at using a range of coping strategies to reduce academic stress (Basith, Syahputra, Fitriyadi, Rosmayadi, Fitri, & Triani, 2021).

There were no appreciable differences in coping methods across the age groups and SCS assessment categories. This is in line with a study that discovered no relationship between participants' age and their capacity to cope with academic stress (Joseph, Nallapati, Machado, Varsha Nair, Matele, Muthusamy, & Sinha, 2020).

Male and female respondents' mean scores for active coping strategies (factors A and C) in this study differed statistically significantly. On the other hand, the mean scores of female respondents in passive coping strategies (factors B and D) did not differ statistically significantly. According to Joseph et al. (2020), a study conducted at a prominent

institution in the Midwest found that the mean active emotional coping score was 21.5 ± 3.5 for males and 21.8 ± 3.3 for women ($t = 0.613$, $p = 0.54$).

Males scored 19.1 ± 5.0 on the passive emotional coping scale, whereas females scored 18.2 ± 4.1 ($t = 1.933$, $p = 0.054$). Male and female active issue coping scores were 12.8 ± 2.8 and 13.5 ± 2.5 , respectively ($t = 2.711$, $p = 0.007$). Males scored 19.1 ± 4.4 on the passive problem coping scale, while females scored 17.7 ± 3.9 ($t = 3.412$, $p = 0.001$) (Joseph et al., 2020).

Respondents from the 500 level of research had the best coping strategies across all SCS criteria. There are certain features of a growth in coping style with an increase in study level, especially in variables A and D (passive issue dealing and active emotional coping). According to Lavoie-Tremblay et al. (2022), a university in Montreal, Canada asserted that older students applied the coping strategies they had learned about academic stress and what to expect from their program to the higher level of study. Because of their first and second year experiences, the authors concluded that senior nursing students were more adept at employing helpful coping techniques.

CONCLUSION

Peer stress was more harmful to older age groups, while test stress was more harmful to younger age groups. Compared to male respondents, female respondents had a greater mean stress level. Respondents from the 300 and 400 levels have greater mean stress levels. While most male respondents use active emotional coping and active problem coping strategies, most female respondents use passive emotional coping and passive problem coping strategies. The 500-level pupils had the greatest mean of any coping technique.

Therefore, while creating treatments to lessen academic stress among undergraduate nursing students, smaller age groups should be taken into consideration. Female students require more attention than male students. Students at the 300 and 400 levels should be given more attention than those at lower levels. Additionally, students should be taught a variety of coping strategies, where to apply them, and the consequences of each, regardless of their age, gender, or academic standing.

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