



## Perceived Stress Levels among Community Health Students School of Health Technology Nsukka, Enugu State, Nigeria

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### Abstract

*Stress is inevitable and impacts negatively on students. The aim of the study was to determine the perceived stress level among community health students in school of health technology Nsukka. Four specific objectives with corresponding four research questions and three hypotheses guided the study. Descriptive survey research design was adopted for the study. The population for the study was 325 students from Department of Community Health, School of Health Technology, Nsukka. A proportionate sampling technique was used to select 180 students. The instrument for data collection was the researcher designed perceived stress level questionnaire. Frequencies and percentages were used to answer research questions while Chi-square test was used to test the null hypotheses. Reliability index of .075 was obtained. The findings of the study showed that perceived stress level among community health students was moderate (65.9%), perceived stress level for female students was high (73.5%) and moderate (68.5%) for male students, perceived stress for CHEWs was high (75%) and moderate (67.7%) for JCHEWs, high (74.7%) for students aged 17=21 years, and moderate (60.5%, 51.6%) for those aged 21-24 years above 25 years. Chi-square tests indicated no significant difference in perceived stress levels among the students based on gender, cadre and age. It was recommended that government, school authorities and parents should make academic environment favourable for students to minimize stress.*

**Key words:** Perceived stress levels, community health students, Nsukka, gender and cadre.

### Introduction

Stress is an everyday occurrence in life. Normal stress can be said to be physical or mental pressure that provokes responses enabling the individual to face the challenge for possible solutions. Waghachavare, Dhumale, Kadam and Gore (2013) defined stress as any change to homeostasis or to the body's internal source of balance. Afnan et al (2018) referred to stress as the physiological and psychological response to circumstances that threatens or challenges us that involve some specific kind of adjustment. Every individual at one time or the other experiences stress. Reaction to stimulus that causes stress depends on the personality and disposition of the individual at the particular point in time. This implies that peoples' reaction to stressful conditions varies. Gansesan, Talwar, Nonsiah and Oon (2018) stated that environmental and personal events that cause stress are known as stressors. The authors went further to indicate that there are two types of stress: eustress and distress. Eustress is referred to as positive stress that motivates an individual to continue to work and tackle the stress while distress is a negative stress which occur when the positive stress becomes too much to handle. Stress is a global issue affecting people both in the developed and developing areas. The global organization for stress reported that (75%) of Americans experienced moderate to high stress level (Megan, 2020). Since stress is a global issue affecting everybody, students are not exception.

Students experience difficulties in their course of studies which predispose them to stress. When these difficulties exert unbearably pressure on the students, it results to stress. Organization for Economic Co-operation and Development [OECD] (2017) reported that about 66 per cent of students reported feeling stressed about poor grades, 59 per cent reported that they often worry that taking a test will be difficult. Kumar and Bhukar (2013) indicated that university students are more stressful than other individuals at any other stages of their life. Some perceive stress as challenges that motivate to work hard for better academic result while others may perceive stress as difficult situations that de-motivate them for poor academic performance.

Stress among students can result from a lot of circumstances surrounding the students. These include school environment, academic activities and family problems. Deb, Strodi and Sun (2015) indicated that long hours of lecturers and expectations, rote learning are the sources of stress in the university educational system. The educational system also contributes to increased stress among students. Majrashi, Khalil, Nashbandi and Majrashi (2021) stated that stressors related to academia include heavy assignment, examinations, and workloads. Apart from the educational system or academic environment as source of stress, family problems, financial incapacities and parental expectations also are sources of stress among students.

Experiencing stress among the community health students may be associated with socio-demographic factors such as gender, cadre and age. Misigo (2015) indicated that both males and females equally face a number of challenges in their everyday life as a result of social position and roles which contribute to stress. Suleyiman and Zewadu (2018) reported that females are more stressed (82.09%) than males (74.28%). On the contrary, Pariat, Rynjah and Kharjang (2014) indicated that boys had higher level of stress compared to girls. Suleyiman and Zewadu (2018) reported that the stress level among students aged 17-26 years was 27 per cent. This study determined if gender, cadre and age are associated with perceived stress level among community health students. Cadre may also contribute in different stress level among students. Indira, Kalavathi, Rajeswari and Shabana (2019) noted that clinical sources of stress are like taking care of ill patients, fear to complete their clinical requirements, dealing uncooperative patients, work overload, prolonged standing, learning psychomotor skills, such as monitoring vital signs, bed bathing and bed making. This is irrespective of cadre. This study determined if gender, cadre and age associated with perceived stress level among community health students. The association between the socio-demographic factors may provide insight to the impacts and possible coping strategies.

Over exposure of the students to stressors for a long period can affect the general well-being as well as the academic performance of the students. Pariat, Rynjah, Joplin and Kharjana (2014) indicated that the negative effects of stress can cause headache, sleep problems, anxiety, and restlessness, sadness, drinking problems, depression and many other health problems. Riberro et al (2017) showed that an individual taking higher education, self-reported levels of stress are associated with poorer quality of life and well-being. Townsend (2015) maladaptive response, or negative, unhealthy responses to stress could lead to serious health problems such as anxiety, depression and other mental health disorder. Anxiety and depression are two evils that interfere with the academic performance of students and ability of the students to manage and handle other personal life affairs.

Stress can affect mental health of student which may result to anxiety and depression, substance abuse and sleep disturbances. Anxiety can be referred to as a state of unpleasant and intense apprehension arousing from reaction to external internal stimulus. Ganesan, Talwar, Norsiah and Oon (2018) reported that prevalence of anxiety was moderate (67%) among undergraduate students. Temporary feelings of worry or nervousness in stressful situations are natural and appropriate. However, when stress becomes intensified in ordinary situations and causing problems in management of activities of daily living in life, it becomes a problem or disorder. Stressful situations in the school can become unbearable resulting in anxiety. Anxiety can be very severe that it can interfere with normal school activities such as writing tests and examinations. Bhargava and Trivedi (2018) reported prevalence of depression at 81.60 per cent. MaArdle, Hamagami, Chang and Hishinuma (2014) indicated that self-reported depressive symptoms resulted in subsequent poor academic achievement. Apart from poor academic achievement students experiencing anxiety and depression may resort to substance abuse. Leonard et al (2015) indicated that students, who reported experiencing high ongoing stress particularly in relation to academic achievement and tertiary education admission process, also reported high rates of drug and alcohol abuse. Apart from poor academic performance, stress can result in sleep disturbances among students. Lee, Wuertz, Rogers and Chen (2013); Wallace, Boynto and Lytle (2017) reported that self-perceived stress has shown to result in poorer sleep in female university students from the United States. Students experiencing intense worry may even start to harbour suicidal tendencies. Saha (2017) stated that National Crime Record Burrell published that at least one student every hour commits suicide. Stress not only affects the mental health of the students, but adversely affects the physical health of students. Michaela, Sarah and Alexandra (2020) stated that the experience of high levels of academic-related stress increases the risk of young people developing physical health problems later in life. The culminated effect of mental and physical stress on students is poor academic performance. Some students for fear of poor academic performance may drop out of school. Walburg (2014) highlighted how stress and burnout can affect academic achievement by increasing the risk of school dropout. Lamb & Huo (2017) indicated that school dropout is associated with a lifelong reduction in earning capacity and secure of employment.

Students enter post-secondary school with sole aim to study and pass out in flying colours. While in school, students experience various forms of stress which affects their academic performance as well as general well-being. The experience of stress is worse among students undergoing health professional training considering the added work load resulting from clinical posting to primary health facilities in the rural areas. Studies have been conducted on stress levels among students in different locations and fields. None of such study has been carried out among the community health students in school of health technology, Nsukka. Thus, this study was conducted to determine the perceived stress levels among community health students in school of health technology, Nsukka.



### Objectives of the Study

The purpose of the study is to determine the perceived stress levels among community health students in school of health technology, Nsukka. Specifically the study determined:

1. perceived stress levels among the community health students in school of health technology, Nsukka,
2. perceived stress levels among the community health students in school of health technology, Nsukka based on gender,
3. perceived stress levels among the community health students in school of health technology, Nsukka based on cadre,
4. perceived stress levels among the community health students in school of health technology, Nsukka based on age,

### Research questions

1. What are the perceived stress levels among the community health students in school of health technology, Nsukka?
2. What are the perceived stress levels among the community health students in school of health technology, Nsukka based on gender?
3. What are the perceived stress levels among the community health students in school of health technology, Nsukka based on cadre?
4. What are the perceived stress levels among the community health students in school of health technology, Nsukka based on age?

### Hypotheses

1. There is no significant difference in the perceived stress levels among the community health students in school of health technology, Nsukka based on gender.
2. There is no significant difference in the perceived stress levels among the community health students in school of health technology, Nsukka based on cadre.
3. There is no significant difference in the perceived stress levels among the community health students in school of health technology, Nsukka based on age.

### Methods and Materials

**Research Design:** Descriptive survey design was used for the study. The population for the study consisted of all the community health students in the Department of community health, school of Health Technology, Nsukka.

**Area of the Study:** The study was conducted in School of Health Technology, Nsukka. The researcher observed that these students undergoing health professional course may be exposed to stress in both the academic and clinical experiences. Thus, the researcher deemed the area suitable for the study.

**Population for the Study:** The population of the study comprised of all the students in Community Health Department in School of Health Technology, Nsukka. The number of students was 325 (School Register, 2020). The Department comprised of community Health Extension Workers (CHEW) and Junior Community Health Extension Workers (JCHEW). CHEW is a three years programme while JCHEW is a two years programme.

**Sample for the Study:** Sample for the Study: The sample for the study consisted of 180 students. This is in line with Cohen, Manion and Morrison (2011) that if the population is 300 and above at 95 per cent confidence level and 5 per cent confidence interval, the sample size for the study should be 168 and above. Proportionate sampling technique was used to select 120 students from CHEW and 60 students from JCHEW. This process yielded 180 respondents for the study.

**Instrument for Data Collection:** The instrument for data collection was the researcher designed questionnaire called perceived stress levels questionnaire (PSLQ). The instrument consisted of 10 items that determined the perceived stress levels among students. Stress level was categorized into low, moderate and high. Response scores of 0-39% was considered low stress levels, 40-69% was considered moderate stress levels while 70% and above was considered high stress levels. The face validity of the instrument was established by three experts from Department of Human Kinetics and Health Education; University of Nigeria, Nsukka. The reliability of the instrument was established using the split half method. The reliability coefficient of 0.75 was obtained. The instrument was therefore deemed reliable for the study.

**Data collection Technique:** A total of 180 questionnaires were administered and collected back by the researcher and two research assistants.

**Method of Data Analysis:** Frequencies and percentages were used to answer research questions while chi-square analysis was used to test the hypotheses at .05 level of significance.

## Results

### Research question one

What are the perceived stress levels among the community health students in school of health technology, Nsukka?

**Table 1: Perceived stress level among community Health Students (n=180)**

S/N	Item statements	f	(%)	Decision
1	fear of failure of written tests and exams can cause stress	130	(72)	HSL
2	Lack of money to tackle school expenses	110	(61)	MSL
3	Poor student teachers relationship	108	(60)	MSL
4	Interpersonal rivalry among students.	105	(58.3)	MSL
5	The syllabus to too vast and long hours of lectures	128	(71.7)	HSL
6	Inadequate facilities for study in the school	115	(63.8)	MSL
7	Preparation for written exams and oral/practical exams	132	(73.3)	HSL
8	Parental expectations	118	(65.5)	MSL
9	Inability to manage personal life adequately	106	(58.5)	MSL
10	Experiences of clinical posting/changes in living environment	136.	(75.5)	HSL
	Overall %		<b>65.9</b>	

Key: Low stress levels = 0-39%, Moderate stress level = 40-69%, High stress level = 70% and above.

Table 1 shows that overall, community health students perceived stress level was moderate (65.9%). The table further shows that perceived stress level was high for experiences of clinical posting (75.5%), preparation and practical exams (73.3%) fear of failure of writing tests and exams (72%).

### Research question two

What are the perceived stress levels among the community health students in school of health technology, Nsukka based on gender?

**Table 2: Perceived Stress Level among Community Health Students based on Gender (n=180).**

S/N	Item statements	Male (n=14)		Female (n=166)	
		f	(%)	f	(%)
1	fear of failure of written tests and exams can cause stress	10	(71.4)	148	(89.1)
2	Lack of money to tackle school expenses	12	(85.7)	120	(72.2)
3	Poor student teachers relationship	8	(57.1)	105	(63.2)
4	Interpersonal rivalry among students.	7	(50)	122	(73.4)
5	The syllabus to too vast and long hour of lectures	11	(78.5)	128	(77.1)
6	Inadequate facilities for study in the school	9	(64.2)	124	(74.6)
7	Preparation for written and oral/practical exams	12	(85.7)	126	(75.9)
8	Parental expectations	9	(64.2)	110	(66.2)
9	Inability to manage personal life adequately	8	(57.1)	108	(65.0)
10	Experiences of clinical posting/changes in living environment	10	(71.4)	130	(78.3)
	Overall %		<b>68.5</b>		<b>73.5</b>

Key: Low stress level = 0-39%, Moderate stress level = 40-69%, High stress level = 70% and above.

Result in Table 2 indicates that the perceived stress level for female community health students was high (73.5%), while the perceived stress level for male community health students was moderate (68.5%).

### Research question three

What are the perceived stress levels among the community health students in school of health technology, Nsukka based on cadre?



**Table 3: Perceived Stress Level among Community Health Students based on Cadre (n=180).**

S/N	Item statement	CHEW (n=120)		JCHEW(n=60)	
		f	(%)	f	(%)
1	fear of failure of written tests and exams can cause stress	90	(75)	45	(75)
2	Lack of money to tackle school expenses	95	(79.1)	46	(76.6)
3	Poor student teachers relationship	88	(73.3)	42	(70)
4	Interpersonal rivalry among students.	86	(71.6)	38	(63.3)
5	The syllabus to too vast and long hours of lectures.	93	(77.5)	44	(73.3)
6	Inadequate facilities for study in the school.	89	(74.1)	36	(60)
7	Preparation for written and oral/practical exams	98	(81.6)	43	(71.6)
8	Parental expectations.	82	(68.3)	36	(60)
9	Inability to manage personal life adequately.	84	(70.0)	37	(61.3)
10	Experiences of clinical posting/changes in living environment.	96	(80.0)	40	(66.6)
	<b>Overall %</b>		<b>75.0</b>		<b>67.7</b>

Key: Low stress level = 0-39%, Moderate stress level = 40-69%, High stress level = 70% and above.

Result in table 3 shows that perceived stress level for community health extension workers (CHEW) was high (75%) while the perceived stress for junior community health extension workers was moderate (67.7%).

#### Research question four

What are the perceived stress levels among the community health students in school of health technology, Nsukka based on cadre?

**Table 4: Perceived Stress Level among Community Health Students based on Age (n=180)**

S/N	Item statement	17-20yrs (n=88)		21-24yrs (n=56)		>25 yrs (n=36)	
		f	%	f	%	f	%
1	fear of failure of written tests and exams can cause stress	68	(77.2)	42	(75)	20	(55.5)
2	Lack of money to tackle school expenses	68	(73.8)	29	(51.7)	16	(44.4)
3	Poor student teachers relationship	63	(71.5)	27	(44.6)	20	(55.5)
4	Interpersonal rivalry among students.	58	(65.9)	28	(50.0)	14	(38.8)
5	The syllabus to too vast and long hours of lectures.	70	(79.5)	37	(66.0)	20	(55.5)
6	Inadequate facilities for study in the school.	62	(70.4)	34	(60.7)	19	(52.7)
7	Preparation for written and oral/practical exams	75	(85.2)	36	(64.2)	21	(58.3)
8	Parental expectations.	66	(75)	35	(62.5)	17	(47.2)
9	Inability to manage personal life adequately.	57	(64.7)	33	(58.9)	16	(44.6)
10	Experiences of clinical posting/changes in living environment.	74	(84.0)	40	(71.4)	23	(63.8)
	<b>Overall %</b>		<b>74.7</b>		<b>60.5</b>		<b>51.6</b>

Key: Low stress level = 0-39%, Moderate stress level = 40-69%, High stress level = 70% and above.

Result in Table 4 shows that perceived stress level for community health students age 17-20 years was high (74.7%) while the perceived stress for community health students aged 21-24 years and above 25 years was moderate (60.5%, 51.6%).

#### Hypothesis one

There is no significant difference in the perceived stress level among community health students based on gender.

**Table 5: Summary of Chi-square Analysis of No Significant Difference in the Perceived Stress Level among Community Health Students based on gender (n=180)**

Variable	N	Correct O (E)	Incorrect O (E)	$\chi^2$ -value	df	p-value
Male	14	10 (11.4)	4 (5.1)	1.982	2	.296
Female	166	102 (121)	64 (65.6)			

Key: O= Observed frequency; E=Expected frequency. P-value <.05 significant

Table 5 shows that there was no significant difference ( $\chi^2 = 1.982$ ;  $P=.296>.05$ ) among community health students based on gender since the p-value is greater than .05 level of significance at 2 degree of freedom. The null hypothesis of no significant difference was therefore accepted. This implies that the students did not differ in their perceived stress level based on gender.

### Hypothesis two

There is no significant difference in the perceived stress level among community health students based on cadre.

**Table 6: Summary of Chi-square Analysis of No Significant Difference in the Perceived Stress Level among Community Health Students based on Cadre.**

Variable	N	Correct O(E)	Incorrect O(E)	$\chi^2$ -value	df	p-value
CHEW	120	100(112)	20(18.9)	.361	2	.729
JCHEW	60	42(41.5)	18(16.5)			

Key: O = Observed frequency; E = Expected frequency. P-value <.05 significant

The result in Table 6 shows that there was no significant difference ( $\chi^2 = 361$ ,  $p = .729>.05$ ) among community health students based on cadre since the p-value is greater than .05 level of significance at 2 degree of freedom. The null hypothesis of no significant difference was therefore accepted. This implies that community health students did not differ in their perceived stress level based on cadre.

### Hypothesis three

There is no significant difference in the perceived stress level among community health students based on cadre.

**Table 7: Summary of Chi-square Analysis of No Significant Difference in the Perceived Stress Level among Community Health Students based on Age**

Variable	N	Correct O(E)	Incorrect O(E)	$\chi^2$ -value	df	p-value
17-20yrs	88	58(65.9)	30(34.0)	1.306	2	.588
21-24yrs	56	35(62.5)	21(37.0)			
>25yrs	36	21(58.3)	15(41.6)			

Key: O = Observed frequency; E = Expected frequency. P-value <.05 significant

Result in Table 7 shows that there was no significant difference ( $\chi^2 = 1.306$ ,  $p = .588>.05$ ) among community health students based on age since the p-value is greater than .05 level of significance at 2 degree of freedom. The null hypothesis of no significant difference was therefore accepted. This implies that community health students did not differ in their perceived stress level based on age.

### Discussions

Result in Table 1 showed that overall, community health students perceived stress level was moderate (65.9%). This was expected and therefore not a surprise. This is because students generally experience different forms of stress at different levels of education. This finding is in agreement with the report of organization for economic co-operation and development which stated that about 66 per cent of the students reported feeling stressed about poor grades, and 59 per cent often worry that taking a test will be difficult. The professional health students like the (CHEWs and JCHEWs) encounter a lot of professional exams such as orals and practical's in addition to the conventional tests and examinations. These with other experiences increase stress in the students.

Table 1 further showed that community health student stress level was moderate for lack of money to tackle school expenses (61%) and inability to manage personal life adequately (58.5%). This is because when the students have no money needed for school fees, money for textbooks, internal and external exams and for personal maintenance, the students tend to be experience psychological stress which may affect their academic performance. Some students even engage in part-time work to meet up with financial expenses in the school. This is supported by the study of Singh et al. (2018) that reported that students who had trouble paying educational expenses was 66.per cent. This may be due to financial problems of the parents.

Table 1 also indicated that community health student perceived stress level was moderate for parental expectations (65.5%). This was based on the expectations of every parent is that the child will pass out in flying colours for better employment or further studies. This finding is in agreement with Deb et al. (2015) who noted that parental expectations is one of the sources of stress among students of post-secondary school educational system. When students are trying to meet up with the parental expectations, it can result to stress among the students.

Table 2 indicated that the perceived stress level for male community health students was moderate (68.5%) while the perceived stress level for female community health students was high (73.5%). This may be due to the fact that majority of the respondents were females. This finding is in contrast with the study of Pariat et al (2014) who reported that boys had higher level of stress compared with the girls. This can be attributed to the fact that boys wherever they are, always like to assume responsibilities more than females. This is in agreement with the assertion of Suleyiman and Zewadu (2018) who reported that females are more stressed (82.09%) than males (74.28%) and Singh et al (2018) who noted that girls have higher level of stress compared to boys. This could be that majority of the respondents were females. Result in Table 4 indicated no significant difference in the perceived stress level based on gender. This is in consonance with the study of Misigo (2015) who reported that both males and females equally face a number of challenges in their everyday life as a result of social position and roles which contribute to stress. This is because, apart from academic pressure both males and females have other social and family responsibilities which each gender is expected to manage in everyday life.

Table 3 showed that the perceived stress level among community health extension workers (CHEW) students was high (75%) while the perceived stress for junior community health extension workers was moderate (67.7%). This is expected and therefore not a surprise. This is because the CHEW's are three year programme and may be more intensive and demanding than the JCHEWS. This finding supported of the findings of Tamar, Esther and Olga (2012) which stated that perceived stress among health care students is a recognized problem worldwide. This can be irrespective of the cadre. Another reason may be that CHEWs may be covering one health facilities and combining that with their studies. Result in Table 5 indicated that there was no significant difference in the perceived stress level among community health students based on cadre ( $X^2 = .361, P = .729$ ). This is because both CHEWs and JCHEWs are community health students facing different types of examination in the professional training before passing to next class or graduating.

Table 4 indicated that the perceived stress level among community health aged 17-20 years was high (74.7%) but moderate for students aged 21-24years and above 25years (60.5%, 51.6%). This can be explained that this age group left their homes and was faced with both academic and professional health training without any experience while the other age groups may have finished the junior community health programme and even working in a health facility. The result in Table 7 showed that there was no significant difference ( $p = .588$ ) in the perceived stress level among community health students based on age. This finding is at variance with the findings of Suleyiman and Zewdu (2018) that reported that stress level was (27%) among students aged 17-26 years. The variance can be attributed to differences in the area of study, school syllabus, clinical areas, and even school environment including relationship between students and teachers. The study was in contrast with the finding of Yusuf, Isaach, Ajiboye and Buhari (2013) that reported stress level among students aged 15-18years was (52.2%). The difference may be due to differences in the health care facilities and interaction between the students and clinical instructors and health facilities staff where students are posted for clinical experiences.

### Conclusion and Recommendations

Findings of the study indicated that perceived stress level among community health students was moderate. The study also showed that perceived stress level among community health students was high in female students and moderate in male students. The study further indicated that perceived stress level was high among CHEW and moderate among the JCHEWs. The study showed that perceived stress was high among community health students aged 17-20 years and moderate for other age groups. However, summary of Chi-square tests indicated that community health students did not differ in their perceived stress level based on gender, cadre and

age. The study recommended that government, school authorities and parents should make school environment conducive for learning to minimize stress and ensure optimum academic achievement.

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