

**ACADEMIC STRESS, MENTAL HEALTH AND COPING MECHANISMS AMONG  
NURSING STUDENTS IN A TERTIARY INSTITUTION IN BENIN CITY**

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BENIN CITY.**

**OCTOBER, 2025**

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF  
BACHELOR OF NURSING SCIENCES (BNSC), COLLEGE OF MEDICAL SCIENCES,  
UNIVERSITY OF BENIN, BENIN CITY.**

**OCTOBER, 2025**

## **DECLARATION**

This is to declare that this research titled “**ACADEMIC STRESS, MENTAL HEALTH AND COPING MECHANISMS AMONG NURSING STUDENTS IN A TERTIARY INSTITUTION IN BENIN CITY**” which was carried out by **ONOSE SUSAN** will be solely a result of my work, except where acknowledged as being derived from other persons or resources.

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**FACULTY/COLLEGE:** **NURSING SCIENCES, COLLEGE OF MEDICAL SCIENCES,  
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**CERTIFICATION**

This is to certify that this research project was carried out by ONOSE SUSAN, with matriculation number BMS2001056, under the supervision of PROF. F. U. OKAFOR.

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## **DEDICATION**

I, ONOSE SUSAN, dedicate this research project is dedicated to God Almighty, for his grace, protection, wisdom, strength and also to my dad, my Mum and my wonderful siblings.

## ACKNOWLEDGEMENT

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## TABLE OF CONTENTS

COVER PAGE	I
TITLE PAGE	II
DECLARATION	III
CERTIFICATION	IV
DEDICATION	V
ACKNOWLEDGEMENT	VI
TABLE OF CONTENTS	VII
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background to the Study	1
1.2 Statement of the Problem	1
1.3. Objectives of the Study	3
1.4. Research Questions / Hypotheses	4
1.5. Significance of the Study	4
1.6 Scope of the Study	5
1.7 Operational Definition of Terms	5
CHAPTER TWO	7
LITERATURE REVIEW	7
2.1 Introduction	<b>Error! Bookmark not defined.</b>
2.2 Defining Academic Stress	7
2.3 Impact of Academic Stress on Mental Health	8
2.4 Coping Mechanisms and Resilience	8

2.5 Interventions and Institutional Support	14
2.6 Conclusion	<b>Error! Bookmark not defined.</b>
THEORETICAL REVIEW	<b>Error! Bookmark not defined.</b>
EMPIRICAL REVIEW	<b>Error! Bookmark not defined.</b>
Chapter Summary	<b>Error! Bookmark not defined.</b>
CHAPTER THREE	24
METHODOLOGY	24
3.1 Research Design	24
3.2 Setting – Geographical Location and Characteristics	24
3.3 Target Population	24
3.4 Sample size.	25
3.5 Sampling Technique	27
3.6 Instrument of Data Collection	28
3.7 Validity of Instrument	28
3.8 Reliability of Instrument	29
3.9 Method of data collection.	29
3.10 Method of Data Analysis	29
3.11 Ethical Consideration	30
REFERENCES	39
APPENDIX I	50

## ABSTRACT

*Academic stress is a significant challenge in nursing education, affecting students' mental health, academic performance, and professional development. Understanding stress levels, contributing factors, and coping mechanisms is essential for developing effective support interventions. This study assessed the level of academic stress, identified contributing factors, and examined coping mechanisms among nursing students in a tertiary institution in Benin City, Edo State. A descriptive cross-sectional study was conducted among 252 undergraduate nursing students (200-500 level) at University of Benin using structured questionnaires. Data were analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations. Students experienced moderate overall academic stress (grand mean = 2.77), with high stress levels related to overwhelming workload, meeting deadlines, and financial demands. Major contributing factors included limited time for tasks (91.2%), large workload (84.5%), frequent examinations (79.7%), and poor time management (80.9%). Effective coping mechanisms included spiritual engagement (mean = 3.88), time management (mean = 3.84), and social support (mean = 3.12), while professional counseling services were significantly underutilized (mean = 1.70). Maladaptive coping strategies such as substance abuse were rarely employed. Nursing students experience considerable academic stress requiring comprehensive institutional interventions including workload management, mental health awareness, accessible counseling services, and integration of stress management training into nursing curricula.*

**Keywords:** Academic stress, mental health, coping mechanisms, nursing students

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Academic stress and mental health have emerged as critical issues among tertiary students, particularly nursing students who face unique academic and clinical challenges. The rigorous nature of nursing education which combines demanding coursework, clinical practice, and skill acquisition often exposes students to high levels of pressure and stress. The increasing prevalence of academic stress has raised concern due to its detrimental effects on students' mental health, emotional stability, and overall academic performance (Kumar et al., 2021).

Tertiary institutions play a vital role in developing individuals who contribute meaningfully to national growth and development (Deng et al., 2022). However, the academic environment within these institutions can also be a major source of stress. Nursing students experience multiple stressors, including heavy workloads, long study hours, tight deadlines, and the need to balance theoretical learning with clinical responsibilities. These demands, coupled with the pressure to excel and meet professional expectations, can affect their psychological well-being and academic motivation (Zhang et al., 2022). According to Barbayannis et al. (2022b), tertiary institution students face diverse stressors such as academic competitiveness, financial strain, family obligations, and difficulties adapting to new environments. For nursing students, these are further intensified by exposure to patients' suffering, shift duties, and fear of clinical mistakes, all of which can trigger anxiety and emotional fatigue. The World Health Organization (2022) defines mental health as a state of well-being in which an individual realizes their potential, can handle normal stresses of life, and contributes productively to their community. Poor mental

health, on the other hand, often manifests as depression, anxiety, low self-esteem, and withdrawal from academic or social engagements (Jongedijk, 2023).

Several studies have established a strong link between academic stress and deteriorating mental health among tertiary students. O'Connor et al. (2021) found that prolonged academic stress negatively affects cognitive abilities, emotional control, and overall life satisfaction. Likewise, Clabaugh et al. (2021) reported that students experiencing intense academic pressure exhibit higher levels of psychological distress, while Wei et al. (2021) observed that persistent academic burnout contributes to emotional exhaustion and disengagement from studies. However, effective coping mechanisms can help students manage academic stress and preserve mental health. Coping strategies involve the cognitive and behavioral efforts individuals employ to handle internal and external demands (Olivera et al., 2023). Nursing students who use adaptive coping techniques such as time management, seeking support from peers and mentors, and relaxation practices tend to maintain better psychological balance (Mulati & Purwandari, 2022). Moreover, Amanvermez et al. (2022) found that stress management interventions significantly reduce anxiety, depression, and stress among students.

Given the high academic expectations and emotional demands of nursing education, understanding how nursing students cope with stress and maintain mental well-being is essential. This study therefore seeks to examine academic stress, mental health, and coping mechanisms among nursing students in a tertiary institution in Benin City.

## **1.2 Statement of the Problem**

In recent years, the academic environment in tertiary institutions has become increasingly demanding, particularly for nursing students who must balance intensive theoretical learning with rigorous clinical practice. The pressure to achieve high academic performance, meet numerous coursework deadlines, and excel in clinical evaluations often contributes to significant levels of academic stress. Nursing education is unique in its dual focus on academic excellence and clinical competence, which can place immense psychological and emotional strain on students. This persistent exposure to stress can adversely affect students' mental health, leading to anxiety, depression, burnout, and reduced academic productivity.

The growing concern over students' mental health in nursing institutions has prompted the need to examine the link between academic stress and psychological well-being. Although existing studies have explored academic stress in general student populations, limited attention has been given to nursing students, who face distinctive academic and professional challenges. Furthermore, the coping mechanisms adopted by nursing students to manage stress such as problem-focused, emotion-focused, or avoidance strategies remain underexplored within the context of Nigerian tertiary institutions. Understanding how academic stress affects mental health and the coping mechanisms students adopt is crucial for developing effective interventions and support systems. This study therefore seeks to investigate the relationship between academic stress, mental health, and coping mechanisms among nursing students in a tertiary institution in Benin City, with the aim of identifying practical strategies to promote psychological resilience and academic success.

### **1.3. Objectives of the Study**

The primary objectives of this study are:

1. To assess the level of academic stress among nursing students in a tertiary institution in Benin City.
2. To determine factors contributing to academic stress among nursing students in a tertiary institution.
3. To assess various coping mechanisms nursing student uses to reduce academic stress and it's impact on the mental health of students.

### **1.4. Research Questions / Hypotheses**

The study will address the following research questions and hypotheses:

Research Questions:

1. What is the relationship between academic stress and mental health among students?
2. Which factors contribute most significantly to academic stress in students?
3. What are the most common coping strategies adopted by students to manage academic stress?

### **1.5 Research Hypothesis:**

**H<sub>0</sub>:** There is no significant relationship between academic stress and mental health among nursing students in a tertiary institution in Benin City.

### **1.6. Significance of the Study**

**Nursing Profession:** This study will provide valuable insights into the mental health challenges faced by students, enabling nursing professionals to develop targeted interventions and support systems for this population.

**Health Providers:** The findings will inform health providers about the specific mental health needs of students, facilitating the development of tailored mental health services and resources within tertiary institutions.

**Society:** By addressing academic stress and its impact on mental health, this research will contribute to broader societal awareness of the importance of mental health in educational settings, promoting a culture of support and understanding for students facing these challenges.

### **1.7 Scope of the Study**

The study will focus on two primary variables: academic stress (independent variable) and mental health and coping mechanisms (dependent variable), including anxiety and depression. The research will be conducted in University of Benin, Benin city.

The target population will include undergraduate students enrolled in the following faculties at the University of Benin: Faculty of Nursing and Art.

### **1.8 Operational Definition of Terms**

1. **Academic Stress:** The psychological pressure experienced by students due to academic demands, including workload, exams, and performance expectations.
2. **Mental Health:** A state of well-being in which individuals realize their potential, can cope with the normal stresses of life, work productively, and contribute to their community.

This study will specifically focus on anxiety and depression as indicators of mental health.

3. Coping Mechanisms: Strategies or techniques that individuals use to manage stress and emotional challenges, which can be adaptive (e.g., seeking support) or maladaptive (e.g., avoidance)
4. Tertiary Institutions: Educational institutions that provide higher education, including universities, colleges, and vocational schools, where students pursue degrees or certifications beyond secondary education.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Conceptual review**

Academic stress has become a major concern in tertiary institutions, particularly among nursing students who face unique academic and clinical challenges. The rigorous curriculum, frequent examinations, clinical postings, and expectations from family, lecturers, and society place enormous psychological pressure on these students. These stressors can affect their concentration, motivation, and overall mental health, leading to anxiety, depression, and burnout. The literature emphasizes that the dual demand of academic excellence and clinical competence often makes nursing students more vulnerable to psychological distress compared to other student populations. This review synthesizes studies on academic stress, its psychological consequences, coping mechanisms, and interventions, with a focus on how nursing students in tertiary institutions manage academic-related challenges to maintain mental well-being.

##### **2.1.2 Concept of Academic Stress**

Academic stress refers to the psychological and emotional tension that occurs when students perceive academic demands as exceeding their ability to cope effectively (Kumar et al., 2021). Among nursing students, this stress may arise from intense workloads, clinical evaluations, lengthy study hours, and fear of failure in both theory and practice. Deng et al. (2022) noted that these stressors are often compounded by family expectations, financial challenges, and interpersonal relationships within the academic environment.

Zhang et al. (2022) reported that academic stress is strongly linked to symptoms of depression, particularly when students are unable to balance academic and personal life. Excessive workload,

poor time management, and insufficient rest contribute to emotional exhaustion and mental fatigue. In nursing education, the constant exposure to clinical situations, patient care responsibilities, and assessment pressures may further intensify this form of stress, affecting students' psychological stability and academic engagement.

### **2.1.3 Impact of Academic Stress on Mental Health**

The relationship between academic stress and mental health has been widely documented, showing that excessive stress adversely affects students' psychological functioning. High stress levels can lead to anxiety, depression, and emotional burnout (Barbayannis et al., 2022). O'Connor et al. (2021) provide a psychobiological explanation, stating that prolonged academic stress disrupts the hypothalamic-pituitary-adrenal (HPA) axis, leading to hormonal imbalances that can trigger long-term mental health issues such as chronic anxiety and mood disorders.

Olivera et al. (2023) identified academic stress as a strong predictor of deteriorating mental health outcomes among students, emphasizing that nursing students face additional emotional strain due to the combination of academic and clinical responsibilities. Burnout is particularly common in nursing education, manifesting as emotional exhaustion, depersonalization, and reduced academic efficacy (Wei et al., 2021). These conditions not only impair learning but also compromise the quality of clinical performance. The psychological consequences of academic stress are profound. Okechukwu et al. (2022) found a significant association between academic stress and suicidal ideation among university students, with nursing students identified as a high-risk group. This underscores the urgent need for effective coping mechanisms, institutional support systems, and mental health interventions to promote resilience and well-being among nursing students in tertiary institutions in Benin City and beyond.

## **2.1.4 Coping Mechanisms and Resilience**

Coping mechanisms are the conscious and unconscious strategies individuals employ to manage stress, emotional challenges, or difficult situations. For nursing students, these strategies are essential to navigate the intense academic and clinical demands of their training. Coping strategies can be broadly categorized into adaptive and maladaptive techniques (Aigbokhaevbo & Ofili, 2024).

### **Adaptive Coping Strategies**

Adaptive coping strategies are constructive methods used to handle stress, emotional discomfort, or challenging situations in ways that promote psychological well-being, resilience, and effective problem-solving. These strategies aim to reduce the source of stress, regulate emotional responses in healthy ways, and prevent long-term negative outcomes such as anxiety, depression, or academic burnout. In the context of nursing education, students frequently encounter stressors such as examination pressure, heavy academic workload, clinical evaluations, patient care responsibilities, and interpersonal challenges in both classroom and clinical settings. The use of adaptive coping strategies such as time management, seeking social support from peers or mentors, engaging in relaxation techniques, problem-solving, and maintaining a balanced lifestyle—enables nursing students to manage these stressors effectively. Such strategies not only support mental health but also enhance academic performance, professional competence, and resilience, equipping students to cope with future challenges in both their academic and clinical careers.

Adaptive coping can be broadly divided into two categories: problem-focused and emotion-focused strategies.

### **Problem-Focused coping strategies**

This involves directly addressing the cause of stress with the aim of resolving it or reducing its impact. It is especially useful when the stressor is perceived to be within one's control. For students, this includes:

- i. Effective time management (e.g., creating study schedules and prioritizing tasks)
- ii. Seeking academic support (e.g., consulting lecturers, joining study groups)
- iii. Setting achievable academic goals
- iv. Organizing workload into manageable parts

These approaches promote a sense of control and competence, helping students reduce anxiety and stay on track academically.

### **Emotion-Focused Coping strategies**

Emotion-focused strategies aim to regulate the emotional distress caused by stressful situations. These are especially useful when the stressor cannot be changed immediately. Adaptive emotion-focused strategies include:

- i. Positive self-talk and reframing negative thoughts
- ii. Talking to trusted friends or mentors
- iii. Practicing relaxation techniques such as deep breathing, meditation, or mindfulness.
- iv. Engaging in hobbies or physical activities

- v. Religious and spiritual coping, such as prayer or reading scripture, especially significant in cultures like Nigeria, where spirituality plays a strong role in emotional well-being

A recent study by Aigbokhaevbo and Ofili (2024), conducted among medical students at the University of Benin, found that the most frequently used adaptive coping strategies were planning, active coping, and religious practices. These strategies were not only common but also associated with better psychological outcomes, showing that many Nigerian students naturally lean toward adaptive techniques when dealing with academic pressure. The study further recommended that the academic support services should be made accessible and made more visible to students in order to enhance their coping mechanisms.

### **Technology-Based Coping: Virtual Reality (VR)**

In recent years, modern technological tools have emerged as effective adaptive coping resources. One such tool is Virtual Reality (VR), which has been used to help students manage stress through immersive relaxation environments or guided mindfulness experiences.

While VR as a coping is not yet widely researched in Nigeria, international studies provide encouraging evidence. A 2024 quasi-experimental study from Jakarta, Indonesia revealed that students who used VR-based interventions experienced significantly greater reductions in academic stress and improvements in mental health compared to students who relied on conventional coping methods (Maulidina and Fatima's 2024). Similarly, a study involving university students found that just one session of immersive VR (e.g., exploring nature scenes or engaging in breathing exercises through VR) led to lower stress levels, reduced heart rate, and increased feelings of calm (Mc Garry et al., 2023).

These findings suggest that VR-based coping strategies can complement traditional techniques, offering students an engaging and effective way to manage stress, especially in settings where conventional mental health services are limited or underused.

### **Maladaptive Coping Strategies**

Maladaptive coping strategies refer to ineffective or harmful methods that individuals use to manage stress, emotional discomfort, or pressure. While these strategies may provide temporary relief, they often fail to address the underlying causes of stress and can exacerbate mental health challenges over time. Among nursing students, who face a combination of demanding academic schedules, clinical responsibilities, and high expectations, maladaptive coping can be particularly detrimental to both psychological well-being and academic performance.

Common maladaptive strategies include avoidance, procrastination, emotional suppression, substance use, disordered eating, social withdrawal, and negative self-talk. For instance, some students may delay assignments, skip classes, or avoid confronting academic tasks altogether. Although this may temporarily reduce anxiety, it usually increases stress in the long term, leading to last-minute panic, lower academic achievement, and heightened psychological strain.

Substance use is another maladaptive approach that some students adopt in an attempt to escape stress. Alcohol, smoking, or other substances may momentarily dull emotional discomfort but often impair concentration, memory, and cognitive performance, compounding academic and health-related difficulties. Similarly, suppressing or denying emotions can create internal tension, irritability, and mental exhaustion, manifesting physically as sleep disturbances, headaches, or chronic fatigue.

Maladaptive coping can also affect lifestyle and social interactions. Nursing students may develop disordered eating patterns, either overeating unhealthy foods or undereating due to loss of appetite, which negatively impacts both physical health and mental clarity. Excessive social withdrawal further limits access to emotional support, increasing feelings of isolation and vulnerability to depression. Negative self-talk and self-blame, such as internalizing thoughts like “I’m not good enough” or “I’ll never succeed,” lower self-esteem, reduce motivation, and amplify anxiety and hopelessness. Even digital avoidance excessive disengagement from academic platforms or online peer interactions can hinder learning and limit support networks, intensifying stress.

Overall, while maladaptive coping strategies may offer short-term relief, they perpetuate a cycle of stress, disengagement, and mental health deterioration. Identifying and addressing these behaviors is crucial for promoting resilience, effective coping, and well-being among nursing students in tertiary institutions.

Excessive screen time, especially scrolling through social media, binge-watching videos, or gaming can become a way of avoiding academic stress. While it may feel relaxing in the moment, it often leads to wasted time, guilt, and increased academic pressure later on. A study by Okechukwu et al. (2022), conducted across three universities in South-Eastern Nigeria, provides strong support for the harmful effects of maladaptive coping strategies among students. The study explored the role of coping styles and resilience in the relationship between academic stress and suicidal ideation. Findings revealed that Students who relied heavily on maladaptive coping techniques such as denial, self-blame, and escapism reported significantly higher levels of academic stress and suicidal thoughts. In contrast, students who employed adaptive strategies like

planning and seeking emotional support, along with exhibiting resilience, showed far lower psychological distress. This study highlights that maladaptive coping not only hinders academic performance but can also escalate to severe mental health risks if left unaddressed. Jongedijk (2023) discusses psychotrauma in academic settings, suggesting that students exposed to prolonged stress without effective coping mechanisms may develop long-term psychological distress. The study highlights mindfulness and cognitive-behavioral interventions as potential solutions.

### **2.1.5 Interventions and Institutional Support**

Educational institutions play a pivotal role in mitigating academic stress and supporting student mental health. Implementing comprehensive interventions can foster a conducive learning environment. Kumar et al. (2021) recommends redefining academic performance measures to reduce stress-related competition. Effective interventions typically target both the individual (student coping skills, mindfulness) and institutional structures (peer support, faculty training, flexible policies). Here are several evidence-based strategies universities can implement:

#### **1. Stress Management Programs and Skills Training**

Structured training covering time management, problem-solving, relaxation techniques, and emotion regulation has been shown to significantly reduce academic stress, anxiety, and depression among students. According to The Guardian (2025) report, many universities have increasingly recognized the impact of academic stress on students' mental health. Similarly, Clabaugh et al. (2021) highlight the role of institutional support in mitigating stress through flexible learning schedules and mental health awareness program

Practical implementation:

- i. Provide workshops or online modules teaching cognitive-behavioral strategies.
- ii. Include guided techniques (e.g., breathing, progressive muscle relaxation).

## 2. Promotion of Peer Support Networks

Encouraging the formation of peer-led groups where students can share experiences and coping strategies, fostering a sense of community and mutual support.

Deng et al. (2022) advocate for family involvement in stress reduction strategies, as family expectations often contribute significantly to student anxiety.

## 3. Provision of Accessible Mental Health Services

Establishing on-campus counselling centers and virtual support platforms to ensure students have access to professional mental health resources.

Accessible services refer to mental health resources that students can easily reach and utilize without facing significant barriers such as stigma, cost, or logistical challenges. In Nigerian universities, the availability and accessibility of mental health services often remain limited, contributing to the underutilization of professional help by students facing academic stress and related psychological difficulties (Adetunji et al., 2021).

Academic stress is a significant concern that adversely impacts the mental health of tertiary institution students, potentially leading to serious consequences such as anxiety, depression, and even suicidal ideation, highlighting the urgent need for effective interventions; although various coping mechanisms and institutional strategies are available, including adaptive approaches like problem-solving, social support, and mindfulness practices, there is a pressing requirement for holistic strategies that integrate psychological, social, and academic support systems tailored to

the unique needs of diverse student populations. Future research should focus on developing personalized intervention models to better address these challenges. Moreover, educational institutions must prioritize the implementation of resilience training, ensure the availability of accessible mental health services, and foster peer support networks to effectively assist students in navigating academic pressures, thereby promoting their overall well-being. This comprehensive literature review synthesizes both user-provided insight and additional scholarly sources to provide a well-rounded discussion on the intricate relationship between academic stress and mental health within tertiary institutions, underscoring the importance of a multifaceted approach to tackle this critical issue.

## **2.2 Theoretical framework**

The issue of academic pressure and its subsequent effect on mental well-being among students in tertiary institutions has garnered significant attention in recent years. As the demands of academic achievement intensify, understanding the coping mechanisms employed by students becomes crucial. This theoretical review will explore three contemporary theories:

1. The Stress-Coping Model
2. The Resource Conservation Theory
3. Maslow's Hierarchy of Needs

Each of which provides a unique perspective on the relationship between academic pressure, mental health, and coping strategies among students.

### **1. Stress-Coping Model**

The Stress-Coping Model, was developed by Lazarus and Folkman, expands on the idea of cognitive evaluation by introducing the concept of coping strategies. This model posits that stress is a dynamic process that involves an interaction between the individual and their environment. It emphasizes that coping is not a one-size-fits-all approach; rather, it encompasses a range of strategies that can be problem-focused (aimed at addressing the stressor) or emotion-focused (aimed at managing emotional responses). In the context of higher education, students encounter various stressors, including academic workload, social pressures, and financial concerns. The effectiveness of their coping strategies can significantly influence their mental health outcomes. For example, students who employ problem-focused coping strategies, such as seeking help from peers or academic advisors, may experience reduced stress levels compared to those who rely solely on emotion-focused strategies, such as avoidance or denial.

### **Application to Study**

The Stress-Coping Model is particularly relevant to this study as it provides a comprehensive framework for understanding how students navigate academic pressure. A recent study by Hawsawi et al. (2024) found that students who utilized a combination of problem-focused and emotion-focused coping strategies reported better mental health outcomes. This highlights the necessity of equipping students with diverse coping mechanisms to effectively manage academic pressure, thereby promoting their overall well-being. This theory offers a practical lens to examine how tertiary students perceive and respond to academic stressors. Academic demands, financial pressures, interpersonal conflicts, and future uncertainty can all be seen as stressors that students must evaluate and cope with on a daily basis. The model helps researchers understand not just the presence of stress, but how students interpret these experiences (through appraisal) and what strategies they use (through coping) to manage them.

For example, some students may appraise an upcoming exam as a threat to their academic standing (primary appraisal) and feel they lack sufficient time or ability to prepare (secondary appraisal), resulting in high stress. Others might view the same exam as a challenge, mobilizing proactive strategies like study planning and peer collaboration.

The model also clarifies why students experience stress differently, even when faced with similar circumstances, because individual differences in appraisal and coping styles influence outcomes. A student using problem-focused coping, such as creating study schedules or seeking academic help, may experience lower stress and better mental health outcomes. Conversely, heavy reliance on emotion-focused strategies like avoidance or denial can lead to maladaptive coping, worsening anxiety or depression over time.

Furthermore, the theory highlights the importance of coping resources, such as social support, coping self-efficacy, and institutional support systems. These resources can strengthen students' ability to appraise stressors more optimistically and choose more adaptive coping responses.

Overall, the Stress and Coping Model provides a dynamic framework for examining how students experience academic stress, how they manage it, and how those coping efforts relate to mental health outcomes. It emphasizes the subjective nature of stress and the critical role of personal and environmental coping resources, making it directly relevant to your study on academic stress, mental health, and coping mechanisms among tertiary students.

### **2.3 Empirical review**

This section will review relevant literatures locally, nationally and internationally based on the objectives of this study

#### **Prevalence and Sources of Academic Stress**

Studies have shown for the high incidence of academic stress in tertiary school students. A study by Oyewobi et al. (2021) to examine the causes of academic stress among undergraduate students in Nigeria's Department of Quantity Surveying found that academic workload and performance pressures were prominent stressors. This research noted that the level of stress appropriate for learning is lower than the higher level of stress that adversely affects the academic performance. The need to understand these stressors is essential for developing effective coping mechanisms and support mechanisms for students. Okechukwu et al. (2022) conducted a study among university students in Lagos and found that more than 60% of students experienced moderate to high levels of academic stress. The study linked this stress predominantly to excessive academic workload, inadequate time for rest and social activities, and fear of failure. Similarly, Eneogu et al. (2024) and Aihie (2022) identified major academic stressors among university students such as overloaded lecture schedules, frequent assessments, missed classes, and insufficient time for academic preparation, all of which contribute significantly to heightened anxiety and emotional fatigue.

International studies corroborate these findings. For example, Wang et al. (2024) surveyed Chinese university students and reported that approximately 70% experienced significant academic stress, which was intensified by pandemic-related shifts to online learning and

isolation. The study further highlighted that students with limited social support and poor time management skills were particularly vulnerable.

Additionally, emerging research points to the role of non-academic factors such as financial difficulties, family expectations, and peer pressure as contributors to academic stress, especially in developing countries. Adetunji et al. (2021), in their study at Obafemi Awolowo University, found that financial insecurity significantly compounded academic stress, which often translated into symptoms of anxiety and depression among students.

### **Mental Health Outcomes Associated with Academic Stress**

The relationship between academic stress and mental health issues among tertiary students is well-established. Symptoms of anxiety, depression, burnout, and even suicidal ideation have been linked to persistent academic stress.

In Nigeria, Adetunji et al. (2021) identified academic stress as a key predictor of depressive symptoms in university students. Their study revealed that approximately 40% of respondents exhibited moderate to severe depression, with academic pressures and financial concerns being major contributing factors. Similarly, Aihie (2022) documented high levels of anxiety and emotional exhaustion linked to examination stress and workload, noting that these outcomes negatively impacted students' academic motivation and attendance.

### **Coping Strategies Employed by Students**

Students have adopted various techniques for coping with academic stress. Research in Nigeria by Okechukwu et al. (2022) found that many students favored adaptive coping methods such as problem-solving, seeking social support, time management, and positive reframing. However, a

considerable portion still relied on maladaptive strategies including avoidance, denial, and substance use. The study highlighted that maladaptive coping was associated with poorer mental health outcomes and academic difficulties. International research supports these trends, Nguyen et al. (2023), in their Australian study, found that students who used adaptive coping strategies such as exercise, mindfulness, and social support reported significantly lower levels of anxiety and depression. Conversely, maladaptive coping, such as procrastination and substance misuse, was linked to higher psychological distress.

An innovative study by Wang et al. (2024) explored the use of virtual reality (VR) as a tool for adaptive coping, showing that immersive VR-based stress reduction interventions improved students' ability to manage academic stress and enhanced their psychological well-being. This highlights a growing global interest in technology-driven coping solutions, which remain largely unexplored in Nigerian tertiary contexts.

Further, a study by Aigbohaevbo and Ofili (2024), exploring the impact of school-related stress and associated coping mechanisms on the mental health of undergraduate students in University of Benin found that spirituality and entertainment were the most common coping mechanisms but academic support services were under-utilised (owing to stigma and lack of awareness). The study further recommended that the academic support services should be made accessible and made more visible to students in order to enhance their coping mechanisms.

## **2.4 Gaps in the Current Literature**

Despite the growing body of research on academic stress, mental health, and coping strategies among tertiary students, several gaps remain, particularly within the Nigerian context:

1. Limited Longitudinal Studies: Most studies are cross-sectional, limiting understanding of how academic stress and coping strategies evolve over time. Longitudinal research is needed to establish causal relationships and the long-term efficacy of coping mechanisms (Obilade et al., 2024).
2. Underexplored Cultural Contexts: There is a lack of culturally tailored coping interventions in Nigeria. Studies such as Owunebe et al. (2024) call for integrating indigenous cultural practices into mental health programs to enhance student engagement and effectiveness.
3. Inadequate Use of Technology: While international studies highlight the benefits of technology-assisted coping (e.g., VR, mobile apps), these innovations are rarely studied or implemented in Nigerian tertiary institutions (Wang et al., 2024).
4. Barriers to Mental Health Service Access: Research indicates persistent stigma and inadequate mental health infrastructure prevent many Nigerian students from seeking professional help (Adetunji et al., 2021). More studies are needed to identify practical strategies to improve accessibility and utilization.
5. Focus on Academic Stress without Broader Psychosocial Stressors: Most research focuses on academic stress alone, with less attention to how financial, social, and familial stressors intersect with academic pressures to affect mental health (Okechukwu et al., 2022).
6. Gender Differences: Few recent studies rigorously explore how academic stress and coping differ by gender; an important factor given documented disparities in mental health outcomes.

## **2.5 Summary of Literature Review**

This chapter provided a comprehensive review of the relevant literature and theoretical frameworks related to academic stress, mental health, and coping strategies among tertiary institution students. The introductory overview set the stage by highlighting the significance of academic stress as a multifaceted challenge affecting students' psychological well-being and academic performance. The theoretical perspectives, including Lazarus and Folkman's stress and coping Model, Conservation of Resources theory and Maslow's Hierarchy of Needs, offered critical insights into the underlying mechanisms of stress and coping processes. Despite the wealth of existing knowledge, notable gaps persist, especially concerning culturally adapted interventions, the integration of technology in coping strategies, and access to mental health services within Nigerian tertiary institutions. These gaps justify the present study's focus on exploring effective coping mechanisms and institutional supports among students at the University of Benin to contribute to enhanced academic resilience and mental health outcomes.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter discusses the research methodology which includes the research design, research setting, target population, sampling (size and formula), sampling technique, instrument use for data collection, validity and reliability of the instrument, analysis method and ethical consideration.

#### **3.1 Research Design**

This study adopts a descriptive cross-sectional survey design to investigate the levels of academic stress among students, assess its impact on their mental health, and explore the various coping mechanisms they adopt within a tertiary institution setting. The quantitative approach employed provides a structured method for statistical analysis and pattern recognition across variables.

#### **3.2 Research Setting**

The study was conducted at the University of Benin, Department of Nursing Science, located at Ugbowo in Ovia North-East Local Government Area of Edo State, which was one of Nigeria's leading nursing education institutions. The University of Benin, a tertiary institution established in 1970, initially operated as an Institute of Technology before being granted full university status by the National Universities Commission (NUC) on 1st July 1971. At the time of the study, the university had a student population exceeding 77,000, comprising both full-time and part-time students across various faculties. One of its faculties, the School of Basic Medical Sciences, was established in 2003 and housed seven departments: Nursing Science, Anatomy, Medical Biochemistry, Physiology, Medical Laboratory Science, Physiotherapy, and Radiography.

The Department of Nursing Science commenced in the 2007/2008 academic session with an initial intake of 20 students through the Joint Matriculation Examination and Post-University Matriculation Examination. However, during the 2007 Resource Validation Exercise, the department did not meet all the necessary criteria due to an inadequate number of academic staff. After addressing the deficiencies, the department reapplied for verification, and in 2011, the NUC conducted a successful accreditation exercise which led to the accreditation of Nursing Science at the University of Benin. By the time of this study, the Department of Nursing Science had become one of the most sought-after programs at the University of Benin, with over 854 full-time undergraduate students, a team of qualified academic and non-academic staff, and adjunct lecturers. The university provided a conducive learning environment for nursing students, exposing them to both theoretical and practical knowledge. This setting was chosen because of its diverse student population, which helped generate representative and generalizable findings.

### **3.3 Target Population**

Target population refers to the entire group of individuals to which researchers are interested in generalizing conclusions. The target population for this study consists of 701 undergraduate nursing students from 200 level to 500 level in the Department of Nursing Science, University of Benin (UNIBEN), Benin City, Edo State. These students, at different stages of their nursing education and training, are suitable participants for examining the relationship between emotional intelligence and critical thinking disposition.

**Table 3.3.1: Study of The Target Population**

**ACADEMIC LEVEL**

**TOTAL NUMBER OF STUDENTS**

200 level	177
300 level	190
400 level	174
500 level	160
Total	701

### 3.4 Sample size

The sample size will be determined using Yamane's (1967) formula: where:

- $n$  = sample size
- $N$  = total population size (estimated nursing students at the University of Benin)
- $e$  = margin of error (0.05 for 95% confidence level).

Based on preliminary enrollment data, the estimated sample size will be calculated accordingly.

Assuming a 95% confidence level, a margin of error of 5% (0.05) and estimated nursing students at the University of Benin from 200 to 500 level is 701.

**Calculate the total population size (N):**

$$N = \text{Level 2} + \text{Level 3} + \text{Level 4} + \text{level 5}$$

$$= 177 + 190 + 174 + 160$$

$$= 701$$

**Calculate the sample size (n) using the formula:**

Substituting the values into the formula

$$n = 254.7$$

$$n \approx 255$$

Therefore, the required sample size for this study is 255 nursing students.

### **3.5 Sampling Technique**

A stratified random sampling technique was employed to ensure equal representation of students across different academic levels. Stratification was based on year of study to ensure that students at different levels of training were adequately represented.

**Table 3.3.2: Study of the Stratified Sampling of Nursing Students at the University of Benin**

Academic Level	Population Size (N)	Proportion (%)	Sample Size (n)
<b>200 Level</b>	177	$(177 \div 701) \times 100 = 25.25\% \approx 25\%$	$0.25 \times 255 = 63.75$ n

<b>300 level</b>	190	$(190 \div 701) \times 100 = 27.10\% \approx 27\%$	$0.27 \times 255 = 68.85$ n
<b>400 level</b>	174	$(174 \div 701) \times 100 = 24.82\% \approx 24\%$	$0.2482 \times 255 = 63.29$ n
<b>500 level</b>	160	$(160 \div 701) \times 100 = 22.82\% \approx 23\%$	$0.23 \times 255 = 58.65$ n
<b>Total</b>	<b>701</b>	<b>100%</b>	<b>255</b>

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A proportional random sampling method will then be used to select participants within each stratum. And the researcher will explain the purpose of the study to them. Respondents who meet the inclusion criteria and also indicate interest in participating in the study will be recruited for the study

### **3.6 Instrument of Data Collection**

A self-constructed Likert scale questionnaire was the instrument used for data collection from the respondents. The questions were carefully developed to provide a comprehensive understanding of academic stress, mental health, and coping mechanisms among nursing students. Each item was designed to ensure relevance to the study objectives and to adequately address the research questions. The questionnaire was divided into the following sections:

#### **Section A: Demographic Information of Respondents**

**Section B:** Level of Academic Stress among Nursing Students

**Section C:** Factors Contributing to Academic Stress among Nursing Students

**Section D:** Coping Mechanisms Adopted by Nursing Students and Their Impact on Mental Health

### **3.7 Validity of Instrument**

The drafted questionnaire will be given to the supervisor who will make necessary amendments and corrections on the instrument to ensure appropriateness and content validity. In order to maintain validity, the questionnaires will cover variables in the study topic and address the set objectives.

### **3.8 Reliability of Instrument**

The reliability of the questionnaire will be assessed using the Cronbach's alpha coefficient, which measures the internal consistency of items within each section. A coefficient of 0.70 or higher will be considered acceptable, indicating that the instrument yields consistent and reliable data. Any section falling below the reliability threshold will be revised before the full deployment of the tool.

### **3.9 Method of data collection.**

Data for the study were collected through an online questionnaire to the respondents. The purpose of the study was carefully explained to the participants to gain their confidence and ensure the objectivity of their responses.

### **3.10 Method of Data Analysis**

The collected data were entered into the Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistics such as frequency, percentages, mean, and standard deviation will be used to summarize the data. including Chi-square tests and Pearson's correlation, will be applied to examine relationships between knowledge and management practices. A p-value of less than 0.05 will be considered statistically significant

### **3.11 Ethical Consideration**

**Informed consent:** Written informed consent was obtained from all participants before data collection. They were informed of the study's objectives, the voluntary nature of participation, and their right to withdraw at any time.

**Confidentiality:** All data collected were kept confidential and used solely for research purposes. Participants' identities were not disclosed.

**Approval:** Ethical approval was sought from the Ethics and Research Committee of the College of Medical Science, University of Benin before the commencement of the study to ensure compliance with ethical guidelines in human research.

## CHAPTER FOUR

### RESULTS

This chapter presents the analysis and interpretation of data collected on academic stress, mental health, and coping mechanisms among nursing students in a tertiary institution in Benin City, Edo State. A total of 255 structured questionnaires were distributed to undergraduate nursing students from 200 to 500 level in the Faculty of Nursing Science, University of Benin. Out of these, 252 were correctly completed and returned, giving a valid response rate of 98.8%.

**Table 4.1: Socio-demographic characteristics of respondents**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (252)</b>	<b>Percentage (%)</b>
<b>Age (years)</b>	16–20	42	16.7
	21–25	178	70.6
	26–30	32	12.7
<b>Marital Status</b>	Single	243	96.4
	Married	9	3.6
<b>Level of Study</b>	200 Level	22	8.7
	300 Level	38	15.1
	400 Level	37	14.7
	500 Level	155	61.5
<b>Religion</b>	Christianity	252	100.0
<b>Ethnic Group</b>	Igbo	54	21.4
	Bini	90	35.7
	Esan	21	8.3
	Yoruba	14	5.6
	Other	73	29.0
<b>Place of Residence</b>	On campus	76	30.2
	Off campus	176	69.8

**Table 4.1** presents the socio-demographic characteristics of the 252 nursing students who participated in the study on academic stress, mental health, and coping mechanisms in a tertiary institution in Benin City. With respect to age distribution, the majority of respondents were within the age group of 21–25 years (70.6%), followed by those aged 16–20 years (16.7%), while 12.7% were within the 26–30 years age bracket. In terms of marital status, almost all respondents were single (96.4%), while only 3.6% were married. Regarding level of study, most respondents were in 500 level (61.5%), followed by 300 level (15.1%), 400 level (14.7%), and 200 level (8.7%). In relation to religion, all participants (100%) identified as Christians. For ethnic distribution, the largest proportion of respondents were Bini (35.7%), followed by Igbo (21.4%), Other ethnic groups (29.0%), Esan (8.3%), and Yoruba (5.6%). With respect to place of residence, the majority of respondents lived off campus (69.8%), whereas 30.2% resided on campus.

Overall, this distribution indicates that most participants were young, single, Christian nursing students of Bini and Igbo ethnic origin, predominantly residing off campus.

**Table 4.2: Level of Academic Stress among Nursing Students**

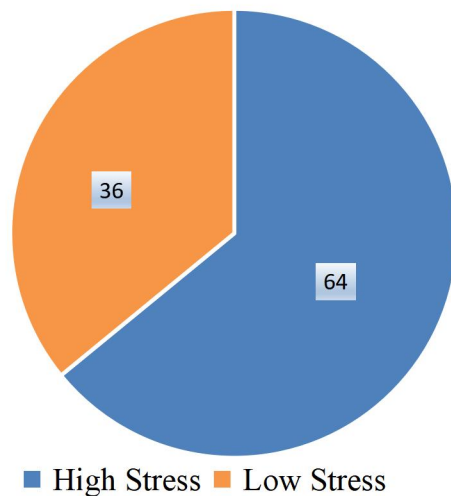
Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD	Decision
I feel overwhelmed by the amount of academic work I have.	74 (29.4%)	132 (52.4%)	33 (13.1%)	13 (5.2%)	3.06	0.794	High Stress
I often feel anxious before exams or tests.	46 (18.3%)	106 (42.1%)	87 (34.5%)	13 (5.2%)	2.73	0.816	Moderate Stress
I fear failing in my academic work.	56 (22.2%)	103 (40.9%)	47 (18.7%)	46 (18.3%)	2.67	1.017	Moderate Stress
I feel confident in managing my	34 (13.5%)	114 (45.2%)	84 (33.3%)	20 (7.9%)	2.64	0.813	Moderate Stress

academic workload. I often lose sleep or skip meals due to academic stress.	68 (27.0%)	114 (45.2%)	48 (19.0%)	22 (8.7%)	2.90	0.896	High Stress
Meeting deadlines causes me a great deal of stress.	84 (33.3%)	120 (47.6%)	39 (15.5%)	9 (3.6%)	3.11	0.789	High Stress
I struggle to balance academic work with my personal life.	42 (16.7%)	91 (36.1%)	89 (35.3%)	30 (11.9%)	2.58	0.905	Moderate Stress
<b>Statement continues</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Mean</b>	<b>SD</b>	<b>Decision</b>
I feel pressured to achieve high grades.	53 (21.0%)	109 (43.3%)	63 (25.0%)	27 (10.7%)	2.75	0.910	Moderate Stress
Group assignments are a source of stress for me.	24 (9.5%)	57 (22.6%)	112 (44.4%)	59 (23.4%)	2.18	0.901	Low Stress
Meeting financial demands causes me a great deal of stress.	96 (38.1%)	92 (36.5%)	45 (17.9%)	19 (7.5%)	3.05	0.928	High Stress

Grand Mean = 2.77 **Decision Rule:** Mean  $\geq$  2.77 = High Stress, 2.50 - 2.77 = Moderate stress  
 $<$ 2.5 = Low stress

**Table 4.2** presents the level of academic stress among nursing students in a tertiary institution in Benin City. The results show varying degrees of stress across different academic-related situations experienced by respondents. A large proportion of students felt overwhelmed by the amount of academic work (81.8%), with a mean score of  $3.06 \pm 0.794$ , indicating a high level of stress. Similarly, a majority experienced stress from meeting deadlines (80.9%) and financial demands (74.6%), with mean scores of  $3.11 \pm 0.789$  and  $3.05 \pm 0.928$ , respectively—both categorized as high stress. Moderate levels of stress were reported in several areas. About 60.4% of respondents felt anxious before examinations or tests, with a mean of  $2.73 \pm 0.816$ , while 63.1% admitted to fearing academic failure, with a mean of  $2.67 \pm 1.017$ . Similarly, 58.7% indicated difficulty balancing academics with personal life (mean =  $2.58 \pm 0.905$ ), and 64.3% agreed that pressure to achieve high grades contributed to their stress (mean =  $2.75 \pm 0.910$ ).

Furthermore, 72.2% of respondents stated that they often lose sleep or skip meals due to academic work, with a mean of  $2.90 \pm 0.896$ , reflecting high stress in this domain. Conversely, group assignments were identified as the least stressful, as only 32.1% considered them stressful, yielding a mean of  $2.18 \pm 0.901$ , which indicates a low level of stress. Overall, the grand mean score of 2.77 suggests that the respondents generally experienced a moderate level of academic stress, implying that while stress was common, it was not extreme across all domains of academic life.



**Figure 4.1: Level of Academic Stress among Nursing Students**

The pie chart indicates that 161 respondents (64%) experienced a high level of academic stress, while 91 respondents (36%) reported a low level of academic stress, out of a total sample size of 252 nursing students.

**Table 4.3: Factors Contributing to Academic Stress among Nursing Students**

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD	Decision
I feel stressed due to the large volume of academic workload and assignments.	90 (35.7%)	123 (48.8%)	24 (9.5%)	15 (6.0%)	3.14	0.820	Factor
Frequent tests and examinations contribute significantly to my stress levels.	87 (34.5%)	114 (45.2%)	41 (16.3%)	10 (4.0%)	3.10	0.812	Factor
Limited time to complete academic tasks increases my stress.	86 (34.1%)	144 (57.1%)	17 (6.7%)	5 (2.0%)	3.23	0.660	Factor
Pressure to achieve high academic performance contributes to my stress.	70 (27.8%)	117 (46.4%)	50 (19.8%)	15 (6.0%)	2.96	0.846	Factor
Lack of adequate study resources (e.g., textbooks, internet access) adds to my academic stress.	61 (24.2%)	68 (27.0%)	100 (39.7%)	23 (9.1%)	2.66	0.945	Not Factor a
Poor time management skills increase my stress in balancing academic responsibilities.	93 (36.9%)	111 (44.0%)	34 (13.5%)	14 (5.6%)	3.12	0.845	Factor
Inadequate support from lecturers or academic staff contributes to my academic stress.	68 (27.0%)	99 (39.3%)	72 (28.6%)	13 (5.2%)	2.88	0.866	Not Factor a
Competition among students in my class increases my academic stress.	31 (12.3%)	55 (21.8%)	134 (53.2%)	32 (12.7%)	2.34	0.852	Not Factor a
Financial difficulties affect my ability to cope with academic demands, causing stress.	108 (42.9%)	42 (16.7%)	92 (36.5%)	10 (4.0%)	2.98	0.978	Factor

Lack of proper rest and sleep due to academic workload increases my stress.	96 (38.1%)	101 (40.1%)	36 (14.3%)	19 (7.5%)	3.09	0.906	Factor
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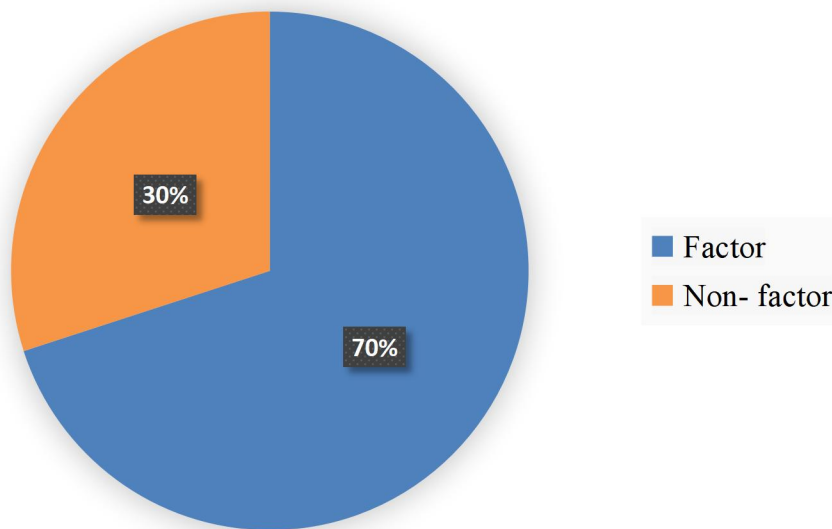
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**Grand Mean = 2.95 Mean Cut-off = 2.95**

**Table 4.3** presents the factors contributing to academic stress among nursing students in a tertiary institution in Benin City. The findings reveal several academic, personal, and institutional elements that influence students' stress levels. A major contributing factor identified was limited time to complete academic tasks, with 91.2% of respondents agreeing to this, yielding a mean score of  $3.23 \pm 0.660$ , which signifies a significant stress factor. Similarly, large academic workload and assignments (84.5%) and frequent tests and examinations (79.7%) were reported as strong stress factors, with mean scores of  $3.14 \pm 0.820$  and  $3.10 \pm 0.812$ , respectively. Furthermore, poor time management skills were highlighted by 80.9% of respondents as a contributor to stress, having a mean of  $3.12 \pm 0.845$ , while lack of proper rest and sleep was also reported by 78.2%, with a mean of  $3.09 \pm 0.906$ , both identified as stress-inducing factors. Pressure to achieve high academic performance (74.2%) and financial difficulties (59.6%) also contributed notably to students' stress, with mean scores of  $2.96 \pm 0.846$  and  $2.98 \pm 0.978$ , respectively, thus categorized as factors.

On the other hand, lack of adequate study resources (51.2%) and inadequate support from lecturers or academic staff (66.3%) had lower mean scores of  $2.66 \pm 0.945$  and  $2.88 \pm 0.866$ , respectively, and were therefore not considered major factors influencing academic stress. Similarly, competition among students had the least agreement (34.1%) and a mean score of  $2.34 \pm 0.852$ , making it the least contributing factor. Overall, the grand mean of 2.95 indicates that the

respondents generally experienced high academic stress, primarily influenced by time constraints, workload, frequent assessments, and inadequate rest.



**Figure 4.2: Factors Contributing to Academic Stress among Nursing Students**

The pie chart reveals that 176 respondents (70%) identified various factors as contributors to academic stress, while 76 respondents (30%) did not consider them as major contributing factors, out of a total sample size of 252 nursing students.

**Table 4.4: Coping Mechanisms Adopted by Nursing Students**

<b>Statement</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>Mean</b>	<b>SD</b>	<b>Decision</b>
I talk to friends or family about how I'm feeling.	19 (7.5%)	49 (19.4%)	110 (43.7%)	32 (12.7%)	42 (16.7%)	3.12	1.132	Effective
I try to plan or manage my time better.	10 (4.0%)	9 (3.6%)	70 (27.8%)	86 (34.1%)	77 (30.6%)	3.84	1.030	Effective
I watch shows, scroll on social media, or play games to distract myself.	9 (3.6%)	18 (7.1%)	89 (35.3%)	87 (34.5%)	49 (19.4%)	3.59	0.996	Effective
I sleep more or take naps to escape from stress.	13 (5.2%)	59 (23.4%)	85 (33.7%)	49 (19.4%)	46 (18.3%)	3.22	1.149	Effective
I pray, meditate, or engage in religious/spiritual activities.	5 (2.0%)	26 (10.3%)	59 (23.4%)	65 (25.8%)	97 (38.5%)	3.88	1.096	Effective
I avoid schoolwork completely when I feel overwhelmed.	61 (24.2%)	52 (20.6%)	84 (33.3%)	46 (18.3%)	9 (3.6%)	2.56	1.147	Not Effective
I exercise, take a walk, or do something physical to clear my head.	23 (9.1%)	84 (33.3%)	91 (36.1%)	42 (16.7%)	12 (4.8%)	2.75	0.997	Not Effective
I isolate myself or stop talking to people.	116 (46.0%)	45 (17.9%)	44 (17.5%)	32 (12.7%)	15 (6.0%)	2.15	1.290	Not Effective
I indulge in substance abuse.	218 (86.5%)	9 (3.6%)	20 (7.9%)	5 (2.0%)	0 (0%)	1.25	0.685	Not Effective
I seek support from counsellors or therapists.	153 (60.7%)	41 (16.3%)	39 (15.5%)	19 (7.5%)	0 (0%)	1.70	0.988	Not Effective

**Grand Mean =2.91 Mean cut off=2.91**

**Table 4.4** presents the coping mechanisms adopted by nursing students in managing academic stress. The results revealed that the students utilized a variety of coping approaches, ranging from social and religious strategies to avoidance and personal self-care. Among the most effective strategies identified were praying, meditating, or engaging in religious or spiritual activities (mean =  $3.88 \pm 1.096$ ), and planning or managing time better (mean =  $3.84 \pm 1.030$ ). These findings suggest that most students rely heavily on faith-based and organizational methods to deal with stress. Similarly, watching shows, scrolling on social media, or playing games to distract oneself (mean =  $3.59 \pm 0.996$ ), as well as sleeping or taking naps to escape from stress (mean =  $3.22 \pm 1.149$ ), were considered effective coping strategies by a substantial number of respondents. On the other hand, coping mechanisms such as avoiding schoolwork completely when overwhelmed (mean =  $2.56 \pm 1.147$ ), exercising or taking a walk to clear the head (mean =  $2.75 \pm 0.997$ ), and isolating oneself from others (mean =  $2.15 \pm 1.290$ ) were rated as not effective. The least effective coping approaches reported by the respondents were indulging in substance abuse (mean =  $1.25 \pm 0.685$ ) and seeking support from counsellors or therapists (mean =  $1.70 \pm 0.988$ ), indicating low utilization of professional or maladaptive strategies.

Overall, with a grand mean of 2.91, the findings imply that nursing students adopt moderately effective coping mechanisms, depending mostly on spiritual engagement, social support, and time management rather than professional or avoidance-based methods.

## CHAPTER FIVE

### DISCUSSION OF FINDINGS

This chapter discusses the major findings of the research compared with the literature reviewed, the implication for nursing, summary, conclusion, Recommendations and Suggestions for further Studies.

#### **5.1 Discussion of major findings**

##### **5.1.1 Level of Academic Stress among Nursing Students**

The present study revealed that nursing students experienced a moderate overall level of academic stress with a grand mean score of 2.77. Certain stressors were particularly pronounced, including feeling overwhelmed by academic workload, meeting deadlines, and financial demands, all recording high stress levels with mean scores above 3.0. These findings align with Okechukwu et al. (2022), who reported that over 60% of university students in Lagos experienced moderate to high academic stress, primarily driven by excessive workload and inadequate rest time. Similarly, Eneogu et al. (2024) and Aihie (2022) identified overloaded schedules and frequent assessments as major stressors. The current study extends these findings to nursing students, demonstrating that the demanding nature of nursing education, combining rigorous theoretical coursework with clinical training, creates unique academic pressures. Interestingly, group assignments were perceived as the least stressful aspect (mean = 2.18), suggesting students find peer collaboration supportive rather than burdensome. Notably, 72.2% of respondents reported losing sleep or skipping meals due to academic stress, echoing the emotional exhaustion documented by Aihie (2022). This indicates that academic stress has

tangible physiological manifestations that may compromise students' overall wellbeing and academic performance.

### **5.1.2 Factors Contributing to Academic Stress among Nursing Students**

The study identified several significant factors contributing to academic stress, with a grand mean of 2.95 indicating high stress levels. The most prominent factor was limited time to complete academic tasks (91.2%, mean = 3.23), strongly corroborating Oyewobi et al. (2021), who identified time pressure as a prominent stressor among Nigerian undergraduates. Large academic workload and frequent examinations also emerged as major factors, consistent with Eneogu et al. (2024), who documented those overloaded schedules and frequent assessments significantly contributed to student anxiety. Poor time management skills (80.9%) and lack of proper rest and sleep (78.2%) were substantial stressors, aligning with Wang et al. (2024), who found Chinese students with poor time management particularly vulnerable to stress. Financial difficulties emerged as a notable contributor (59.6%), substantiating Adetunji et al. (2021), who documented that financial insecurity significantly compounded academic stress at Obafemi Awolowo University. Interestingly, competition among students was the least contributing factor (34.1%), suggesting a more collaborative culture within nursing education. Lack of adequate study resources and inadequate lecturer support were not identified as major factors, suggesting reasonable institutional infrastructure, though students still struggle with workload volume and pace.

### **5.1.3 Coping Mechanisms Adopted by Nursing Students**

The study revealed moderately effective coping mechanisms overall (grand mean = 2.91). The most effective strategies were spiritual engagement through prayer and meditation (mean = 3.88)

and improved time management (mean = 3.84). This strongly aligns with Aigbohaevbo and Ofili (2024), who found spirituality among the most common coping mechanisms at University of Benin. The prominence of religious coping reflects Nigeria's cultural and spiritual context, with all respondents identifying as Christians. Adaptive strategies including social support (mean = 3.12) and entertainment distraction (mean = 3.59) were commonly employed, corresponding with Okechukwu et al. (2022), who reported Nigerian students favored adaptive coping including social support. However, a concerning gap emerged in professional help-seeking, with counseling services significantly underutilized (mean = 1.70). This supports Aigbohaevbo and Ofili (2024), who documented underutilization due to stigma and lack of awareness, and Adetunji et al. (2021), who highlighted persistent stigma as a barrier. Encouragingly, maladaptive strategies like substance abuse (mean = 1.25) and social isolation (mean = 2.15) were rarely employed, contrasting with Okechukwu et al. (2022), who found considerable reliance on maladaptive coping. This may reflect protective influences of religious values and strong social support networks within this population.

## **5.2 Implications for Nurses**

The findings of this study have important implications for nursing practice, education, and administration. For practicing nurses, the high level of academic stress and its impact on mental health emphasize the need for mental health awareness, peer support, and stress management training. Promoting a healthy balance between academic workload and self-care is essential to prevent burnout and improve learning outcomes. For nursing education, the results indicate the need to integrate stress management, time management, and resilience-building programs into the curriculum. Educators must ensure that students develop coping strategies to manage academic and emotional pressures effectively. For administration, institutional policies should

address heavy workloads, provide counseling services, and create supportive learning environments. This would enhance academic performance, retention, and overall student well-being.

### **5.3 Summary**

This descriptive cross-sectional study assessed academic stress, mental health, and coping mechanisms among 252 nursing students in a tertiary institution in Benin City. The respondents were mostly female, single, and within the 21–25 age group. Findings revealed a moderate level of academic stress among the students, with key stressors including heavy workload, examination pressure, financial constraints, and time management difficulties. Mental health outcomes showed varying levels of emotional distress, anxiety, and fatigue, indicating that stress has a noticeable effect on students' psychological well-being. Coping mechanisms commonly employed included prayer, peer support, relaxation, and planning ahead. However, maladaptive coping, such as withdrawal and avoidance, was reported by some. The study highlighted a significant relationship between stress levels, mental health status, and the coping strategies adopted.

### **5.4 Conclusion**

The study concludes that nursing students in the selected tertiary institution experience moderate to high levels of academic stress, which adversely affect their mental health and learning efficiency. Despite awareness of stress management techniques, many students struggle to maintain consistent coping patterns. Academic workload, financial challenges, and examination pressure remain major stressors. While positive coping mechanisms such as social support and prayer are commonly used, there is a need to encourage healthier behavioral adjustments through

institutional and educational interventions. Promoting stress management programs within nursing schools is crucial for nurturing mentally stable and professionally competent nurses.

### **5.5 Limitations of the Study**

This study was limited by its cross-sectional design, which does not establish causality between academic stress, mental health, and coping mechanisms. Data were collected from a single institution, limiting generalizability to other nursing schools in Nigeria. The use of self-administered questionnaires may have introduced response bias, as participants could have under- or over-reported stress levels or coping behaviors. Additionally, factors such as external family or financial stressors were not fully explored.

### **5.6 Recommendations**

Based on the findings, the following recommendations are proposed:

1. **For Nursing Education:** Integrate stress management, mindfulness, and mental health education into the curriculum to build resilience among students.
2. **For Institutional Administration:** Establish counseling centers, mentorship programs, and periodic workshops on coping with academic stress.
3. **For Students:** Encourage peer support groups, regular exercise, time management, and seeking professional help when overwhelmed.
4. **For Policy Makers:** Develop institutional policies that promote student wellness, reduce academic overload, and support access to mental health resources.
5. **For Research:** Conduct longitudinal and multi-institutional studies to better understand stress patterns and evaluate intervention outcomes.

## **5.7 Suggestions for Further Study**

Future studies should explore academic stress and mental health using longitudinal designs to track changes over time. Comparative studies across multiple institutions would help identify contextual differences and institutional influences on stress and coping. Qualitative studies such as interviews or focus groups are also recommended to gain deeper insights into students' personal experiences, barriers to coping, and perceptions of available support systems. Furthermore, intervention-based studies assessing the effectiveness of stress management programs could provide valuable evidence for improving student well-being and academic success.

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**APPENDIX I**

**FACULTY OF NURSING SCIENCES**

**COLLEGE OF MEDICINE**

**UNIVERSITY OF BENIN, BENIN CITY**

Dear Respondent,

**QUESTIONNAIRE**

I am **ONOSE SUSAN**, a 500-level student of the above-named institution. I am carrying out research on the topic “**ACADEMIC STRESS, MENTAL HEALTH AND COPING MECHANISMS AMONG STUDENTS IN A TERTIARY INSTITUTION IN BENIN CITY**”. Kindly assist me by indicating your opinion where necessary.

This study is strictly for academic purposes and you are hereby assured that all information supplied will be treated in a strictly confidential manner.

Thank you.

Yours faithfully,

**ONOSE SUSAN**  
Researcher

**SECTION A: DEMOGRAPHIC INFORMATION**

Instructions: Please tick (✓) the option that applies to you or fill in the blank where necessary.

1. Age: \_\_\_\_\_ years old

2. Gender:

Male

Female

Prefer not to say

3. Level of Study:

- 100 level
- 200 level
- 300 level
- 400 level
- 500 level

4. Faculty:

- Arts
- Nursing Sciences
- Social Sciences

5. Living Arrangements:

- On-campus hostel
- Off-campus (alone)
- Off-campus (with roommates)
- With family/relatives

6. Are you currently employed (part-time/full-time)?

- Yes
- No

**SECTION B: ACADEMIC STRESS**

Instructions: Please indicate how much you agree or disagree with the following statements by ticking (✓) the appropriate option. **Scale:** 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree, 5- Strongly Agree

S/N	Items	1	2	3	4	5
1.	I feel overwhelmed by the amount of academic work I					

	have.					
2.	I often feel anxious before exams or tests.					
3.	I fear failing in my academic work.					
4.	I feel confident in managing my academic workload.					
5.	I often lose sleep or skip meals due to academic stress.					
6.	Meeting deadline causes me a great deal of stress					
7.	I struggle to balance academic work with my personal life					
8.	I feel pressured to achieve high grades.					
9.	Group assignments are a source of stress for me					
10.	Meeting financial demands causes me a great deal of stress					

**SECTION C: MENTAL HEALTH**

Instructions: For each statement below, please select how often you have felt this way in the past month.

(1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always)

S/N	Items	1	2	3	4	5
1.	I find it hard to sleep or stay asleep because of academic workload					
2.	I often feel worried or anxious about my grades or academic performance.					
3.	I sometimes feel sad or down because of school stress.					
4.	I don't feel motivated to go to class or do my assignments.					
5.	I have trouble focusing when I try to study.					
6.	I feel mentally tired or burned out from school-related work.					

**SECTION D: COPING MECHANISMS**

Instructions:

When you feel stressed about academics, how often do you do the following?

**Scale:** 1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Always

S/N	Coping Strategy	1	2	3	4	5
i.	I talk to friends or family about how I'm feeling.					
ii.	I try to plan or manage my time better.					
iii.	I watch shows, scroll on social media, or play games to distract myself.					
iv.	I sleep more or take naps to escape from stress.					
v.	I pray, meditate, or engage in religious/spiritual activities.					
vi.	I avoid schoolwork completely when I feel overwhelmed.					
vii.	I exercise, take a walk, or do something physical to clear my head.					
viii.	I isolate myself or stop talking to people.					
ix.	I indulge in substance abuse					
x.	I seek support from counsellors or therapists					

## APPENDIX II

### RELIABILITY ANALYSIS RESULTS

## Level of Academic Stress among Nursing Students

### Case Processing Summary

		N	%
Cases	Valid	252	100.0
	Excluded <sup>a</sup>	0	.0
	Total	252	100.0

a. Listwise deletion based on all variables in the procedure.

### Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.815	.812	10

## Factors Contributing to Academic Stress among Nursing Students

### Case Processing Summary

		N	%
Cases	Valid	252	100.0
	Excluded <sup>a</sup>	0	.0
	Total	252	100.0

a. Listwise deletion based on all variables in the procedure.

### Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.868	.873	10

## Coping Mechanisms Adopted by Nursing Students

### Case Processing Summary

		N	%
Cases	Valid	252	100.0
	Excluded <sup>a</sup>	0	.0
	Total	252	100.0

a. Listwise deletion based on all variables in the procedure.

<b>Reliability Statistics</b>			
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items		N of Items
.354		.358	10