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# PERCEIVED STRESS AND COPING BEHAVIOR AMONG UNDERGRADUATE NURSING STUDENTS IN KOZHIKODE DISTRICT, KERALA: A DESCRIPTIVE CORRELATIONAL STUDY

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**ABSTRACT :**



*Nursing students manage heavy academic and clinical demands, and how they cope may shape both their wellbeing and their learning. Little is known about this in Kerala, India. I surveyed 210 B.Sc. Nursing students from one government and one private college in Kozhikode district, selected by stratified random sampling, using the Perceived Stress Scale for nursing students (29 items; range 0–116) and the Coping Behavior Inventory (19 items; range 0–76). Mean stress was 49.63 (SD = 16.81); 56.2% of students reported lower-level stress, 30.0% moderate stress, and 1.0% higher-level stress. Mean coping was 40.10 (SD = 7.78), and 55.7% of students used coping behaviors frequently. Stress did not differ by college, gender, residence, or family type. Students who had not chosen nursing voluntarily reported more stress than those who had (M = 55.00 vs. 48.63), t(208) = 2.01, p = .045, d = 0.38, although the confidence interval for the effect was wide. Coping did not differ across any subgroup, and stress and coping were not meaningfully correlated, r = .04. Most students reported low to moderate stress and coped actively. Counseling at admission and early career guidance may help students who enter nursing without a firm choice of their own.*

**KEYWORDS:** *perceived stress, coping behavior, nursing students, voluntary course selection, Kerala, India.*

## INTRODUCTION

Nursing students are asked to do two hard things at once. They study for examinations and hand in assignments, and almost from the start they also look after real patients on unfamiliar wards, with teachers and ward staff watching. Studies from many countries find moderate to high stress in these students, linked to poorer grades, lower wellbeing, and weaker clinical performance (Bhurtun et al., 2019; Labrague et al., 2017). Students are usually the first to notice their own distress, so how they cope has a lot to do with whether the stress stays manageable.

In India, young people usually join nursing college at 18 to 20 and are soon handed patient care duties they have not been trained for. Stress among these students is widely acknowledged but rarely measured, perhaps because people see it as a normal part of becoming a nurse. We found almost no published work on nursing students in Kerala. The first author teaches nursing and remembers her own first year well, so the questions in this paper come as much from the classroom as from the literature.

People do not all react to stress in the same way. Students who tackle problems head-on tend to feel less stress and settle in better, while those who lean on escape and avoidance tend to feel worse. So the link between stress and coping matters in practice. If the two go together, teaching coping skills is

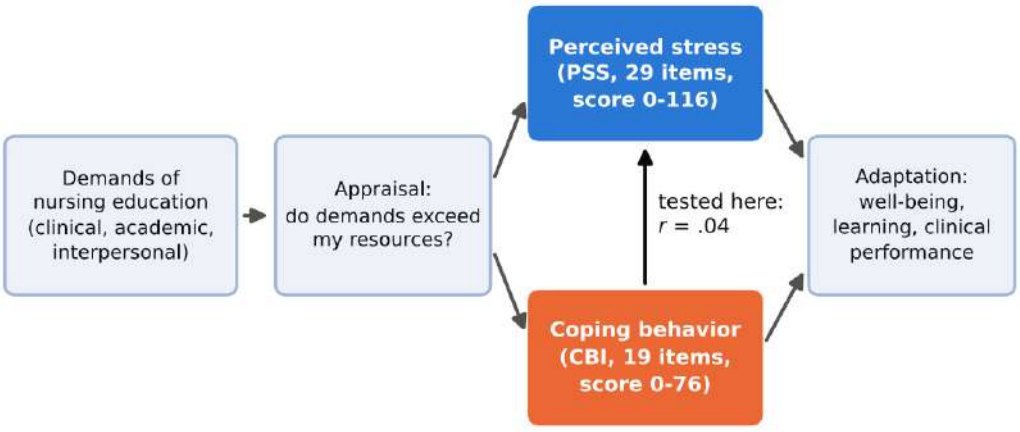
an obvious way to help. If they do not, colleges may need to look at what causes the stress in the first place. The research so far points both ways, and little of it is from India.

## THEORETICAL FRAMEWORK

We worked from Lazarus and Folkman's (1984) transactional model. Earlier physiological accounts, such as Selye's (1976), treated stress as the body's response to pressure. Lazarus and Folkman described it instead as a relationship between a person and a situation. Stress arises when the demands of the situation are judged to be more than the person's own and other people's resources can meet, and coping is whatever the person does, in thought or action, to manage those demands (see Figure 1). Hobfoll's (1989) conservation of resources theory adds that stress also follows when resources such as skills, time, money, or support are lost or put at risk. A first-year nursing student living away from home, short of clinical skill, and short of time fits that description well.

**Figure 1**

***Conceptual Framework of the Study***




***Note.*** Demands of nursing education are appraised against available resources. Perceived stress and coping behaviour are the two variables measured and related. Adapted from Lazarus and Folkman (1984).

Coping is often sorted into three kinds: problem-focused coping, which tries to change the situation; emotion-focused coping, which deals with the feelings it stirs up; and avoidant coping, which keeps the person away from it. Problem-focused coping usually gets the best reputation. But whether a behaviour helps can depend on whether the problem can be controlled. Miller (1987) found that avoidance works best when nothing can be done about an event and that seeking information works best when something can. This matters here because a single total coping score cannot tell the two apart, a point we return to in the Discussion.

## REVIEW OF LITERATURE: -

Table 1 lists the studies closest to ours. Moderate stress is the usual finding, but how many students reach that level varies a lot: 47.9% in Spain (Onieva-Zafra et al., 2020), 71.6% in Australia (Asturias et al., 2021), and 82.4% in western Rajasthan (Nebhinani et al., 2020). Students name patient care, assignments and workload, and their dealings with teachers and nursing staff as the main sources. They mostly cope by solving problems, staying optimistic, and turning to other people, though some turn to substances (Baluwa et al., 2021; Bhurtun et al., 2019). In one Indian district, 60% of nursing students reported moderate academic stress and 26% severe stress (Kumar et al., 2020).

**Table 1**

*Summary of Key Studies on Stress and Coping in Nursing and University Students*

| Study (country) | *n* | Measures | Main findings as reported |
|---|---|---|---|
| Manti et al. (2022; Greece) | 424 | SNSI, Brief COPE | Female gender and seniority raised stress; higher stress went with more maladaptive coping |
| Baluwa et al. (2021; Malawi) | 102 | PSS, NSS, Brief COPE | Moderate stress; active coping and planning common; substance use recorded |
| Asturias et al. (2021; Australia) | 377 | PSS, CSI | 71.6% moderate stress; gender, age, residence, and other factors linked to stress and coping |
| Onieva-Zafra et al. (2020; Spain) | 190 | PSS, STAI, CBI | 47.9% moderate stress; stress related to anxiety and coping; problem-solving most used |
| Nebhinani et al. (2020; India) | 221 | SNSI, Brief COPE | 82.4% moderate stress; active coping most used; stress linked to interest in nursing |
| Kumar et al. (2020; India) | 200 | Academic stress scale | 60% moderate and 26% severe academic stress |
| Savitsky et al. (2020; Israel) | 244 | GAD-7, coping factors | Humor and resilience lowered anxiety; mental disengagement raised it |
| Labrague et al. (2018; three countries) | 547 | PSS, CBI | Stress and coping differed by country; year of study predicted stress |
| Ganesan et al. (2018; Malaysia) | 86 | PSS, ACS | Moderate stress; significant inverse stress–coping relationship |
| Hamaideh et al. (2017; Saudi Arabia) | 100 | PSS, CBI | Stress differed by way of choosing nursing; problem-solving and optimism most used |

***Note.*** SNSI = Student Nurse Stress Index; NSS = Nurse Stress Scale; PSS = Perceived Stress Scale; CSI = Coping Strategy Inventory; STAI = State–Trait Anxiety Inventory; CBI = Coping Behavior Inventory; ACS = Adolescent Coping Scale; GAD-7 = Generalized Anxiety Disorder 7-item scale.

Whether stress and coping are related is less clear. Onieva-Zafra et al. (2020) found that stress was significantly related to coping, Ganesan et al. (2018) found an inverse relationship, and Manti et al. (2022) found that more stressed students used more maladaptive coping. Background also seems to matter in some samples, including gender, age, and residence (Asturias et al., 2021), the way nursing was chosen (Hamaideh et al., 2017), and interest in nursing (Nebhinani et al., 2020). We know of no study that has used the Perceived Stress Scale and Coping Behavior Inventory of Sheu et al. (2002) together in Kerala, and few in India.

I asked how stress and coping relate among B.Sc. Nursing students in Kozhikode district. I wanted to know how stressed students were and how often they used coping behaviors, whether either differed by college, gender, residence, family type, or whether the student had chosen nursing freely, and whether stress and coping were linked.

## HYPOTHESES

H1 :- The percentage of different levels of Stress among Nursing Students will be different
H2 :- The percentage of different levels of Coping strategies among Nursing Students will be different
H3 :- There will be a significant difference in Stress among Nursing Students based on Type of Management of Institution, Gender, Type of family, Locality of Residence, Voluntary Selection of Course
H4 :- There will be a significant difference in Coping strategies among Nursing Students based on Type of management institution , Gender, Type of family, Locality of Residence, Voluntary Selection of Course
H5 :- There will be a significant relationship between Stress and Coping strategies among Nursing Students.

## METHODOLOGY

### Design and Participants

I used a nonexperimental, descriptive survey design. In 2022–2023 I collected data at the Government College of Nursing and Private College of Nursing , both in Kozhikode. Students of other courses and students studying outside the district were excluded. Stratified random sampling produced 210 participants: 72 from the government college and 138 from the private college. Most were female (92.9%), lived in rural areas (65.2%), and came from nuclear families (82.9%), and 84.3% had chosen nursing voluntarily (see Table 3). Year of study and age were not recorded.

### Measures

A demographic questionnaire recorded college, gender, residence, type of family (single-parent, nuclear, or extended), and whether the student had chosen the course voluntarily.The Perceived Stress Scale (PSS; Sheu et al., 2002) has 29 items in six dimensions (see Table 2), rated from 0 (*never*) to 4 (*very often*), for a total of 0 to 116. I classified totals as very low (0–29), lower (30–58), moderate (59–87), or higher (88–116) stress. Earlier studies report Cronbach's alpha of .86 to .89, and alpha in our sample was .87.

The Coping Behavior Inventory (CBI; Sheu et al., 2002) has 19 items in four factors (see Table 2), rated from 0 (*never*) to 4 (*always*), for a total of 0 to 76. I classified totals as never using coping behaviors (0–19), sometimes (20–38), frequently (39–57), and high use (58–76). Cronbach's alpha of Coping Behaviour Inventory was 0.76 to 0.80.

**Table 2**

***Dimensions of the Perceived Stress Scale and Factors of the Coping Behavior Inventory***

| Instrument | Dimension or factor | Items | Example content |
|---|---|---|---|
| PSS | Taking care of patients | 8 | Lack of experience in giving care; communicating with patients |
| | Assignments and workload | 5 | Worry about grades; practice affecting family life |
| | Lack of professional knowledge and skills | 3 | Unfamiliarity with diagnoses and treatments |
| | Environment | 3 | Hospital setting; rapid changes in patients' condition |
| | Peers and daily life | 4 | Competition with peers; evaluation by comparison |
| | Teachers and nursing staff | 6 | Gap between theory and practice; unfair evaluation |
| CBI | Avoidance | 6 | Avoiding difficulties or teachers; hoping for miracles |
| | Problem-solving | 6 | Setting objectives; planning; using past experience |
| | Optimistic coping | 4 | Keeping a positive attitude; seeing things objectively |
| | Transference | 3 | Sleeping well; relaxing through films or exercise |

### Procedure and Ethics

After the college authorities gave permission, the first author gathered the selected students in an online classroom (Google Meet), explained the study, and answered questions. Students gave

informed consent through Google Forms and completed all three instruments in the same form, which took about 30 minutes. Participation was voluntary, students could withdraw at any time, and confidentiality was assured.

## Data Analysis

I computed the mean, median, mode, standard deviation, skewness, and kurtosis, and used frequencies and percentages for levels of stress and coping. Independent-samples *t* tests compared two-group variables, one-way analysis of variance compared the three family types, and Pearson's correlation tested the stress–coping relationship, with significance set at $p < .05$. For this article I also calculated Cohen's (1988) *d* with 95% confidence intervals from the reported group means, standard deviations, and sizes, and a *t* statistic and confidence interval for the correlation. Confidence intervals for group means are the mean ± 1.96 × $SD/\sqrt{n}$.

## RESULTS

### Levels of Stress and Coping

**Table 3**

*Characteristics of the Sample (N = 210)*

| Characteristic | *n* | % |
|---|---|---|
| College: Government / Private | 72 / 138 | 34.3 / 65.7 |
| Gender: Male / Female | 15 / 195 | 7.1 / 92.9 |
| Residence: Urban / Rural | 73 / 137 | 34.8 / 65.2 |
| Family: Single-parent / Nuclear / Extended | 7 / 174 / 29 | 3.3 / 82.9 / 13.8 |
| Course chosen voluntarily: Yes / No | 177 / 33 | 84.3 / 15.7 |

Perceived stress had a mean of 49.63 (*SD* = 16.81), a median of 50.5, and a mode of 60, with skewness of −0.05 and kurtosis of −0.01. Coping had a mean of 40.10 (*SD* = 7.78), a median of 40, and a mode of 38, with skewness of −0.05 and kurtosis of 0.45 (see Table 4). Both distributions were close to normal (see Figure 2), which supports the use of parametric tests.

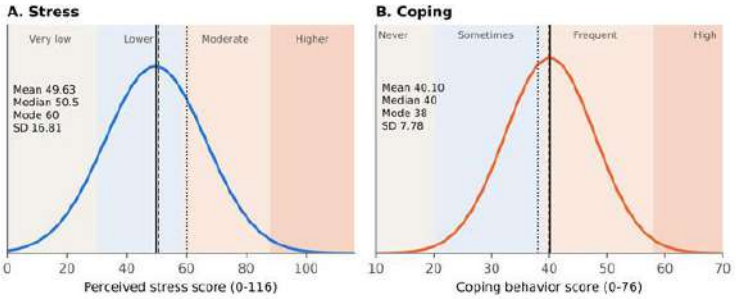
**Table 4**

*Descriptive Statistics for Stress and Coping (N = 210)*

| Variable | *M* | Median | Mode | *SD* | Skewness | Kurtosis |
|---|---|---|---|---|---|---|
| Perceived stress (0–116) | 49.63 | 50.5 | 60 | 16.81 | −0.05 | −0.01 |
| Coping behavior (0–76) | 40.10 | 40 | 38 | 7.78 | −0.05 | 0.45 |

**Figure 2**

*Distributions of Stress and Coping Scores*

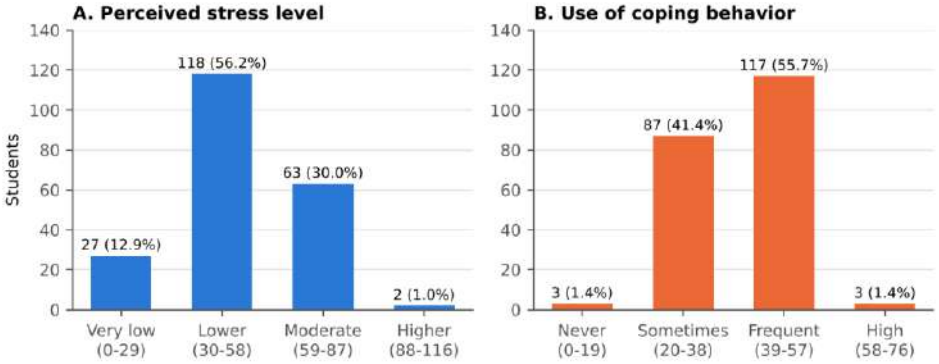



***Note.*** Curves are normal densities implied by the observed mean and standard deviation; raw scores are not plotted. Solid line = mean, dashed line = median, dotted line = mode. Shaded bands show the classification categories.

Seven in ten students (69.0%) reported very low or lower stress, 30.0% moderate stress, and just two students (1.0%) higher-level stress. More than half (55.7%) used coping behaviours frequently and another 41.4% sometimes (see Figure 3). Hypotheses H1 and H2 were supported.

**Figure 3**

***Levels of Stress and Coping Among Nursing Students (N = 210)***




## Differences Between Groups

Stress did not differ significantly by college, gender, residence, or family type, and neither did coping (see Table 5 and Figure 4). The one exception was voluntary choice. Students who had not chosen nursing voluntarily were more stressed than those who had ($M$ = 55.00, $SD$ = 14.72, vs. $M$ = 48.63, $SD$ = 17.02), $t(208) = 2.01$, $p = .045$, a gap of about 6.4 points ($d = 0.38$, 95% CI [0.01, 0.76]). Their coping scores were slightly higher (41.45 vs. 39.85), but not significantly so ($d = 0.21$, 95% CI [−0.17, 0.58]). H3 was therefore partly supported and H4 was not.

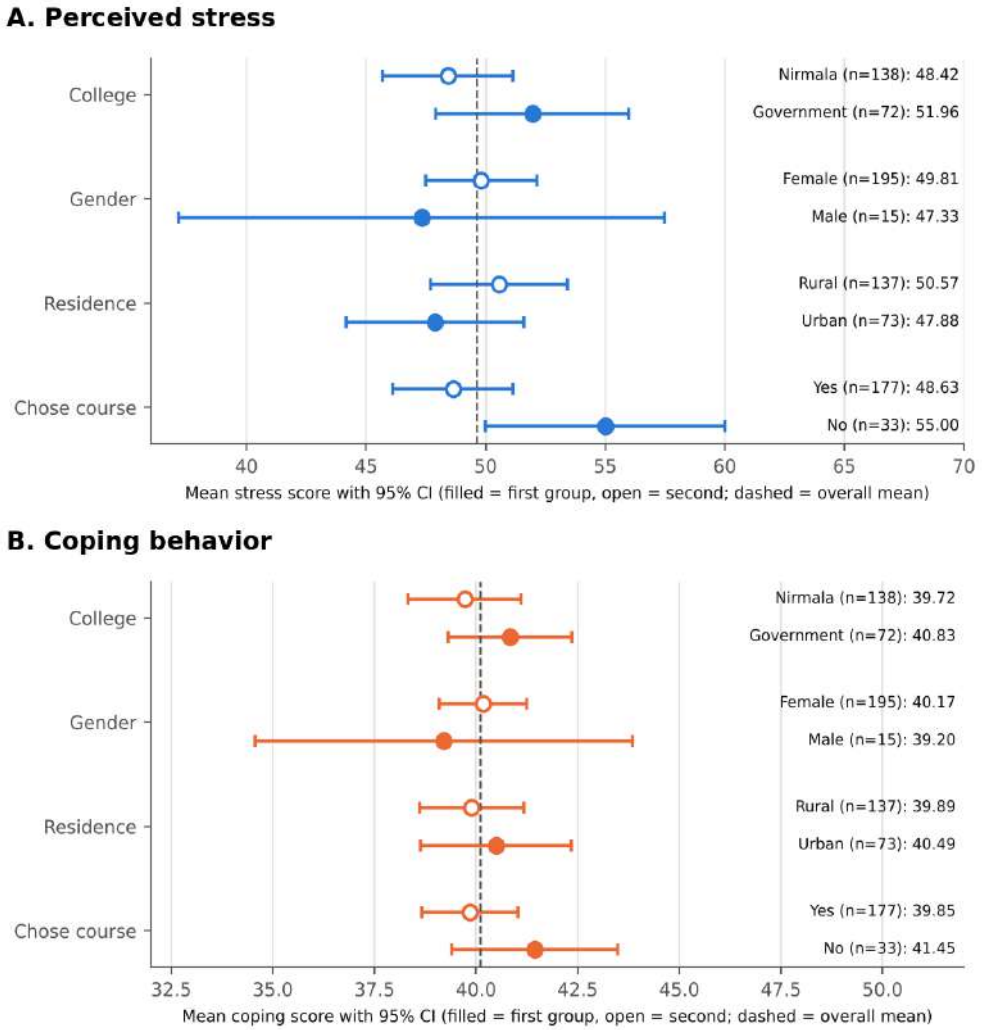
**Table 5**

***Comparison of Stress and Coping Across Subgroups***

| Comparison | Stress, group 1 *M* (*SD*) | Stress, group 2 *M* (*SD*) | Stress test | Coping, group 1 *M* (*SD*) | Coping, group 2 *M* (*SD*) | Coping test |
|---|---|---|---|---|---|---|
| College (govt. vs. Private) | 51.96 (17.49) | 48.42 (16.37) | $t = 1.45$, $p = .148$ | 40.83 (6.60) | 39.72 (8.32) | $t = 0.98$, $p = .328$ |
| Gender (male vs. female) | 47.33 (20.07) | 49.81 (16.58) | $t = -0.55$, $p = .583$ | 39.20 (9.17) | 40.17 (7.68) | $t = -0.47$, $p = .641$ |
| Residence (urban vs. rural) | 47.88 (16.22) | 50.57 (17.10) | $t = -1.11$, $p = .270$ | 40.49 (8.07) | 39.89 (7.64) | $t = 0.53$, $p = .599$ |
| Voluntary choice (no vs. yes) | 55.00 (14.72) | 48.63 (17.02) | $t = 2.01$, $p = .045$ | 41.45 (5.99) | 39.85 (8.06) | $t = 1.09$, $p = .279$ |
| Family type (single-parent / nuclear / extended) | 47.7 / 49.8 / 49.0 | – | $F(2, 207) = 0.08$, $p > .05$ | 43.4 / 40.0 / 40.2 | – | $F(2, 207) = 0.68$, $p > .05$ |

**Figure 4**

*Mean Stress and Coping Scores by Subgroup*

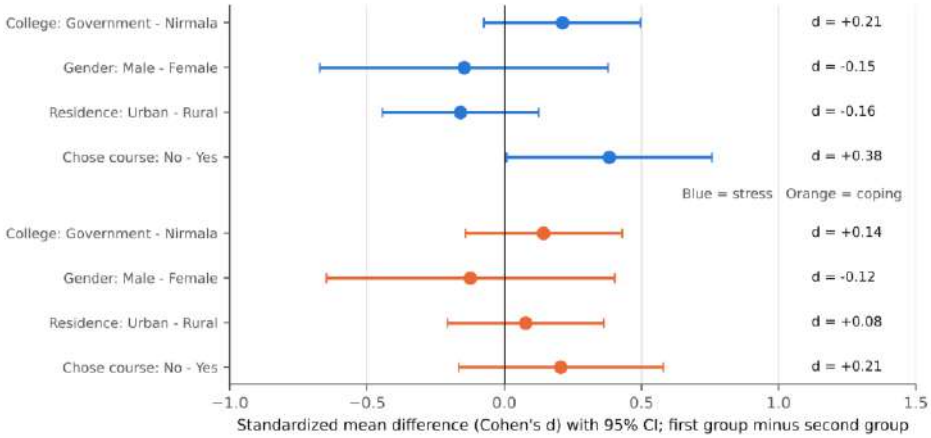



***Note.*** Markers show group means with 95% confidence intervals. Filled markers show the first-named group and open markers the second. Dashed lines mark the overall means (stress 49.63, coping 40.10).

Figure 5 puts all eight comparisons on one scale. Only the voluntary-choice difference in stress has an interval that stays, barely, above zero. The other intervals span zero, and several are wide, especially for gender, because only 15 men took part. The null findings are therefore uncertain more than they are reassuring.

**Figure 5**

***Standardized Mean Differences for All Subgroup Comparisons***



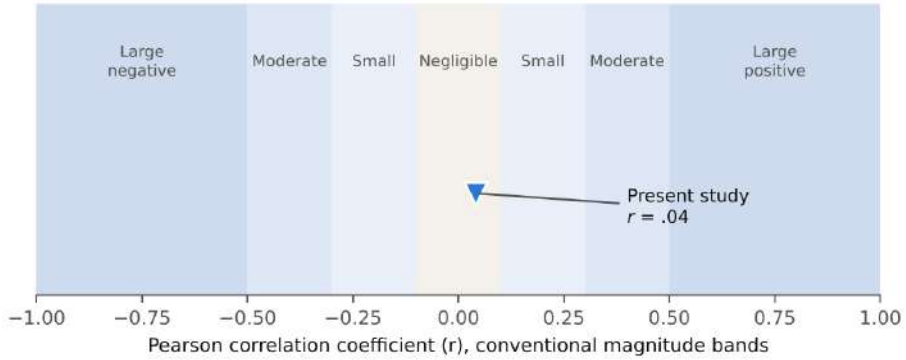

***Note.*** Points are Cohen's *d* with 95% confidence intervals, calculated as the first-named group minus the second. Blue = stress; orange = coping.

## Relationship Between Stress and Coping

Stress and coping were essentially unrelated, $r = .04$ ($N = 210$), so $r^2 = .0016$: under 0.2% of the variation in one is shared with the other. The corresponding $t$ is about 0.58 on 208 degrees of freedom ($p \approx .56$), and the 95% confidence interval for $r$ runs from about −.10 to .18, spanning Cohen's (1988) negligible and small bands and excluding anything larger (see Figure 6). H5 was not supported.

**Figure 6**

***Observed Stress–Coping Correlation Against Conventional Benchmarks***




***Note.*** Bands follow Cohen's (1988) conventions of .10, .30, and .50.

**Table 6**

***Outcome of Hypothesis Testing***

| Hypothesis | Statement (abbreviated) | Outcome |
|---|---|---|
| H1 | Levels of stress are unequally distributed | Supported (56.2% lower stress) |
| H2 | Levels of coping are unequally distributed | Supported (55.7% frequent use) |
| H3 | Stress differs across subgroups | Partly supported (voluntary choice only) |
| H4 | Coping differs across subgroups | Not supported |
| H5 | Stress and coping are related | Not supported ($r = .04$) |

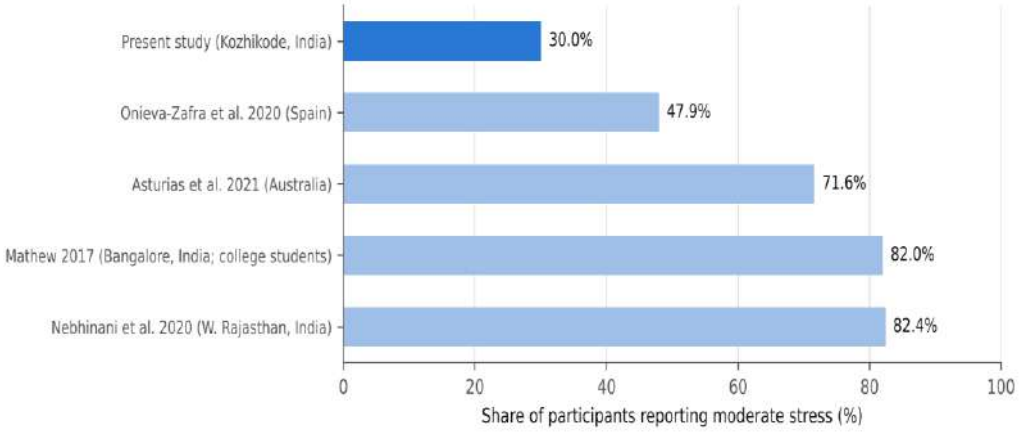
## DISCUSSION

Most of the nursing students I surveyed in Kozhikode reported low to moderate stress and said they coped actively. College, gender, residence, and family type made no difference to either. Choosing nursing freely was the one exception, and it went with lower stress. Stress and coping were not related.

Our students were less stressed than the samples from Australia and western Rajasthan (see Figure 7), and I do not know why. They may have played down their stress, since strain is often treated as a normal part of training. The single online session may have missed the busiest weeks on the wards. Students who see the course as a challenge rather than a threat will also score lower on the same workload. A modest total could hide a high score on one source, such as teachers and nursing staff, which other studies flag again and again, but I did not analyze the dimensions separately. And lower stress is not no stress: nearly one student in three was in the moderate band.

**Figure 7**

***Moderate Stress in the Present Study and in Four Earlier Samples***




***Note.*** Values are the percentage reporting moderate stress, as given by each study's authors. The studies used different instruments and cut-offs, so the comparison is indicative only.

Students used coping behaviors often, which fits other reports that nursing students are active copers (Hamaideh et al., 2017). The trouble with a total score is that it adds up very different things. A high total might come from planning and optimism, or from avoidance and quarreling, and these have different consequences. Even avoidance is not always unhelpful (Miller, 1987). Scoring the four CBI factors separately would tell us what kind of coping our students preferred.

Students who had not chosen nursing themselves were more stressed, as Hamaideh et al. (2017) and Nebhinani et al. (2020) also found. It seems plausible that a student without a real commitment to the profession finds the workload and the responsibility heavier and has less reason to keep going when things get hard. In resource terms, wanting to be there is itself a resource. I would not lean on this result too hard, though. The *p* value was .045, only 33 students had not chosen the course, the confidence interval came close to zero, and I ran several comparisons without any correction. The design is also cross-sectional, so it may be that stressed students, looking back, are more likely to say that nursing was never really their choice. I see it as something to test in larger samples.

Other studies have found effects of gender, age, or residence (Asturias et al., 2021; Manti et al., 2022). I did not, but our sample could hardly have shown them. Only 15 men, 7 students from single-parent families, and 29 from extended families took part, so only large differences would have shown up. Both colleges are also in the same city and teach the same degree, so their students may simply be more alike than students in multi-country samples.

We found almost no link between stress and coping, unlike Onieva-Zafra et al. (2020) and Ganesan et al. (2018). There are a few possible reasons. A total score can hide opposite patterns, for

example if stress goes with more problem-solving and more avoidance at the same time. The CBI counts how often students cope, not how well it works. And a single survey cannot untangle a cycle in which stress leads to coping and coping then eases stress. In practice, this suggests that coping-skills training may be worth offering to every student, not only to those who look distressed.

## Implications

For counselors, the first step is simply to ask new students why they chose nursing and how they feel about it, and to offer more career guidance to those who did not choose it themselves. Teachers can build stress management and resilience work into the program, give new students an early orientation to the wards, link them with practicing nurses as mentors, and give feedback that students see as fair. They can also approach struggling students without judgment. Parents can give young people a real say in choosing their course. For students, this study recommends planning and organizing their time, not leaving work until the last minute, forming study groups, keeping up a support network outside college, asking for help early, using advisers and mentors, and protecting their sleep, exercise, and diet (see Figure 8).

**Figure 8**

***Strategies Recommended for Reducing Stress Among Nursing Students***




*Note.* Strategies are grouped by who acts on them.

## Strengths, Limitations, and Future Directions

The study used established instruments, the PSS had good reliability in our sample (α = .87) and internal consistency reliability for CBI as measured by Cronbach's alpha for the total scale was 0.70, the sample was drawn at random within strata, and the data come from a region that has been little studied. But I covered only two colleges in one district.All measures were self-reported, taken once, and completed online. I did not analyze the subscales. Future studies should use larger samples from several colleges, include more men, follow students across the whole program, look at the six stress dimensions and four coping factors separately, and test whether self-efficacy or voluntary choice changes the link between stress and coping.

## CONCLUSION

Most B.Sc. Nursing students in Kozhikode district reported low to moderate stress and coped actively. Students who had not chosen nursing themselves were more stressed. College, gender, residence, and family type made no difference, and total stress and coping scores were unrelated.

Counseling and career guidance at admission and in school, and stress-management training open to all students, are practical places to start.

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