

Assessing the Factors contributing to Academic Stress among Nursing Students in Afe Babalola University, Ado Ekiti

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Abstract

Nursing students in Nigeria face significant academic stress, largely driven by the challenging demands of both academic coursework and clinical practice. This study assessed the factors contributing to academic stress, its impacts, and coping mechanisms among nursing students at Afe Babalola University, Ado-Ekiti. A descriptive cross-sectional design was employed, with 230 nursing students from 300 to 500 levels selected using proportionate stratified random sampling. Data were collected through a structured, self-administered questionnaire and analyzed using descriptive statistics, Chi-square tests, and Pearson correlation at a significance level of $p < 0.05$. The results revealed that early morning classes (46.5%), lecturer-related issues (39.1%), examinations (36.5%), interpersonal difficulties with lecturers (35.2%), and inadequate study facilities (32.2%) were the most frequently reported contributors to academic stress. The impacts of academic stress were predominantly psychological and physiological, with anxiety (64.8%), increased perspiration (39.6%), irritability (36.5%), and depression (31.3%) being the most cited outcomes. Chi-square analysis demonstrated significant associations between high academic stress and sociodemographic variables, including gender ($p = 0.001$), age ($p = 0.001$), academic level ($p = 0.001$), and ethnicity ($p = 0.001$). In terms of coping, nursing students predominantly utilized physical exercise (51.3%) and good planning of academic work schedules (66.5%), with statistically significant correlations observed for surfing the internet ($p = 0.001$), sharing problems with friends ($p = 0.005$), seeking advice ($p = 0.039$), handling tasks independently ($p = 0.042$), stopping concern about school work ($p = 0.001$), and good planning ($p = 0.007$). The study concludes that academic stress is prevalent among nursing students, with both adaptive and maladaptive coping strategies employed. Targeted interventions are recommended to enhance coping skills, improve the learning

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environment, and promote students' psychological and academic well-being.

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Introduction

Stress is broadly defined as any condition that provokes physical, emotional, or psychological disturbances in an individual (Al-Shahrani et al., 2023). It is a universal experience, although its frequency and intensity vary among individuals, and some may struggle more than others in coping with stressful events. Stress arises from situations or thoughts that generate feelings of frustration, anger, or anxiety (Alanazi et al., 2022). In the academic context, stress occurs when the demands of educational tasks exceed students' adaptive capacities, particularly in the absence of adequate social support (Al-Shahrani et al., 2023). Academic stress is inherently tied to the learning environment, with students perceiving their university years as particularly demanding and stressful (Al-Shahrani et al., 2023).

Nursing education is recognized as an especially rigorous and challenging process. According to Berdida (2023), nursing students face numerous academic pressures in acquiring professional knowledge and skills, putting them at high risk of psychological strain. These pressures stem from heavy workloads, multiple assignments, and limited preparation for clinical practice, creating an environment where stress is a constant companion (Berdida, 2023; Kong et al., 2022). The standard bachelor's degree nursing program is an intensive four-year course that can overwhelm students when curricular demands surpass their coping resources. Clinical training, in particular, introduces dynamic and unpredictable situations that often provoke anxiety among students during their initial clinical placements (Chaabane et al., 2021).

Clinical stressors for nursing students include caring for terminally ill patients, lack of clinical knowledge and skills, fear of errors, interpersonal conflicts with peers, encountering new or unknown situations, and managing heavy workloads (Rafati et al., 2020). Such stressors adversely affect learning outcomes, clinical performance, overall health, and quality of life (Kong et al., 2022; Rafati et al., 2020). Academic stress is also closely linked with students' occupational preparation and general well-being (Kong et al., 2022). High stress levels can lead to physical and mental health challenges, including hypertension, cardiovascular disease, and depression. Notably, the prevalence of depression among nursing students in Arab states is reported at 28%, six times higher than in the general population (Chaabane et al., 2021).

Research in Saudi Arabia indicates that female students and healthcare students are at greater risk of experiencing academic stress. High stress has been associated with smoking, lower grade point averages, and insufficient family income (Al-Shahrani et al., 2023). Across academic years, the prevalence of stress among nursing students ranges from 30% to 94%, highlighting the magnitude of this academic problem (Al-Shahrani et al., 2023). In Nigeria, nursing students similarly encounter significant stress due to the combined pressures of rigorous coursework and clinical obligations. Contributing factors include inadequate institutional support, insufficient coping mechanisms, and social pressures (Mustapha et al., 2020; Nebhinani et al., 2020). Understanding these contributing factors is essential to foster resilience, improve academic performance, and enhance students' overall well-being.

Empirical studies have consistently highlighted multifaceted factors contributing to academic stress among nursing students. Ajayi et al., (2025); Ali and El-Sherbini (2018) reported that 79.7% of nursing students experienced high levels of academic stress, with 20.3% reporting moderate stress. Key stressors included patient care responsibilities and assignments or workloads (74.3% and 70%, respectively), while interactions with teachers and nursing staff accounted for stress in 63.8% of students. Peer relationships and daily life factors contributed to 52.2% of stress, whereas stress from clinical environments and lack of professional

knowledge were reported by 49.3% and 28.7% of students, respectively. These findings suggest that both academic and clinical demands significantly influence students' stress levels. Similarly, Hwang and Kim (2022) found that anxiety ($\beta = 0.33$, $p = 0.001$) and depression ($\beta = 0.25$, $p = 0.013$) were significant predictors of academic stress, whereas satisfaction with professors ($\beta = -0.15$, $p = 0.020$) and perceived relevance of nursing ($\beta = -0.13$, $p = 0.039$) mitigated stress, with the four variables collectively explaining 38% of the variance in stress levels ($F = 26.67$, $p < 0.001$).

The impact of academic stress on nursing students has been profound. Muhammad (2023) revealed that 45% of students experienced sleep disturbances, including insomnia (35%) and fitful sleep (10%), reflecting the adverse effects of chronic stress on physical and mental health. Extended stress exposure can impair concentration, increase fatigue, and trigger irritability, with long-term consequences for both physiological and psychological well-being. De La Fuente et al. (2020) identified teaching and learning factors such as workload, method difficulties, and test anxiety as significant contributors to stress. Clinical experiences were particularly anxiety-inducing, with 72.6% of students fearing mistakes and 61.1% concerned about harming patients. Overall, 57.5% of students reported moderate stress, while 25.7% experienced high stress, with interpersonal difficulties with teachers contributing substantially (mean = 36.8 ± 16.5).

Coping mechanisms among nursing students vary widely depending on the stressor and context. Chaabane et al. (2021) summarized findings from 23 studies across Saudi Arabia, Egypt, Jordan, Oman, Pakistan, and Sudan, reporting widespread use of problem-focused, emotion-focused, and dysfunctional coping strategies. Problem-focused strategies included active problem-solving and seeking instrumental social support, whereas emotion-focused strategies involved positive reinforcement, optimism, and religious or spiritual practices. Dysfunctional coping commonly included mental and behavioral disengagement, such as avoidance or social withdrawal. The relationship between stress levels and coping strategies is complex. Some studies indicate a negative correlation between stress and problem-solving strategies, while others show higher stress among students using avoidance or transference strategies. Coping approaches also differ by gender, academic level, and living arrangements, as well as the type of stressor encountered. Clinical stressors, including assignments, patient care, teacher interactions, and peer relationships, were most frequently managed through a combination of avoidance, problem-solving, optimism, and transference strategies, while external environmental stressors were addressed using similar adaptive techniques.

Nursing education consistently presents high levels of stress, which can lead to anxiety, depression, and other health complications. Studies have reported that 35.8% of nursing students in Hong Kong experienced depression, with similar high levels of anxiety and stress, while Canadian and Korean students also exhibited elevated depressive symptoms compared to their peers (Hwang & Kim, 2022). Chronic exposure to stress may result in burnout, poor sleep quality, excessive daytime sleepiness, and long-term health risks, including cardiovascular and kidney diseases (Al-Shahrani et al., 2023). In Nigeria, despite recognition of these challenges, comprehensive investigations into the factors contributing to academic stress remain limited. Addressing this gap is crucial for implementing effective interventions that improve both academic outcomes and student well-being. Therefore, this study aims to identify the various factors contributing to academic stress among nursing students at Afe Babalola University.

This study is aimed at assessing the factors contributing to academic stress among nursing students of Afe Babalola University, Ado-Ekiti. The specific objectives were to:

1. identify the factors contributing to academic stress among nursing students;
2. identify the impacts of academic stress on the nursing students; and
3. assess the coping mechanisms used by nursing students to manage academic stress.

Methods and Materials

The research adopted a descriptive cross-sectional quantitative design to determine the factors contributing to academic stress among nursing students at Afe Babalola University, Ado-Ekiti. A descriptive study was considered appropriate as it allows systematic observation, description, and documentation of phenomena as they naturally occur, providing credible, unbiased, and generalizable results (Dannels, 2018). This design enabled the researchers to examine the prevalence and contributing factors of academic stress among nursing students, offering insights into the underlying dynamics affecting their academic and clinical performance. The structured methodology allowed for the integration of all study elements, ensuring that the findings could be reliably applied to the target population.

The study was conducted at Afe Babalola University, a private tertiary institution established in 2009 and located in Ado-Ekiti, Ekiti State, Southwest Nigeria. The university houses six colleges, including the College of Medicine and Health Sciences, which offers undergraduate and postgraduate programs across forty-three departments. The Faculty of Nursing Sciences, within this college, accommodates students from 300 to 500 levels, the target population for this study. The institution is fully residential, with dedicated hostels for male and female students, and has graduated seven sets of nurses and midwives, providing a structured academic and clinical environment suitable for observing stress-related phenomena among students.

The study population comprised 429 nursing students across 300, 400, and 500 levels. Inclusion criteria required students to be enrolled in these levels, willing to participate, and actively engaged in core nursing courses. Exclusion criteria eliminated 100 and 200 level students, who were not yet involved in substantial clinical or core coursework, as well as individuals unwilling to participate. The final sample size of 230 respondents was determined using Taro Yamane's formula for a population of 429 with a 5% margin of error, with an added 10% attrition rate to account for non-responses and incomplete questionnaires.

A proportionate stratified sampling technique was employed to ensure equitable representation across levels. The population was divided into strata corresponding to 300, 400, and 500 level students, and respondents were randomly selected from each stratum. This approach ensured that each subgroup of students had an equal chance of inclusion, enhancing the representativeness, validity, and generalizability of the findings (Kong et al., 2022). Stratified sampling also mitigates biases such as under coverage and ensures that variations across academic levels are adequately captured.

Data collection was conducted using a structured, self-administered questionnaire divided into four sections: sociodemographic characteristics, factors contributing to academic stress, the impact of academic stress, and coping mechanisms. The questionnaire items were adapted from validated instruments by Maqsood et al. (2022) and Ali and El-Sherbini (2018). To ensure validity, the questionnaire underwent face and content validation, reviewed by supervisors, nursing experts, and a statistician, ensuring clarity, comprehensiveness, and relevance. Reliability was confirmed using Cronbach's alpha, yielding a coefficient of 0.8, indicating strong internal consistency.

Data collection involved personally administering the questionnaire to eligible students, explaining the study objectives, and obtaining informed consent. Completed questionnaires were collected immediately and checked for completeness over a six-week period. Data analysis was performed using SPSS version 26. Descriptive statistics, including measures of central tendency and dispersion, were used to summarize the data. Linear regression was applied to identify relationships between sociodemographic characteristics and academic stress factors, while Chi-square tests were used to test hypotheses at a significance level of $p < 0.05$. Results were presented in tables, graphs, and charts for clarity and ease of interpretation.

Ethical considerations were rigorously observed. Approval was obtained from the Ethics and Research Committee of the College of Medicine and Health Sciences, Afe Babalola University. Participants were fully informed about the study's purpose, procedures, potential risks, and benefits. Informed consent was obtained, emphasizing the voluntary nature of participation and the right to withdraw at any time without penalty. Confidentiality and anonymity were maintained by excluding personal identifiers from the questionnaire and ensuring that responses could not be traced back to individual participants, thus protecting participants' privacy and dignity throughout the study.

Results

Table 1: Socio-Demographic Characteristics of Respondents (n=230)

Variables	Frequency	Percentage (%)
Gender		
Male	65	28.3
Female	165	71.7
Age		
15-20	121	52.6
21-25	92	40.0
26-29	17	7.4
Religion		
Christianity	194	84.3
Islam	36	15.7
Level		
300	118	51.3
400	57	24.8
500	55	23.9

Ethnicity

Hausa	23	10.0
Igbo	85	37.0
Yoruba	103	44.8
Other	19	8.3

Table 1 present the sociodemographic characteristics of the respondents. It shows that 71.7% were female and 28.3% were male. Also, 52.6% were between the ages of 15-20yrs, and 7.4% were between 26-29. Also, 84.3% practised Christianity and 15.7% practised Islam. Of the academic level, 51.3% were in 300 level and 23.9% were in 500 level. About the ethnicity, 44.8% belonged to Yoruba and 8.3% belonged to another ethnicity.

Table 2: Factors Contributing to Academic Stress Among Nursing Students

Factors	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Fear of harming the patient	63 (27.4%)	32 (13.9%)	60 (26.1%)	60 (26.1%)	15 (6.5%)
Different gender patients	56 (24.3%)	110 (47.8%)	58 (25.2%)	6 (2.6%)	0 (0.0%)
Examination	84 (36.5%)	61 (26.5%)	69 (30.0%)	10 (4.3%)	6 (2.6%)
Lack of money	70 (30.4%)	66 (28.7%)	67 (29.1%)	21 (9.1%)	6 (2.6%)
Lectures	90 (39.1%)	36 (15.7%)	70 (30.4%)	27 (11.7%)	7 (3.0%)
Early morning class	107 (46.5%)	43 (18.7%)	80 (34.8%)	0 (0.0%)	0 (0.0%)
Extracurricular activities	28 (12.2%)	38 (16.5%)	142 (61.7%)	17 (7.4%)	5 (2.2%)
Research work	58 (25.2%)	50 (21.7%)	66 (28.7%)	48 (20.9%)	8 (3.5%)
Assignments	82 (35.7%)	60 (26.1%)	55 (23.9%)	26 (11.3%)	7 (3.0%)
Bills	64 (27.8%)	65 (28.3%)	78 (33.9%)	22 (9.6%)	1 (0.4%)
Inadequate study facility	74 (32.2%)	48 (20.9%)	89 (38.7%)	18 (7.8%)	1 (0.4%)
Interpersonal difficulties with lecturer	81 (35.2%)	36 (15.7%)	77 (33.5%)	33 (14.3%)	3 (1.3%)
Fear of failure	49 (21.3%)	32 (13.9%)	41 (17.8%)	74 (32.2%)	34 (14.8%)
Teaching method	31 (13.5%)	29 (12.6%)	88 (38.3%)	76 (33.0%)	6 (2.6%)

Table 2 present the factors contributing to academic stress among respondents. It shows that the early morning class (46.5%), lecturer (39.1%), examination (36.5%), Interpersonal difficulties with the lecturer (35.2%), and inadequate study facilities (32.2%) were the most frequently cited factors contributing to academic stress among nursing students.

Table 3: Impacts of Academic Stress on Nursing Students

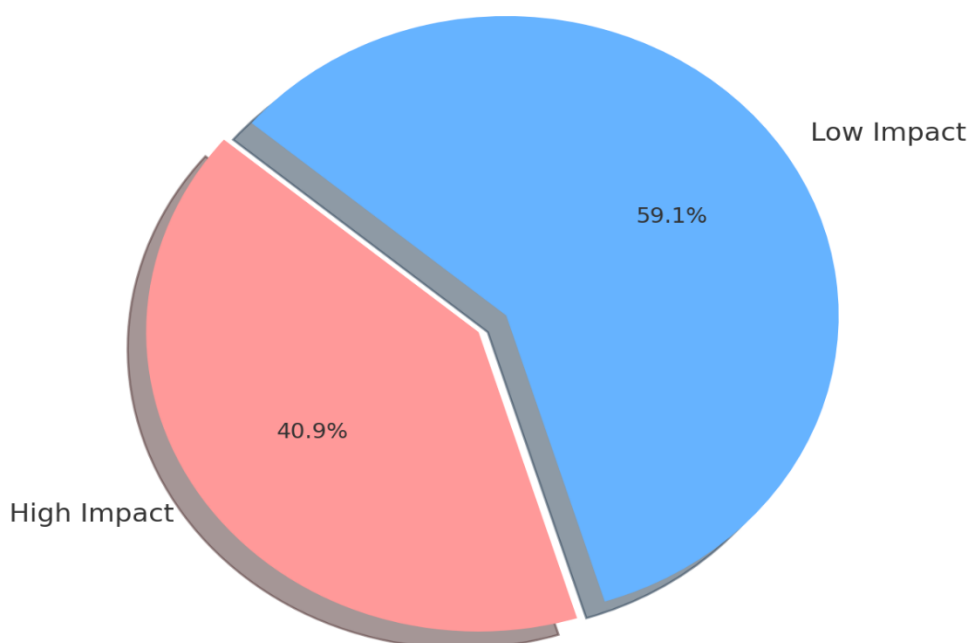
Impact statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Poor academic performance	53 (23.0%)	34 (14.8%)	60 (26.1%)	68 (29.6%)	15 (6.5%)
Drug abuse	13 (5.7%)	15 (6.5%)	84 (36.5%)	86 (37.4%)	32 (13.9%)
Insomnia	36 (15.7%)	37 (16.1%)	70 (30.4%)	78 (33.9%)	9 (3.9%)

Increased perspiration	91 (39.6%)	33 (14.3%)	66 (28.7%)	32 (13.9%)	8 (3.5%)
Headache	38 (16.5%)	45 (19.6%)	94 (40.9%)	32 (13.9%)	21 (9.1%)
Muscle ache	44 (19.1%)	36 (15.7%)	87 (37.8%)	52 (22.6%)	11 (4.8%)
Absenteeism from class	43 (18.7%)	33 (14.3%)	71 (30.9%)	68 (29.6%)	15 (6.5%)
Engagement in unsafe sex	21 (9.1%)	21 (9.1%)	122 (53.0%)	60 (26.1%)	6 (2.6%)
Physical fights with colleagues	33 (14.3%)	32 (13.9%)	50 (21.7%)	69 (30.0%)	46 (20.0%)
Poor sanitation	61 (26.5%)	34 (14.8%)	61 (26.5%)	61 (26.5%)	13 (5.7%)
Anxiety	149 (64.8%)	52 (22.6%)	17 (7.4%)	11 (4.8%)	1 (0.4%)
Mood swings	43 (18.7%)	44 (19.1%)	58 (25.2%)	53 (23.0%)	32 (13.9%)
Depression	72 (31.3%)	43 (18.7%)	53 (23.0%)	51 (22.2%)	11 (4.8%)
Irritability	84 (36.5%)	74 (32.2%)	47 (20.4%)	24 (10.4%)	1 (0.4%)

Table 3 presents the impacts of academic stress on nursing students. Anxiety (64.8%), increased perspiration (39.6%), irritability (36.5%), and depression (31.3%) were the most cited impact of academic stress on nursing students. The table also shows that 53.0% were neutral about the effects of engagement in unsafe sex on academic stress, and 2.6% strongly disagreed that engagement in unsafe sex has an impact on their academic stress. Also, 40.9% were neutral about headache as an impact and 9.1% strongly disagree about this. Also, 30.0% disagreed to physical fight with colleagues as an impact and 13.9% agreed to this as an impact. Also, 36.5% were neutral about drug abuse as an effect and 5.7% strongly agreed to this as an impact. The table also shows that 25.2% were neutral about mood swings as an impact, and 13.9% strongly agreed to this.

Figure 1: Pie chart showing the summary of the impact of academic stress on nursing students

Impact of Academic Stress



The figure above shows that 40.9% experience high impact of academic stress and 59.1% experience low impact of academic stress.

Table 4: Coping Mechanisms Used by Nursing Students to Manage Academic Stress

Coping mechanisms	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Good time management	68 (29.6%)	50 (21.7%)	49 (21.3%)	36 (15.7%)	27 (11.7%)
Surf the internet	78 (33.9%)	43 (18.7%)	28 (12.2%)	59 (25.7%)	22 (9.6%)
Watch tv or videos	48 (20.9%)	46 (20.0%)	80 (34.8%)	52 (22.6%)	4 (1.7%)
Share the problems with friends	47 (20.4%)	26 (11.3%)	38 (16.5%)	89 (38.7%)	30 (13.0%)
Discuss academic concerns with lecturers	66 (28.7%)	71 (30.9%)	53 (23.0%)	34 (14.8%)	6 (2.6%)
Physical exercise	118 (51.3%)	34 (14.8%)	31 (13.5%)	41 (17.8%)	6 (2.6%)
Ask the advice of parents, friends or course mate	49 (21.3%)	112 (48.7%)	57 (24.8%)	10 (4.3%)	2 (0.9%)
Keep self-busy	80 (34.8%)	35 (15.2%)	31 (13.5%)	74 (32.2%)	10 (4.3%)
Try to handle things my own way	51 (22.2%)	62 (27.0%)	80 (34.8%)	33 (14.3%)	4 (1.7%)
Be more spiritual	83 (36.1%)	65 (28.3%)	43 (18.7%)	34 (14.8%)	5 (2.2%)
Make time for relaxation	86 (37.4%)	47 (20.4%)	42 (18.3%)	50 (21.7%)	5 (2.2%)
Stop caring about school work	39 (17.0%)	50 (21.7%)	83 (36.1%)	43 (18.7%)	15 (6.5%)

Good planning of academic work schedule 153 (66.5%) 22 (9.6%) 28 (12.2%) 25 (10.9%) 2 (0.9%)

Table 4 present the coping mechanisms used by nursing student. It shows that physical exercise (51.3%), and good planning of academic work schedule (66.5%) were the coping strategies utilized nursing students. Also, 33.9% strongly agreed to surf the internet, and 9.6% strongly disagreed to this coping mechanism. Also, 34.8% were neutral to watch TV or videos and 1.7% strongly disagree. Also, 34.8% strongly agree to keep self-busy, and 4.3% strongly disagreed to this as a coping mechanism. Furthermore, being more spiritual was strongly agreed to as a coping mechanism by 36.1%, and 2.2% strongly disagreed to this. Also, 37.4% strongly agreed to making time for relaxation as a coping mechanism and 2.2% strongly disagreed to this as a coping mechanism.

Table 5: Relationship between sociodemographic characteristics and impact of academic stress

Sociodemographic Characteristics		Impact of academic stress		Statistics	Decision
		High	Low		
Gender				X ² = 18.490 ^a	Significant
Male		41 (63.1%)	24 (36.9%)	DF = 1	
Female		53 (32.1%)	112 (67.9%)	*P = 0.001	
Age				X ² = 96.838 ^a	Significant
15-20		86 (71.1%)	35 (28.9%)	DF = 2	
21-25		8 (8.7%)	84 (91.3%)	*P = 0.001	
26-29		0 (0.0%)	17 (100.0%)		
Academic level				X ² = 150.887 ^a	Significant
300		94 (79.7%)	24 (20.3%)	DF = 2	
400		0 (0.0%)	57 (100.0%)	*P = 0.001	
500		0 (0.0%)	55 (100.0%)		
Ethnicity				X ² = 15.894 ^a	Significant
Hausa		1 (4.3%)	22 (95.7%)	DF = 3	
Igbo		41 (48.2%)	44 (51.8%)	*P = 0.001	
Yoruba		46 (44.7%)	57 (55.3%)		
Other		6 (31.6%)	13 (68.4%)		

***P value < 0.05; χ^2 : Chi square test**

The analysis of the relationship between sociodemographic characteristics and the impact of academic stress revealed significant associations across all variables. Gender showed a significant difference, with a higher proportion of males (63.1%) experiencing high academic stress compared to females (32.1%) ($\chi^2=18.490$, $p=0.001$). Age was also significantly related, as the majority of students aged 15–20 years reported high stress (71.1%), whereas older students reported lower levels ($\chi^2=96.838$, $p=0.001$). Academic level demonstrated a strong association, with all high stress concentrated among 300-level students (79.7%), and none reported by 400- and 500-level students ($\chi^2=150.887$, $p=0.001$). Ethnicity likewise showed a significant relationship, with Igbo (48.2%) and Yoruba (44.7%) students reporting higher stress compared to Hausa (4.3%) and other ethnic groups (31.6%) ($\chi^2=15.894$, $p=0.001$). Overall, these findings indicate that younger students, males, lower-level students, and specific ethnic groups are more likely to experience high academic stress.

Table 6: Correlation showing the impact of academic stress on coping strategies

Model	r	Sig.
Good time management	.791	.430
Surf the internet	4.295	.001*
Watch tv or videos	.986	.325
Share the problems with friends	2.844	.005*
Discuss academic concerns with lecturers	1.577	.116
Physical exercise	3.170	.002*
Ask the advice of parents, friends or course mate	2.072	.039*
Keep self-busy	.192	.848
Try to handle things my own way	2.042	.042*
Be more spiritual	1.329	.185
Make time for relaxation	1.868	.063
Stop caring about school work	6.036	.001*
Good planning and academic work schedule	2.735	.007

***P value < 0.05; r: Pearson correlation**

The correlation analysis in Table 6 indicates varying degrees of association between academic stress and different coping strategies among nursing students. Statistically significant positive relationships were observed for activities such as surfing the internet ($p = 0.001$), sharing problems with friends ($p = 0.005$), engaging in physical exercise ($p = 0.002$), seeking advice from parents, friends, or course mates ($p = 0.039$), handling things independently ($p = 0.042$), stopping concern about school work ($p = 0.001$), and good planning and maintaining an academic work schedule ($p = 0.007$), suggesting that these strategies are actively employed in response to academic stress. Other strategies, including good time management, watching TV or videos, discussing concerns with lecturers, spirituality, keeping oneself busy, and making time for relaxation, showed no statistically significant correlation ($p > 0.05$), implying that these approaches may be less directly associated with managing academic stress. Overall, the findings suggest that students primarily cope with academic stress through both social support mechanisms and task-focused strategies, as well as some avoidance behaviors.

Discussion of Findings

The socio-demographic profile of nursing students in this study indicated that the majority (71.7%) were female, with over half (52.6%) aged between 15 and 20 years. Most participants identified as Christian (84.3%), were in the 300-level (51.3%), and predominantly of Yoruba ethnicity (44.8%). These demographic characteristics align with findings by Wang et al. (2021), who reported that 77% of their respondents were female, 38.8% were aged 18–21 years, and most were enrolled in intermediate academic levels. The predominance of young female students suggests a population potentially more susceptible to academic stress due to the combination of inexperience, multiple responsibilities, and heightened emotional responsiveness to academic demands.

Several factors were identified as contributors to academic stress among nursing students. Early morning classes, lecturer-related issues, examinations, interpersonal conflicts with lecturers, and inadequate study facilities were frequently reported stressors. These results corroborate Rafati et al. (2020), who identified lack of clinical knowledge, interpersonal

conflicts with peers and lecturers, and insufficient institutional support as major stressors, as well as Mustapha et al. (2020), who emphasized inadequate coping mechanisms and insufficient lecturer support. Extended clinical hours and late-night study sessions, combined with early classes, disrupt sleep patterns and exacerbate physical and mental fatigue. Lecturer-related issues and limited study facilities further compromise students' ability to focus, assimilate knowledge, and complete assignments effectively, highlighting the need for improved infrastructure, quiet study spaces, and digital learning resources to mitigate stress. Despite these contributing factors, the overall impact of academic stress in this study was relatively low, diverging from prior studies that reported high stress impacts on well-being and academic performance (Kong et al., 2022; Al-Shahrani et al., 2023). This discrepancy may be attributed to differences in study settings and populations. Nonetheless, among students who acknowledged a significant impact of stress, anxiety emerged as a key consequence, consistent with findings by Hwang and Kim (2022), who identified anxiety and depression as primary outcomes of academic stress among nursing students. This indicates that even if overall stress levels are perceived as moderate, its psychological effects remain significant. Coping strategies employed by nursing students primarily included physical exercise and structured planning of academic schedules. This aligns with Labrague et al. (2021), who emphasized the importance of time management, task prioritization, and breaking assignments into manageable segments, and with Majrashi et al. (2021), who highlighted the role of physical activity and relaxation techniques in emotional regulation and stress reduction. These strategies demonstrate a proactive approach to managing stress, supporting students' psychological resilience and academic engagement.

Inferential analysis revealed that socio-demographic factors, including gender, age, academic level, and ethnicity, significantly influenced the impact of academic stress. Female students appeared more susceptible due to multifaceted academic demands and greater emotional responsiveness, while younger students faced increased vulnerability due to limited experience and adaptation challenges. Additionally, coping strategies such as internet use, sharing problems with friends, physical exercise, seeking advice, self-directed problem handling, and disengagement were significantly associated with academic stress. These strategies reflect a spectrum of adaptive and maladaptive responses, consistent with Chaabane et al. (2021), who identified problem-focused approaches, social support, and emotion-focused strategies as common stress management methods among nursing students. The observed correlations indicate that while students actively attempt to manage stress, not all strategies employed are optimal, highlighting the need for interventions promoting healthy coping mechanisms and resilience-building practices.

Conclusions

The study concludes that academic stress among nursing students at Afe Babalola University is primarily driven by early morning classes, lecturer-related issues, examinations, interpersonal difficulties, and inadequate study facilities. Stress significantly affects students' psychological and physiological well-being, with younger, male, lower-level, and specific ethnic groups experiencing higher levels. Students employ a range of coping strategies, including physical exercise, academic planning, social support, and some avoidance behaviors, to manage stress. These findings highlight the need for targeted interventions to reduce academic stress and promote student well-being.

Recommendations

Based on the study findings the following recommendations were drafted;

1. The university should implement structured stress management programs, including workshops on time management, study skills, and resilience-building for nursing students.
2. Investment in adequate study facilities, digital resources, and quiet study spaces should be prioritized to reduce environmental stressors.
3. Lecturers should receive training on supportive teaching methods and communication to mitigate interpersonal difficulties and foster a positive learning environment.
4. Mental health services, including counseling and peer-support programs, should be readily available to help students cope with anxiety, depression, and other stress-related outcomes.
5. Nursing students should be encouraged to adopt healthy coping mechanisms such as regular physical exercise, structured academic planning, social support, and relaxation techniques while minimizing reliance on maladaptive behaviors like disengagement.

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