



PERCEIVED STRESS AND COPING STRATEGIES AMONG NURSING STUDENTS IN SELECTED TRAINING INSTITUTIONS IN OGUN STATE.

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ABSTRACT

Stress among nursing students is a growing concern, as the demanding nature of nursing education exposes students to multiple academic, clinical, and psychosocial stressors. This study examined perceived stress levels and coping strategies among nursing students in selected training institutions in Ogun State. A descriptive cross-sectional design was adopted. A total of 301 nursing students were selected using a multistage sampling technique. Data were collected through a structured questionnaire adapted from the Perceived Stress Scale (PSS) and a coping strategies inventory. The PSS demonstrated a Cronbach's alpha of 0.85, while the coping scale yielded 0.76. Data were analyzed using descriptive statistics and Chi-square tests, and findings were presented in frequency and percentage tables. Findings revealed that 20.3% of respondents experienced low stress, 39.2% moderate stress, and 40.5% high stress, indicating a high prevalence of moderate-to-high stress. Major stressors included examination pressure (94.4%), parenting issues (90%). Students adopted various coping strategies, including problem-focused strategies such as time management (65.1%); emotion-focused strategies such as listening to music (55.8%); and spiritual coping strategies such as prayer (65.1%). There was no significant relationship between age and perceived stress levels ($\chi^2 = 8.41, p = 0.078$). The findings showed the substantial psychological demands faced by nursing students and the diverse coping mechanisms employed. Institutional interventions such as structured stress management programs, mentorship, and strengthened support systems are recommended to enhance coping capacity, improve well-being, and promote academic performance.

Keywords: Coping strategies, Nursing students, Nursing education, Perceived stress

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INTRODUCTION

Stress is a growing concern for many people of all ages. It has become a major public health issue, affecting a significant part of the global population (Smith et al., 2025). Recent global surveys show that stress is common across different groups. According to Gallup (2024), about 37% of adults reported high levels of stress in various geographic and economic settings. Additionally, a 2024 multinational survey involving 31 countries found that 62% of respondents felt stressed enough for it to disrupt their daily lives (Ipsos, 2023).

Stress is a common experience among students, with research indicating that up to 74% report feeling daily stress due to academic demands, social pressures, and personal challenges (Zheng et al., 2022). Nursing students, in particular, are at risk for high levels of stress due to demanding academic programmes and the challenging nature of clinical training. Studies show that nursing students experience higher stress levels compared to their peers in other fields, with 35% reporting moderate stress and 10% reporting high stress during clinical placements (Zheng et al., 2022). The sources of stress for nursing students are varied and include heavy academic workloads, examinations, pressures related to clinical performance, financial

responsibilities, and interpersonal relationships within the educational environment (Labrague, 2024).

Effective coping strategies are critical for mitigating the negative effects of stress. To manage stress, nursing students frequently use problem-focused strategies such as time management, planning, and seeking support; emotion-focused strategies such as relaxation, positive reframing, and mindfulness; and spiritual strategies such as prayer and reflection (Charlton & Wofford, 2022; Eltrass et al., 2022). Despite these measures, students may still exhibit maladaptive behaviors when stress exceeds their coping capacity, such as avoidance, substance use, and emotional withdrawal.

However, there is limited evidence on perceived stress and coping strategies among nursing students in Ogun State, Nigeria. While global and regional studies report high stress prevalence among nursing students, there is a lack of context-specific data, making it difficult for educators and policymakers to design appropriate interventions. The extent to which nursing students in Ogun State experience stress, the stressors they encounter, and the coping strategies they use remain largely unexplored. Without this information, students may continue to

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endure high stress, which could negatively impact academic performance, clinical competence, and overall well-being. This study, therefore, seeks to assess the level of perceived stress and coping strategies among nursing students in selected training institutions in Ogun State

Statement of Problem

The transition from secondary to tertiary education represents a significant developmental stage that often comes with major psychological and social adjustments. During this time, students face various stressors, including academic demands, financial pressures, and the challenge of building new social networks. All these factors may lead to increased psychological distress and reduced life satisfaction (Elsayed, 2025). These challenges are particularly pronounced during emerging adulthood, a phase characterized by identity exploration and increased vulnerability to environmental stressors.

Nursing students in training institutions are particularly at risk because of combined demands of rigorous academic programmes and intensive clinical training. Exposure to clinical settings, patient care responsibilities, and the need to integrate theory with practice further heighten their stress levels, potentially affecting academic

performance, clinical competence, and overall well-being.

Despite global evidence of high stress among nursing students, there is limited context-specific data on perceived stress and coping strategies among nursing students in Ogun State, Nigeria. This gap prevents the development of targeted interventions, leaving students at vulnerable to unmanaged stress and its harmful consequences

Objectives of Study

The study aims to examine the perceived stress and coping strategies among nursing students in selected training institution in Ogun State. The specific objectives are to:

1. asses the level of perceived stress among nursing students
2. examine the common stressors experienced by nursing students
3. identify the coping strategies adopted by Nursing students.

Literature Review

Theoretical Framework

The Transactional Model of Stress and Coping, created by Lazarus and Folkman in 1984, serves as the foundation for this study. It views stress as a dynamic interaction between people and their surroundings that is influenced by their cognitive assessment of whether a situation is dangerous or manageable. In addition to

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problem-focused and emotion-focused coping techniques for stress management, the model emphasizes primary appraisal (judgment of threat) and secondary appraisal (assessment of coping skills). The model is used in this study as a descriptive framework to explain the connections between nursing students' coping mechanisms, perceived stress, and stressors. Furthermore, Pargament's Theory of Religious Coping (1997) emphasizes how spiritual activities like prayer and faith can improve coping in culturally religious environments.

Empirical review

The demanding nature of nursing education exposes students to significant stressors, impacting their academic performance, mental well-being, and overall professional development (Dogham et al., 2024). Stress is a well-known problem among college students, especially in health-related fields with high academic and clinical demands like nursing. Numerous pressures, such as a demanding course load, clinical obligations, and emotionally exhausting patient care situations, are often encountered by nursing students. Research indicates that students studying nursing frequently report moderate to high levels of perceived stress, which are frequently

higher than those studying non-clinical fields (Labrague et al., 2017).

In the domain of nursing education, the main sources of stress, are primarily categorized into three types: academic, clinical, and personal life stressors (Mario et al., 2024). Academic stressors for nursing students mainly stem from an intense fear of failing exams, assessments, and practical training, compounded by a heavy workload. This often means intense theoretical study, jam-packed daily lecture schedules, and long hours dedicated to coursework.

In addition, clinical training represents another significant source of pressure for nursing students. These stressors encompass various challenges encountered in the clinical environment, including patient care responsibilities, navigating relationships with clinical staff, perceived lack of professional knowledge and skills, the demands of practical assignments, and the overall clinical workload (Chaabane et al., 2021). Personal stressors such as low self-esteem, nervousness, or tiredness, peer competition and financial constraints also contribute significantly to stress particularly in low and middle income countries.

The stress experienced by nursing students can have negative impacts on their own

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

health, and also affect their academic performance and the quality of care they provide to patients. High levels of stress have been associated with adverse outcomes such as anxiety, burnout, poor academic performance, and decreased clinical performance. If stress is not well managed, it can impair cognitive processes and communication skills, leading to poor clinical decision making and increase the risk of medical errors in practice (Sonmez et al., 2023)

Coping strategies play a critical role in mitigating the negative effects of stress. According to the transactional model of stress and coping, individuals use both problem-focused and emotion-focused coping strategies depending on the nature of the stressor (Lazarus & Folkman, 1984). Problem focused strategy seek to understand the problem, strategize solutions, and prepare for action when faced with a stressful situation. In contrast, the emotion focused strategy aims to regulate emotional responses and restore psychological equilibrium through mechanisms such as humor, denial, positive reframing.

In addition to these conventional coping mechanisms, spiritual coping strategies have been identified as particularly relevant in culturally and religiously oriented settings. Practices such as prayer, meditation, and reliance on faith have been shown to provide emotional comfort and resilience among students facing stress (Pargament, 1997). In the Nigerian context, spirituality often plays a central role in coping, making it an important dimension to consider when examining stress management among nursing students.

Research Questions

1. What is the perceived level of stress among nursing students in selected training institutions in Ogun State?
2. What are the common stressors among nursing students in selected training institutions in Ogun State?
3. What are the stress coping strategies adopted among nursing students in selected training institutions in Ogun State?

Hypothesis

H₀₁: There is no significant relationship between the age of nursing students and the coping strategies they adopt

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

METHOD

Design

A descriptive cross-sectional survey was carried out among undergraduate students of Ogun State College of Nursing Sciences, Nigeria. Data collection was done through a well-structured, self-administered questionnaire designed by the researcher to gather relevant information from the participants

$$n = \frac{867}{1 + 867 (0.0025)}$$

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Participants

The study population comprised of undergraduate students of Ogun State College of Nursing Sciences, Nigeria

$$n = \frac{867}{1 + 2.1675}$$

Sample Size and Sampling Technique

The sample size was determined using a sample size calculation formula by Taro Yamane.

$$n = \frac{867}{3.1675}$$

$$n = \frac{N}{1 + N(e)^2}$$

$$n = 273.72$$

$$n = 274$$

then $274 + 27.4$ (Attrition rate of 10%)

Where:

Therefore, $n = 301$

n = sample size

N = total population size

e = margin of error (expressed as a decimal, 5% margin of error would be 0.05)

Thus, a sample size of 301 participants was drawn from the total population of undergraduate nursing students in Ogun State College of Nursing Sciences to participate in the study to allow for non-response and improperly filled questionnaires during the research.

$$n = \frac{N}{1 + N(e)^2}$$

A mixed-method approach was used in order to choose respondents for the study.

$$n = \frac{867}{1 + 867 (0.05^2)}$$

Stage 1: Purposive selection of Ogun State College of Nursing Sciences as the institution of choice because of the

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

uniqueness of nursing education with its loaded academic and clinical training.

Stage 2: Criterion selection of only nursing departments in all the three campuses under Ogun State College of Nursing Sciences, namely Abeokuta, Ijebu-Ode, and Ilaro. This approach ensured comparability across campuses by including only nursing students, thereby maintaining a uniform study population and minimizing programme-related differences in training and stress exposure.

Stage 3: A stratified sampling technique was used to select the total number of respondents from the student population on each campus. The total number of students in the Nursing Department was 867, and a stratified fraction for each campus was calculated based on the sample size.

Stage 4: A systematic sampling technique was used to determine the number of students selected for the study using the sample frame. Simple random sampling was used to ascertain the first student to be selected, while the systematic sampling technique was used to select other students

Inclusion criteria: Consisted of students in 100 to 300 levels and students who are willing to partake in the study.

Exclusion criteria: Pregnant students were excluded from the study due to the potential influence of pregnancy-related

physiological, hormonal, and psychosocial changes on stress perception and coping mechanisms, also students who are unwilling to partake in the study were excluded.

Instrument

A structured questionnaire was adapted from the Perceived Stress Scale (PSS) and a coping strategies inventory constructed based on objectives and literature review. The instrument was used to elicit responses from the respondents. The instrument was divided into three (3) sections.

Section A: Socio-demographic characteristics

Section B: The standardized Perceived Stress Scale (PSS-10), developed by Cohen et al., used to assess perceived stress levels. To categorize stress level, scores of 0–13 were classified as low stress, scores of 14–26 were classified as moderate level of stress and scores of 27–40 were classified as high level of stress

Section C: A coping strategies questionnaire adapted from Lazarus and Folkman's coping framework and the spiritual coping items based on Pargament's religious coping theory

Data Collection Procedure

Data were collected over six weeks at the schools of Nursing. The study's ethical approval was obtained from the ethical

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

committee of Olabisi Onabanjo University Health Research and Ethics Committee (OOUHREC), with the registration number OOUTH/HREC/09/001/E438/2025AP.

Participants received an informed consent form outlining the purpose of the study and seeking their agreement to take part. The researcher upheld key ethical principles, including obtaining informed consent, ensuring confidentiality, promoting beneficence, avoiding harm, and maintaining justice. All data collected from respondents were handled with strict confidentiality to safeguard their privacy. Participation was entirely voluntary, and respondents retained the right to decline

RESULTS

Socio-Demographic Characteristics of Table 1 below shows the demographic characteristics of the respondents. 233(77.4%) of the respondents were females while 68(22.6%) were male.

involvement or withdraw from the study at any stage, with or without providing a reason.

Data Analysis

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics, including frequencies and percentages, were used to summarise the measured variables, while inferential statistic was applied to explore associations between key variables. Specifically, the chi-square test of independence was used to examine the relationship between age and perceived stress level, and the statistical significance was set at $p < 0.05$

175(58.1%) were in the age <25 years, 26-35 years were 96 (31.9%), 36-45years were 30(10%). 174(57.8%) were Christians, 91 (30.2%) were Islam and 36(12%) were Traditionalists.

Table 1: The Socio-Demographic Characteristics of Respondent (n= 301)

Variables		Frequency (n)	Percentage (%)
Gender	Male	68	22.6
	Female	233	77.4
Age	<25years	175	58.1
	26-35Years	96	31.9
	36-45years	30	10
Religion	Christian	174	57.8
	Islam	91	30.2
	Traditional	36	12
	Total	301	100.0

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

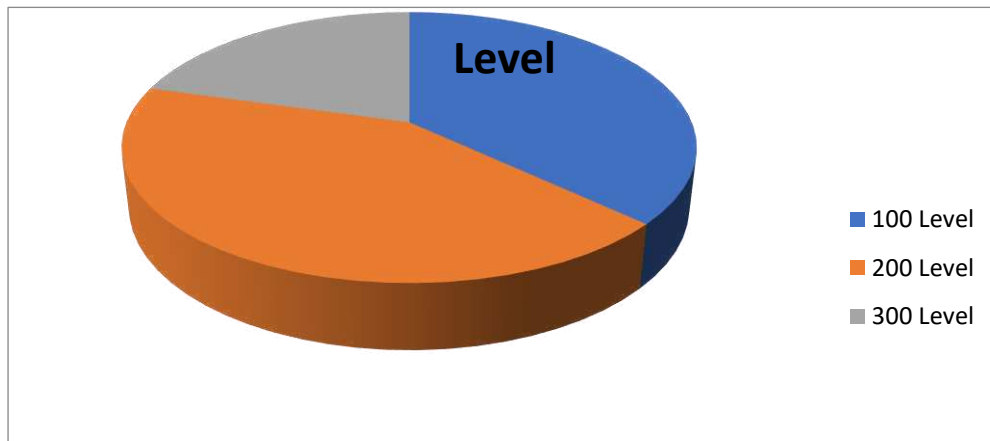


Table 2: Level of Perceived stress among Nursing students

Perceived Stress Level	Frequency	Percentage
Low stress	61	20.3
Moderate stress	118	39.2
High stress	122	40.5
Total	301	100

From table 2 below, perceived stress levels were classified into three categories: scores of 0–13 indicated low stress, 14–26 represented moderate stress, and 27–40 represented high level of stress. The findings showed that a large proportion of

the respondents experienced high level of stress (40.5%), while 39.2% reported a moderate level of stress. Only a minority of the respondents (20.3%) exhibited low level of stress

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

Table 3: Common stressors experienced by Nursing students.

Variables		Frequency (n)	Percent (%)
Academic workload	Yes	254	84.4
	No	47	15.6
Examination pressure	Yes	284	94.4
	No	17	5.6
Financial issues	Yes	255	84.7
	No	46	15.3
Peer competition	Yes	266	88.4
	No	35	15.6
Poor interpersonal relationship with teachers	Yes	190	63.1
	No	111	36.9
Parental expectation	Yes	266	88.4
	No	35	11.6
Environmental factor like learning condition	Yes	221	73.4
	No	80	26.6
Discrimination	Yes	48	15.9
	No	253	84.1
Total		301	100.0

Findings from Table 3 below revealed that academic and psychosocial factors were major sources of stress among the respondents. A large majority of the nursing students reported experiencing examination pressure (94.4%), peer

competition (88.4%), and parental expectations (88.4%). Also, financial issues were reported by 84.7% of the respondents, while academic workload was identified as a stressor by 84.4%.

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

Table 4: Coping strategies adopted by Nursing students.

Variables	Strongly Disagree	Disagree	Agree	Strongly Agree
Problem-focused coping strategies				
Information seeking	16 (5.3)	62 (20.6)	95 (31.6)	128(42.5)
Time management	15 (5.0)	15 (5.0)	196(65.1)	75 (24.9)
Planning	18 (6.0)	19(6.3)	177(58.8)	87 (28.9)
Seeking support	16 (5.3)	16 (5.3)	158(52.5)	111(36.9)
Taking direct action	16 (5.3)	17 (5.6)	190(63.1)	78 (25.9)
Emotion focused coping strategies				
Listening to music	13 (4.3)	9 (3.0)	168(55.8)	111(36.9)
Taking break	18 (6.0)	17 (5.6)	163(54.2)	103(34.2)
Using relaxation techniques	18 (6.0)	12 (4.0)	193(64.1)	78 (25.9)
Seeking social support	9 (3.0)	10 (3.3)	145(48.2)	137(45.5)
Engaging in physical activities	8 (2.7)	6 (2.0)	120(39.9)	167(55.5)
Spiritual coping strategies				
Engaging in regular prayer	1 (0.3)	10 (3.3)	104(34.6)	186(61.8)
Regularly reading and meditating on the Bible	100 (33.2)	31 (10.3)	20 (6.6)	150(49.8)
Participating in worship whether through music, singing	50 (16.6)	61 (20.3)	60 (20.0)	130(43.2)
Surrendering Worries to God	10 (3.3)	10 (3.3)	91 (30.2)	190(63.1)
Reflecting on God's Promises	2 (0.7)	2 (0.7)	69 (22.9)	228(75.7)

Findings from the table below revealed the various coping strategies nursing students adopted to manage stress. The majority of respondents (42.5%) strongly agreed with information seeking as a stress-coping strategy, 65.1% agreed with time management, and 52.5% agreed with seeking support when stressed.

Emotion-focused coping strategies identified by the respondents were listening to music (55.8%), taking a break (54.2%),

using relaxation techniques (64.1%) and seeking social support (48.2%).

Findings from the study also revealed the spiritual coping strategies utilized among the nursing students. 65.1% of the respondents strongly agreed with engaging in regular prayer, 49.8% strongly agreed with regular reading and meditating on the bible, 43.2% strongly agreed with participating in worship, and 75.7 % strongly agreed with reflecting on God's promises.

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

Hypothesis testing

Table 5: Relationship between Age and Perceived Stress levels

perceived stress among nursing students ($\chi^2 = 8.41, p = 0.078$).

Table 5 showed that there is no significant relationship between age and level of

Table 5: Cross-Tabulation of Age Group and Perceived Stress Level

Age group (years)	Low stress	Moderate stress	High stress	Total
< 25	28	65	82	175
25–35	22	40	34	96
36–45	11	13	6	30
Total	61	118	122	301

Note. $\chi^2(4) = 8.41, p = .078$.

DISCUSSION

The findings of this study show that nursing students face high levels of stress, with the majority reporting moderate to high stress. This indicates that nursing education is a demanding process, characterized by both academic and clinical challenges. This aligns with the study conducted in Egypt by Chaabane et al. (2021), which found that many students reported moderate to high levels of stress, primarily due to academic and clinical demands. A recent review of studies involving nursing students in the Middle East and North Africa also found varying levels of stress prevalence, with many students experiencing moderate to high stress in different settings. This confirms that stress is a common issue in nursing programs (Alkouri et al., 2025). The high level of perceived stress found in

this study can be explained by Lazarus and Folkman's Stress and Coping theory, which views stress as a result of how individuals assess environmental demands compared to their available coping resources. Stress occurs when students perceive academic, clinical, or personal challenges as greater than their ability to cope effectively. In this study, the demanding nature of nursing education may have been perceived as overwhelming, leading to increased stress levels.

Key stressors identified in this study include examination pressure, academic workload, peer competition, financial constraints, and parental expectations. This aligns with the findings of Chauhan et al. (2023), which showed that academic pressures among nursing students,

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

including heavy workload and concerns about academic performance are common stressors that may have negative consequences on students' mental health and academic success. Similarly, Oluwaseun and Adeyinka (2023) reported that competitive academic environments created by peers and instructors may increase feelings of inadequacy and anxiety. From Lazarus and Folkman's perspective, these stressors represent demands that may exceed students' perceived coping abilities, especially without adequate support, contributing to high stress levels

The study also revealed that poor relationships with teachers and an unfavourable learning environment contribute to students' stress. This finding is consistent with Odulate-Ogunubi et al. (2024), which identified interactions with faculty and clinical staff as significant stressors. These findings highlight how the educational and clinical environment shape stress experiences, as inconsistencies between theoretical instruction and clinical practice may further increase stress.

Findings from this study showed that participants adopted a variety of coping strategies, including problem-focused, emotion-focused, and spiritual coping strategies. These findings are consistent

with the transactional theory of stress and coping, which posits that individuals often use a combination of coping strategies rather than relying on a single approach. Unlike the findings of Akin-Otiko et al. (2022), where problem-focused coping was reported as the predominant strategy, this study did not identify a single dominant coping approach. Instead, participants used a combination of coping mechanisms to manage stress. This variation in coping patterns may be influenced by individual differences, contextual factors, and the nature of stressors experienced by the study population. Furthermore, a high proportion of respondents agreed with the use of time management, planning, and seeking support as coping strategies. This finding is consistent with the study conducted by Vidas et al. (2021) among Nigerian university students, which revealed that time management and seeking social support were key strategies for managing academic stress.

Additionally, a large proportion of participants reported the use of emotion-focused coping strategies such as listening to music, seeking social support, taking breaks, and engaging in physical activity to manage stress. These findings corroborate with the study of (Fluharty & Bu (2021), which demonstrated that music listening is

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

an effective method for stress management across diverse populations and contexts. Furthermore, the present findings align with emerging COVID-19 related literature, which has identified music listening as one of the most commonly used strategies for coping with psychological distress and enhancing well-being. Kurtgöz and Koç (2023) also reported that emotion-focused coping, such as seeking social support, mitigates the adverse effects of stress on physical health among students. Spiritual coping strategies, such as regular prayers and reflecting on God's promises were also widely utilized. These findings can be further understood through Pargament's theory of religious coping, which distinguishes between positive religious coping and negative religious coping (Pargament, 1997; Pargament et al., 1998). Positive religious coping refers to adaptive strategies that reflect a secure relationship with a higher power, including seeking spiritual support, engaging in prayer, and interpreting stressful experiences in a benevolent or meaningful way. In contrast, negative religious coping involves spiritual struggle, such as feelings of abandonment by God, religious dissatisfaction, or interpreting stressful events as punishment. Importantly, negative religious coping has been

associated with poorer psychological outcomes, including increased levels of anxiety and depression (Ano & Vasconcelles, 2005). In this study, the spiritual coping items primarily captured positive coping strategies, as they focused on prayer, reflection, and reliance on God for emotional support. The high prevalence of these practices suggests that students draw on spirituality as a key internal resource for managing stress within their sociocultural context. Specifically, reflecting on God's promises represents a form of meaning-focused coping, whereby individuals reframe stressful experiences in a more positive and manageable way (Pargament et al., 1998). Similarly, surrendering worries to God reflects reliance on spiritual support when stressors are perceived as uncontrollable. These findings are consistent with previous studies indicating that nursing students frequently turn to spiritual practices during emotionally demanding clinical experiences, such as exposure to patient suffering, to regulate emotional distress and maintain psychological balance (Kurtgöz & Koç, 2023).

The findings of this study showed no statistically significant relationship between age and perceived stress levels among nursing students ($\chi^2 = 8.41$, $p =$

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

0.078). This implies that perceived stress was experienced across all age groups, and age did not significantly influence how stress was perceived among the respondents. This suggests that the demands of nursing education may be uniformly stressful, regardless of students' age. Nursing students, irrespective of age, are exposed to similar academic workload, clinical responsibilities, examination pressure, and performance expectations, which may overshadow age-related differences in stress perception. From the perspective of Lazarus and Folkman's Stress and Coping Theory, stress is determined by individuals' appraisal of environmental demands rather than demographic characteristics such as age.

Conclusion and Recommendation

This study revealed that nursing students experience substantial levels of stress despite the use of various coping strategies, suggesting that the demands of training may exceed available coping resources. Academic pressures such as examinations and workload, alongside psychosocial, financial, and institutional factors, were identified as major contributors to stress. These findings indicate that stress among nursing students is multifactorial and deeply rooted in both the academic structure and the learning environment.

The findings further revealed that nursing students adopt a combination of problem-focused, emotion-focused, and spiritual coping strategies in response to stress. While strategies such as time management, seeking social support, relaxation techniques, physical activity, and spiritual practices provided emotional relief, their use alone was insufficient to significantly reduce overall stress levels. Additionally, stress was experienced across all age groups, suggesting that age does not significantly influence perceived stress, but rather that the nature of nursing training presents uniform challenges to students regardless of demographic differences.

To mitigate stress among nursing students, policymakers and institutional administrators should focus on including structured stress management and mental health support services into training programmes. Improving academic scheduling, moderating workload when possible, and ensuring proper support during clinical placements could help reduce academic and clinical stress. Strengthening student-teacher relationships through mentorship programmes, faculty training on supportive teaching methods, and improved communication may also foster a more conducive learning environment. In

Adeniyi, O. E., Kushimo, A. O., Atekoja, O. E., Ogundare, T. T., & Ilusanmi, O. S. (2026). Perceived stress and coping strategies among nursing students in selected training institutions in Ogun State.

addition, institutions should promote healthy coping practices by incorporating stress management, time management, and resilience training into the nursing curriculum, while also acknowledging the role of spiritual and social support systems where culturally appropriate.

Finally, future research should explore the longitudinal effects of stress on nursing students' academic performance, clinical competence, and professional retention. Studies employing qualitative or mixed-methods approaches may provide deeper insight into students' lived experiences of stress and coping. Overall, strengthening institutional support, improving learning environments, and equipping nursing students with comprehensive coping resources are critical steps toward enhancing their psychological well-being and ensuring the development of a resilient nursing workforce.

Study Limitations

While this study provides valuable insights, it is not without limitations. The use of a cross-sectional design may limit the ability to draw causal inferences between perceived stress and coping strategies, as data were collected at a single point in time. Also, nursing students may have underreported or over reported their

perceived stress levels and coping strategies based on personal views or the desire to give socially acceptable responses. Furthermore, the study was conducted in selected training institutions within Ogun State, which may limit the generalizability of the findings to other regions or populations. Differences in institutional structure, learning environments, and socio-cultural contexts may influence stress experiences and coping mechanisms.

Although the study was guided by the Transactional Model of Stress and Coping, cognitive appraisal processes were not measured, limiting its application to a descriptive interpretation and preventing examination of appraisal as a mediator between stressors and perceived stress.

While the study assessed a range of coping strategies, the measurement of spiritual coping was limited to positive religious coping such as prayer, reflection, and reliance on God. It did not consider negative religious coping, like spiritual struggle or feelings of abandonment by God, which has been shown to be associated with poorer psychological outcomes.

Finally, while this study examined problem-focused, emotion-focused, and spiritual coping strategies, it did not thoroughly explore the effectiveness or

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outcomes associated with each coping mechanism. Future research could incorporate analytical designs to assess which coping strategies are most effective in reducing stress and improving academic and clinical outcomes

Recommendations

1. The study recommended that government, school authorities should make school environment conducive for learning to minimize stress and ensure optimum academic achievement.
2. Nursing program administrators should implement a structured support program, including regular stress management workshops, to address the unique stressors that nursing students face during clinical postings.
3. Clinical supervisors should consider establishing a balanced workload and reasonable expectations for students.
4. Hospital management should create student-friendly environment by providing designated quiet areas where nursing students can take breaks to reduce stress during their clinical shifts

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Declaration of Originality

I declare that this manuscript is my original work and has not been submitted or published elsewhere. I have reviewed and approved the final version of the manuscript.

Conflict of Interest

I declare that there are no conflicts of interest regarding the publication of this paper.

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