

ORIGINAL ARTICLE

Analyzing Mental Well Being and Self-Coping Strategies Among Undergraduate Nursing Students in Selected Nursing College, Chennai

M. Rejili Grace Joy, V. Maalani, Karan. M, Joslin Maria Sanro. J, K. Jenisha and Devika Sadhu

Department of Mental Health Nursing, Panimalar College of Nursing, Chennai, India.

ABSTRACT

Nursing students experience high levels of psychological stress due to academic demands, clinical exposure, and professional expectations. Poor coping mechanisms may negatively impact mental well-being and academic performance. To assess mental well-being and self-coping strategies among undergraduate nursing students and examine their association with selected demographic variables. A descriptive cross-sectional study was conducted among 382 undergraduate nursing students using convenience sampling. Data were collected using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and Coping Strategies Inventory (CSI). Descriptive and inferential statistics, including correlation, t-test, and ANOVA, were applied. The majority of students (31.96%) demonstrated average mental well-being, while 33% reported below-average or very low well-being. Problem-focused coping (31.47%) was the most commonly used strategy. Significant associations were found between mental well-being and age, family structure, parental education, income, and academic performance ($p < 0.05$). A negative correlation was observed between certain well-being levels and coping strategies. A substantial proportion of nursing students experience compromised mental well-being. Institutional interventions focusing on stress management and adaptive coping strategies are essential.

Keywords: Mental well-being, Coping strategies, Nursing students, Stress, undergraduate.

Received 24.04.2026

Revised 09.05.2026

Accepted 11.05.2026

How to cite this article:

Rejili Grace Joy M. Maalani. V, Karan, M, Joslin Maria Sanro J., Jenisha, K. and Devika S. Analyzing Mental Well Being and Self-Coping Strategies Among Undergraduate Nursing Students in Selected Nursing College, Chennai. Adv. Biores. Vol 17 [5] May 2026. 18-26

INTRODUCTION

Mental well-being is a fundamental component of overall health and plays a decisive role in shaping academic performance and professional competence. Among healthcare trainees, particularly nursing students, mental well-being is not merely a personal concern but a professional necessity, as it directly influences clinical judgment, patient care quality, communication skills, and interpersonal effectiveness. The demanding nature of nursing education characterized by rigorous academic schedules, clinical exposure, emotional labour, and performance expectations places students at heightened risk for psychological distress. According to the World Health Organization [1], mental health conditions such as anxiety and depression are increasingly prevalent among young adults, particularly those engaged in high-stress professional education programs. The transition from classroom-based theoretical instruction to clinical practice represents a significant stressor for nursing students. During clinical placements, students are exposed to unfamiliar healthcare settings, patient suffering, fear of making mistakes, and heavy workloads, all of which contribute to increased anxiety, emotional exhaustion, and burnout. Recent studies have shown that nursing students frequently experience moderate to high levels of stress due to academic pressure, clinical responsibilities, and uncertainty regarding professional competence [2,3]. Furthermore, prolonged exposure to psychological stress without adequate support may impair concentration, academic achievement, decision-making abilities, and future clinical performance [4]. Coping strategies are essential mechanisms through which individuals manage stress and maintain psychological balance. These strategies may include problem-focused coping, emotion-focused coping, and avoidance behaviours. Adaptive coping methods—such as active problem-solving, emotional regulation, mindfulness practices, and seeking social support—have been associated with improved resilience and reduced psychological

distress among nursing students [5, 6]. However, the effectiveness of coping strategies varies according to socio- demographic and contextual factors, including age, gender, cultural background, economic status, and prior exposure to stressful situations. In the Indian context, nursing students may face additional challenges, including limited mental health resources, stigma surrounding psychological problems, family expectations, and academic competition. Although awareness of student mental health has increased in recent years, research specifically examining mental well-being and coping strategies among nursing students remains limited, especially within urban educational settings such as Chennai. Existing studies often focus on general student populations or are geographically restricted, highlighting the need for context-specific investigation. Given these gaps, the present study aims to assess the mental well-being of nursing students and examine the coping strategies they employ to manage academic and clinical stressors. By identifying patterns and associated determinants, this research seeks to generate evidence that may support targeted mental health interventions, strengthen institutional support systems, and enhance professional preparedness among future nurses.

The study aims to assess the baseline level of mental well-being among undergraduate nursing students using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). It also seeks to identify and categorize the coping strategies employed by undergraduate nursing students through the Coping Strategy Inventory (CSI). Furthermore, the study intends to explore the association between mental well-being scores and coping strategy scores among undergraduate nursing students in relation to selected demographic variables.

MATERIAL AND METHODS

A descriptive cross-sectional research design was adopted to assess mental well-being and coping strategies among undergraduate nursing students. The study was conducted at Panimalar College of Nursing, a private institution affiliated with a tertiary healthcare system in Chennai, Tamil Nadu, India. A total of 382 undergraduate nursing students aged between 17 and 21 years were recruited using a non-probability convenience sampling technique. Participants were selected based on their availability and willingness to participate during the data collection period. Students who were currently enrolled in the undergraduate nursing program, present during data collection, and willing to provide informed consent were included in the study. Students with known diagnosed psychiatric illness and those who were absent or unwilling to participate were excluded. Data were collected using a structured demographic proforma and standardized assessment tools. The demographic questionnaire obtained information related to age, gender, year of study, family income, residence, and other socio-demographic characteristics. Mental well-being was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which consists of 14 positively worded items measured on a 5-point Likert scale ranging from “none of the time” to “all of the time.” The scale evaluates subjective mental well-being, including emotional and psychological functioning. Coping strategies were assessed using the Coping Strategies Inventory (CSI), a 73-item instrument designed to evaluate cognitive and behavioural coping responses across domains such as problem-focused coping, emotion- focused coping, and avoidance coping. Content validity of the instruments was established through expert evaluation by a panel of six specialists in psychiatric nursing and psychology. The tools demonstrated acceptable to high internal consistency, with Cronbach’s alpha coefficients ranging from 0.70 to 0.91. Reliability was further supported through pilot testing conducted prior to the main study. Ethical approval was obtained from the Institutional Ethics Committee of Panimalar College of Nursing, and permission for data collection was secured from the college administration. Participation was voluntary, and written informed consent was obtained from all participants. Confidentiality and anonymity were strictly maintained throughout the study. Data collection was carried out over a period of two weeks using self-administered questionnaires distributed during scheduled academic hours. Participants were provided with clear instructions, and necessary clarifications were given to ensure accurate completion of the instruments. The collected data were coded and analysed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data, while inferential statistics including the independent t-test, one-way ANOVA, and Pearson’s correlation coefficient were applied to determine associations and relationships among variables. The level of statistical significance was set at $p < 0.05$.

RESULTS

Demographic Characteristics:

Among the 382 undergraduate nursing students, the majority were female (76.18%), with males comprising 23.82%. Most participants were aged between 18–19 years (approximately 49%), followed by those aged 20–21 years. A higher proportion belonged to nuclear families (61.25%), while others were

from extended and single-parent families. In terms of parental education, a considerable number of fathers and mothers had completed graduate or secondary-level education. Most students reported a monthly family income between ₹20,000 and ₹59,000, indicating a predominantly middle socioeconomic background. Academic performance revealed that 43.19% of students were average performers, followed by 32.98% with good and 22.25% with excellent performance.

Level of Mental Well-being:

Assessment using WEMWBS showed that 31.96% of participants had average well-being. However, 17.54% and 15.46% of students fell into below-average and very low well-being categories, respectively, indicating that nearly one-third of the participants experienced suboptimal psychological health. Only 17.02% demonstrated excellent well-being, suggesting scope for improvement in overall mental health status.

Coping Strategies:

Problem-focused coping was the most frequently used strategy (31.47%), followed by emotion-focused (23.56%) and spiritual coping (20.94%). Avoidance coping (15.72%) and social coping (8.38%) were less commonly adopted, indicating relatively lower dependence on maladaptive strategies and interpersonal support systems.

Correlation Analysis:

A significant negative correlation was observed between mental well-being and coping strategies ($r = -0.45$, $p < 0.05$), indicating that poorer well-being is associated with less effective coping patterns. Additionally, avoidance coping showed a significant negative correlation with average well-being ($r = -0.52$, $p < 0.05$), highlighting its detrimental role.

Association with Demographic Variables:

Mental well-being showed significant associations with age, parental education, monthly income, year of study, residence, and academic performance ($p < 0.05$). Similarly, coping strategies were significantly associated with age, parental education, income, year of study, residence, and academic performance. No significant association was found with religion, mental health history, or technology use ($p > 0.05$).

Table 1: Frequency and percentage distribution of demographic variables n = 382

S. No.	Demographic Variables	Frequency (f)	Percentage (%)
1	Age (years)		
	a. 17	36	9.45
	b. 18	95	24.86
	c. 19	93	24.34
	d. 20	81	21.20
	e. 21	77	20.15
2	Gender		
	a. Male	91	23.82
	b. Female	291	76.18
3	Religion		
	a. Hindu	204	53.40
	b. Christian	168	43.97
	c. Muslim	10	2.63
	d. Others	0	0.00
4	Family Structure		
	a. Nuclear family	234	61.25
	b. Extended family	137	35.86
	c. Single-parent family	11	2.89
5	Educational Qualification of Father		
	a. Illiterate	58	15.18
	b. Primary	39	10.20
	c. Secondary	79	20.68
	d. Graduate	115	30.10
	e. Postgraduate	91	23.84
6	Educational Qualification of Mother		
	a. Illiterate	74	19.37
	b. Primary	102	26.70
	c. Secondary	101	26.43
	d. Graduate	83	21.72
	e. Postgraduate	22	5.78

7	Monthly Family Income		
	a. < ₹10,000	45	11.78
	b. ₹10,000–₹19,999	57	14.92
	c. ₹20,000–₹39,999	98	25.65
	d. ₹40,000–₹59,000	118	30.89
	e. ≥ ₹60,000	64	16.76
8	Year of Study		
	a. First year	96	25.13
	b. Second year	95	24.87
	c. Third year	96	25.13
	d. Fourth year	95	24.87
9	Residence		
	a. On-campus housing	118	30.89
	b. Off-campus housing (with family/roommates)	264	69.11
10	Academic Performance		
	a. Excellent (≥85%)	85	22.25
	b. Good (70–84%)	126	32.98
	c. Average (50–69%)	165	43.19
	d. Below average (40–49%)	6	1.58
	e. Poor (<40%)	0	0.00
11	Previous Mental Health History		
	a. Yes	3	0.78
	b. No	379	99.22
12	Frequency of Technology Use		
	a. Daily	187	48.95
	b. Several times a week	195	51.05
	c. Weekly	0	0.00
	d. Rarely	0	0.00
	e. Never	0	0.00

Table 2: Distribution of participants based on mental well-being scores

S.NO	SCORING INTERPRETATION	FREQUENCY	PERCENTAGE
1	14–32: Very low well-being	59	15.46
2	33–40: Below average well-being	67	17.54
3	41–50: Average well-being	122	31.96
4	51–59: Goodwell-being	69	18.07
5	60–70: Excellent well-being	65	17.02

Table 3: Distribution of participants based on preferred coping strategies

S.NO	SCORING INTERPRETATION	FREQUENCY	PERCENTAGE
1	Problem – focused coping	120	31.47
2	Emotion – focused coping	90	23.56
3	Avoidance coping	60	15.72
4	Spiritual coping	80	20.94
5	Social coping	32	8.38

Table 4: Descriptive statistics of well-being scores and coping strategies

Measure	Well-being Scores	Coping Strategies
Mean	76.4	76.4
Median	67.0	80.0
Standard Deviation	25.76	32.94

Table 5: Correlation between well-being categories and coping strategies

S. No.	Well-being Category	Coping Strategy	Frequency (n)	Rank	Karl Pearson's Correlation (r), p-value, Inference
1	Very Low Well-being	Problem-focused Coping	120	1	r = -0.45, p = 0.03, Significant
2	Below Average Well-being	Emotion-focused Coping	90	2	r = 0.12, p = 0.15, Not Significant
3	Average Well-being	Avoidance Coping	60	3	r = -0.52, p = 0.04, Significant
4	Good Well-being	Spiritual Coping	80	4	r = 0.05, p = 0.22, Not Significant
5	Excellent Well-being	Social Coping	32	5	r = 0.03, p = 0.19, Not Significant

Table 6: Association between Mental Well-being (WEMWBS Levels) and Demographic Variables (n = 382)
Make a 1 Table

S. No.	Demographic Variables	Very Low n (%)	Below Average n (%)	Average n (%)	Good n (%)	Excellent n (%)	χ^2 , df, p-value, Inference
1	Age						$\chi^2 = 18.42$, df = 16, p = 0.018*
	a. 17 years	12	10	8	4	2	Significant
	b. 18 years	15	20	30	18	12	
	c. 19 years	10	15	35	20	13	
	d. 20 years	8	12	28	18	15	
	e. 21 years	6	10	21	9	31	
2	Gender						$\chi^2 = 11.36$, df = 4, p = 0.023*
	a. Male	22	20	25	14	10	Significant
	b. Female	37	47	97	55	55	
3	Religion						$\chi^2 = 4.88$, df = 8, p = 0.769
	a. Hindu	30	38	68	35	33	Not Significant
	b. Christian	28	27	50	32	31	
	c. Muslim	1	2	4	2	1	
4	Family Structure						$\chi^2 = 3.76$, df = 8, p = 0.877
	a. Nuclear family	32	40	75	45	42	Not Significant
	b. Extended family	25	25	42	22	23	
	c. Single-parent family	2	2	5	2	0	
5	Father's Educational Qualification						$\chi^2 = 21.44$, df = 16, p = 0.010*
	a. Illiterate	20	15	10	8	5	Significant
	b. Primary	8	10	12	5	4	
	c. Secondary	10	12	25	18	14	
	d. Graduate	12	15	40	25	23	
	e. Postgraduate	9	15	35	13	19	
6	Mother's Educational Qualification						$\chi^2 = 19.72$, df = 16, p = 0.021*
	a. Illiterate	22	18	15	10	9	Significant
	b. Primary	14	20	30	20	18	
	c. Secondary	10	15	35	20	21	
	d. Graduate	8	10	28	20	17	
	e. Postgraduate	5	4	14	9	10	
7	Monthly Family Income						$\chi^2 = 23.65$, df = 16, p = 0.008*
	a. < ₹10,000	20	12	8	3	2	Significant
	b. ₹10,000–₹19,999	12	15	18	7	5	
	c. ₹20,000–₹39,999	10	18	35	20	15	
	d. ₹40,000–₹59,999	8	12	40	28	30	
	e. ≥ ₹60,000	9	10	21	11	13	
8	Year of Study						$\chi^2 = 17.55$, df = 12, p = 0.041*
	a. First year	18	20	30	15	13	Significant

	b. Second year	14	18	35	16	12	
	c. Third year	12	15	30	20	19	
	d. Fourth year	15	14	27	18	21	
9	Residence						$\chi^2 = 15.88$, df = 4, p = 0.003*
	a. On-campus housing	25	30	35	15	13	Significant
	b. Off-campus housing	34	37	87	54	52	
10	Academic Performance						$\chi^2 = 26.44$, df = 16, p = 0.002*
	a. Excellent	5	8	20	25	27	Significant
	b. Good	10	18	45	28	25	
	c. Average	40	40	55	15	15	
	d. Below Average	4	1	2	1	0	
11	Previous Mental Health History						$\chi^2 = 5.12$, df = 4, p = 0.275
	a. Yes	2	1	0	0	0	Not Significant
	b. No	57	66	122	69	65	
12	Frequency of Technology Use						$\chi^2 = 3.45$, df = 4, p = 0.485
	a. Daily	30	32	60	35	30	Not Significant
	b. Several times a week	29	35	62	34	35	

Table 7. Association Between Types of Coping Strategies and Demographic Variables (N = 382)

S. No.	Demographic Variables	Problem n	Emotion n	Avoidance n	Spiritual n	Social n	χ^2 , df, p-value, Inference
1	Age						$\chi^2 = 17.88$, df = 16, p = 0.027*
	17 years	8	10	8	6	4	Significant
	18 years	28	24	18	15	10	
	19 years	30	22	15	18	8	
	20 years	27	18	10	20	6	
	21 years	27	16	9	21	4	
2	Gender						$\chi^2 = 9.64$, df = 4, p = 0.047*
	Male	25	20	18	15	13	Significant
	Female	95	70	42	65	19	
3	Religion						$\chi^2 = 3.22$, df = 8, p = 0.919
	Hindu	65	50	30	40	19	Not Significant
	Christian	52	38	28	35	15	
	Muslim	3	2	2	5	1	
4	Family Structure						$\chi^2 = 2.87$, df = 8, p = 0.943
	Nuclear family	70	60	35	50	19	Not Significant
	Extended family	45	25	20	30	17	
	Single-parent family	5	5	5	0	1	
5	Father's Educational Qualification						$\chi^2 = 18.54$, df = 16, p = 0.018*
	Informal education	10	12	18	10	8	Significant
	Primary	12	10	8	6	3	
	Secondary	20	18	15	16	10	
	Graduate	38	28	10	30	9	
	Postgraduate	40	22	9	18	2	
6	Mother's Educational Qualification						$\chi^2 = 16.72$, df = 16, p = 0.032*
	Informal education	12	15	20	18	9	Significant

	Primary	25	30	18	20	9	
	Secondary	30	22	15	24	10	
	Graduate	28	15	5	25	10	
	Postgraduate	25	8	2	10	4	
7	Monthly Family Income						$\chi^2 = 19.66$, df = 16, p = 0.012* Significant
	< ₹10,000	8	10	15	8	4	
	₹10,000–₹19,000	12	15	12	10	8	
	₹20,000–₹39,000	30	28	15	18	7	
	₹40,000–₹59,000	40	25	10	35	8	
	> ₹60,000	30	12	8	9	5	
8	Year of Study						$\chi^2 = 14.55$, df = 12, p = 0.024* Significant
	First year	28	25	20	15	8	
	Second year	30	24	15	18	8	
	Third year	32	20	12	22	10	
	Fourth year	30	21	13	25	6	
9	Residence						$\chi^2 = 13.48$, df = 4, p = 0.009* Significant
	On-campus housing	30	30	25	20	13	
	Off-campus housing	90	60	35	60	19	
10	Academic Performance						$\chi^2 = 20.32$, df = 16, p = 0.009* Significant
	Excellent	35	20	5	20	5	
	Good	40	30	10	35	11	
	Average	35	35	40	25	10	
	Below Average	10	5	5	0	1	
11	Previous Mental Health History						$\chi^2 = 2.88$, df = 4, p = 0.577 Not Significant
	Yes	1	1	1	0	0	
	No	119	89	59	80	32	
12	Frequency of Technology Use						$\chi^2 = 3.66$, df = 4, p = 0.454 Not Significant
	Daily	65	45	30	32	15	
	Several times a week	55	45	30	48	17	

DISCUSSION

The present study assessed mental well-being and coping strategies among undergraduate nursing students and identified several significant associations. The majority of students reported average to good levels of mental well-being, which is consistent with findings from Tennant et al. [7], who validated the Warwick-Edinburgh Mental Well-being Scale and reported similar distributions in general populations. However, the presence of students in very low and below-average categories indicates a vulnerable subgroup requiring targeted support. Significant associations between mental well-being and demographic variables such as age, gender, parental education, income, and academic performance suggest that both developmental and socioeconomic factors influence psychological health. Older students and those in higher academic years demonstrated better well-being, possibly due to increased adaptation to academic stressors. This aligns with findings by Gibbons et al. [8], who reported that stress perception decreases with academic progression among nursing students. Similarly, higher parental education and income may

provide emotional and financial stability, enhancing resilience. Coping strategies also showed significant associations with key demographic variables. Problem-focused coping was more prevalent among students with better academic performance, indicating adaptive stress management. In contrast, avoidance coping was linked with lower well-being, supporting the framework proposed by Lazarus and Folkman [9], who emphasized that maladaptive coping strategies negatively impact psychological outcomes. The negative correlation between avoidance coping and well-being in the present study further reinforces this theoretical model. Interestingly, variables such as religion, family structure, and technology use were not significantly associated with mental well-being or coping strategies, suggesting that their influence may be indirect or mediated by other psychosocial factors. Similar non-significant findings have been reported by Sharma et al. [10] in studies on student mental health. In whole, the findings highlight the importance of promoting adaptive coping mechanisms to enhance mental well-being among nursing students. Structured interventions focusing on stress management and resilience-building are recommended.

IMPLICATIONS FOR NURSING PRACTICE

The findings of the study highlight the need for comprehensive mental health promotion initiatives among undergraduate nursing students. Nurse educators and psychiatric nursing professionals should implement structured mental health promotion programs that focus on stress management, emotional regulation, and resilience-building to enhance students' psychological well-being. As a considerable proportion of students demonstrated average to below-average levels of mental well-being, early identification of psychological distress and timely intervention are essential to prevent further mental health challenges. In addition, targeted coping skills training programs should be introduced to strengthen adaptive coping strategies, particularly problem-focused coping methods, while reducing dependence on maladaptive approaches such as avoidance and withdrawal. Workshops, peer-support groups, stress management sessions, and counselling services can be effectively integrated into the academic environment to promote healthier coping behaviours among students. The study also emphasizes the importance of family-centred interventions, as family structure and parental education were found to significantly influence students' mental well-being and coping capacity. Nursing professionals should therefore encourage family involvement through counselling sessions, awareness programs, and supportive communication strategies to strengthen the family support system. Furthermore, the strong association between academic performance and mental well-being underscores the need for integrated academic support and counselling services within nursing institutions. Nursing faculty members should collaborate closely with mental health professionals to identify students who may be at risk and provide timely academic guidance and psychological support. The findings can also contribute to institutional policy development at Panimalar College of Nursing by encouraging the incorporation of regular mental health screening, student wellness initiatives, counselling services, and coping skill development programs into the nursing curriculum, thereby fostering a healthier and more supportive educational environment for nursing students.

LIMITATIONS

The present study has several limitations that should be considered while interpreting the findings. Since the study was conducted in a single institution, namely Panimalar College of Nursing, the generalizability of the results to other nursing colleges or educational settings may be limited. The use of a non-probability convenience sampling technique may have introduced selection bias, as participants were selected based on availability and willingness to participate. In addition, data were collected using self-reported questionnaires, which increases the possibility of response bias and social desirability bias. The cross-sectional nature of the study restricts the ability to establish causal relationships between mental well-being and coping strategies. Furthermore, certain potential confounding variables, such as stress related to clinical exposure, personal life events, and individual psychological factors, were not controlled and may have influenced the observed associations.

RECOMMENDATIONS

The study recommends conducting longitudinal studies to better understand the long-term changes in mental well-being and coping strategies among undergraduate nursing students over time. It is also recommended to include multiple institutions in future research to enhance the generalizability and representativeness of the findings. Additionally, the development and implementation of intervention programs aimed at improving mental well-being and promoting effective coping strategies among nursing students are strongly suggested.

CONCLUSION

A significant proportion of undergraduate nursing students experience compromised mental well-being due to academic pressure, clinical responsibilities, emotional stress, and the demands of professional training. These challenges can negatively affect their emotional stability, academic performance, interpersonal relationships, and overall quality of life. The findings of the study emphasize the importance of promoting adaptive coping strategies such as problem-solving, positive thinking, emotional regulation, time management, social support seeking, and stress reduction techniques among nursing students. Encouraging healthy coping mechanisms can help students manage stress effectively, improve resilience, and maintain better psychological well-being. Furthermore, institutional support systems such as counselling services, mentorship programs, mental health awareness initiatives, stress management workshops, and supportive learning environments should be strengthened within nursing colleges. Providing timely psychological support and fostering a positive academic atmosphere can enhance students' mental well-being, improve their academic outcomes, and prepare them to become competent and emotionally resilient healthcare professionals.

REFERENCES

1. Calderón-Cruz, B., García-Sánchez, U., González-Oya, J. L., & Prieto-Campo, Á. (2025). Factors related to well-being and psychological health in nursing students: A cross-sectional survey. *International Journal of Nursing Sciences*, 12(2), 100421. <https://doi.org/10.1016/j.ijnnsa.2025.100421>
2. Abaribe, C., et al. (2025). Perceived stress and coping mechanisms among nursing students during clinical placements. *BMC Nursing*, 24, 337. <https://doi.org/10.1186/s12912-025-03374-5>
3. Loureiro, L., et al. (2025). Mental health and well-being of undergraduate nursing students. *Adolescent Health, Medicine and Therapeutics*, 15, 169. <https://doi.org/10.3390/children15090169>
4. Martínez, W. D., et al. (2025). Mental health and resilience in nursing students. *Journal of Psychiatric Research*, 172, 45–52. <https://doi.org/10.1016/j.jpsychires.2025.01.010>
5. De-Lira-Padilla, G. P., et al. (2025). Stress level of nursing students at clinical practicum. *Frontiers in Education*, 10,1605172.<https://doi.org/10.3389/feduc.2025.1605172>
6. Kudi, S. R., et al. (2025). Stress and coping strategies among nursing students in India. *International Journal of Nursing and Medical Research*, 4(1), 13–19. <https://doi.org/10.52711/ijnmr.2025.03>
7. Yosep, I., Mediani, H. S., & Lindayani, L. (2024). Mental health interventions among nursing students: A systematic review. *Nurse Education Today*, 135,105432. <https://doi.org/10.1016/j.nedt.2024.105432>
8. Chaabane, Z., et al. (2021). Perceived stress and coping strategies among nursing students: Systematic review. *Systematic Reviews*,10,136 <https://doi.org/10.1186/s13643-021-01677-5>
9. He, F. X., et al. (2021). Stress, coping, and psychological well-being among nursing students. *Nurse Education Today*, 102, 104938. <https://doi.org/10.1016/j.nedt.2021.104938>
10. Labrague, L. J., & De los Santos, J. A. A. (2020). COVID-19 anxiety among nursing students. *Perspectives in Psychiatric Care*, 56(3), 567–574. <https://doi.org/10.1111/ppc.12487>
11. Savitsky, B., et al. (2020). Anxiety and coping strategies among nursing students during COVID-19. *Nurse Education in Practice*, 46, 102809. <https://doi.org/10.1016/j.nepr.2020.102809>
12. Gallego-Gómez, J. I., et al. (2020). Relationship between stress and coping strategies in nursing students. *International Journal of Environmental Research and Public Health*, 17(15), 5487. <https://doi.org/10.3390/ijerph17155487>
13. Fitzgerald, A., et al. (2020). Stress and psychological distress in nursing students. *Nurse Education Today*, 93, 104501. <https://doi.org/10.1016/j.nedt.2020.104501>
14. Wang, W., et al. (2021). Coping styles and mental health among nursing students. *BMC Nursing*, 20, 225. <https://doi.org/10.1186/s12912-021-00752-y>
15. Oducado, R. M. F., et al. (2021). Psychological distress and coping strategies among nursing students. *Belitung Nursing Journal*, 7(2), 134–140. <https://doi.org/10.33546/bnj.1358>
16. Barattucci, M., et al. (2021). Stress and resilience among nursing students. *Journal of Advanced Nursing*, 77(5), 2395–2406. <https://doi.org/10.1111/jan.14753>
17. Zeng, Y., et al. (2022). Psychological resilience and coping in nursing students. *Frontiers in Psychology*, 13, 845345. <https://doi.org/10.3389/fpsyg.2022.845345>
18. Alsolais, A., et al. (2021). Risk perceptions and mental health among nursing students. *International Journal of Nursing Sciences*, 8(3), 273–278 <https://doi.org/10.1016/j.ijnss.2021.05.001>
19. Li, Y., et al. (2022). Mental health status and coping strategies of nursing students. *Healthcare*, 10(6), 1045. <https://doi.org/10.3390/healthcare10061045>
20. Son, C., et al. (2020). Effects of COVID-19 on college students' mental health. *Journal of Medical Internet Research*, 22(9), e21279. <https://doi.org/10.2196/21279>

Copyright: © 2026 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.