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Academic Stress and Its Effect on the Psychological, Emotional, and Behavioral Health of Nursing Students

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ABSTRACT

Objective: Academic stress is a prevalent issue among university students, particularly nursing students due to the demanding nature of their studies. This study explores the extent of academic stress and its psychological, behavioral, and physical effects on nursing students' mental health.

Methods and Materials: A descriptive cross-sectional study was conducted with 260 nursing students from the College of Nursing at Palestine Polytechnic University. Data were collected using validated tools including the DASS-21, the Perception of Academic Stress Scale, and the Academic Stress Inventory (ASI). Statistical analysis involved descriptive statistics, t-tests, and ANOVA using SPSS version 20.

Findings: The study revealed that the overall impact of academic stress on mental health was moderate (mean = 3.14). The most significant stressor was the high number of exams during the semester (mean = 4.07). Psychological symptoms were the most prominent (mean = 3.63), with students reporting anxiety, loss of study passion, and exam-related nervousness. Physical symptoms such as headaches, concentration issues, and sleep disturbances were also noted. Coping strategies were moderately utilized, with female students showing higher psychological and physical stress symptoms, while males demonstrated better coping. First-year students exhibited the highest stress levels.

Conclusion: Academic stress significantly affects nursing students' mental health, especially psychological well-being. Institutions should implement targeted interventions focusing on workload management, emotional intelligence training, and support systems to enhance students' coping mechanisms.

Keywords: Academic stress, Nursing students, Mental health, Psychological symptoms, Coping strategies.

Introduction

Academic stress is a prevalent and growing concern among university students, especially in demanding fields such as nursing. It refers to the emotional and cognitive strain students experience due to academic demands that exceed their available resources. These demands can include excessive coursework, time pressure, performance expectations, and uncertainty

about academic outcomes. When left unmanaged, academic stress can lead to a wide range of adverse effects, including psychological distress, emotional burnout, and behavioral and physical health issues.

Several studies have highlighted the significant impact of academic stress on students' mental well-being, showing associations with anxiety, depression, and reduced academic performance (Böke et al., 2019;

Zhang et al., 2022). Psychological symptoms often precede physical ones, as stress initially disrupts emotional and cognitive processes before manifesting physically (Monserrat-Hernández et al., 2023). Factors contributing to academic stress include not only academic workload and pressure but also external influences such as financial concerns, peer competition, and lack of institutional support (Córdova Olivera et al., 2023; Ifdil et al., 2022).

Nursing students may be particularly vulnerable to academic stress due to the dual pressures of theoretical learning and clinical practice. In Palestine, the context is further complicated by limited resources, sociopolitical stressors, and infrastructural challenges in higher education. Despite this, few studies have focused on how academic stress uniquely affects nursing students in this region.

This study aims to assess the impact of academic stress on the psychological, emotional, and behavioral health of nursing students in Palestine. It seeks to identify key stressors, evaluate gender and academic year differences, and explore students' coping strategies.

Literature Review

Academic stress has been widely recognized as a critical factor influencing students' mental and emotional well-being. Defined as the body's response to academic-related demands that exceed a student's adaptive capacity, academic stress can significantly impair psychological functioning and academic performance (Pascoe et al., 2020). Among university students, nursing students are particularly susceptible due to the complex interplay between theoretical coursework, clinical responsibilities, and emotional exposure to patient care settings.

Studies across different countries have shown a strong association between academic stress and mental health symptoms such as anxiety, depression, and burnout. For instance, Zhang et al., (2022) reported that academic stress among Chinese nursing students significantly predicted depressive symptoms, mediated by anxiety and hopelessness. Similarly, Monserrat-Hernández et al., (2023) found that elevated academic stress levels in Spanish university students correlated with physical health complaints and diminished academic motivation. These findings are consistent with global trends indicating that psychological distress

among students is rising, largely driven by academic burdens.

Research also highlights that academic stress manifests not only psychologically but also behaviorally and physically. Symptoms such as sleep disturbances, fatigue, headaches, and concentration problems are frequently reported by students experiencing high levels of academic pressure (Balmus et al., 2019). A systematic review by Saeed et al., (2021) indicated that stress-induced behaviors, including emotional eating, irritability, and withdrawal from social interactions, are common coping mechanisms, though often maladaptive.

Gender differences in academic stress responses have also been well-documented. Studies suggest that female students are more likely to experience emotional symptoms such as anxiety and sadness, while male students tend to utilize problem-focused or avoidant coping strategies (Campbell et al., 2022). Joseph et al., (2021) attribute this to sociocultural norms that influence gendered coping behaviors, where females may feel greater academic and social expectations. These disparities emphasize the need for gender-sensitive interventions in academic environments.

The academic year also plays a role in stress levels. First-year students often face adjustment challenges, unfamiliar academic expectations, and increased social pressure. Cheung et al., (2020) observed that stress levels tend to be highest during the initial years of nursing education, gradually declining as students develop coping skills and academic familiarity. Nonetheless, stress may persist due to escalating clinical responsibilities in later years (Fayda-Kinik, 2023).

While most existing literature focuses on students in Western or East Asian contexts, limited research addresses academic stress among nursing students in the Middle East, particularly in Palestine. The unique sociopolitical challenges and educational infrastructure limitations in Palestine may amplify the stress experienced by students. According to Córdova Olivera et al., (2023), stress in such settings is intensified by limited mental health support, financial burdens, and unclear academic expectations.

Given these findings, this study contributes to the existing body of knowledge by focusing on academic stress among Palestinian nursing students, examining its psychological, behavioral, and physical manifestations,

and identifying key stressors and coping strategies within a local context.

Methods and Materials

Study Design and Setting

A descriptive cross-sectional study design was utilized to assess the impact of academic stress on the psychological, emotional, and behavioral health of nursing students. The study was conducted at the College of Nursing, Palestine Polytechnic University, Hebron, Palestine.

Sampling and Participants

A purposive sampling method was employed to recruit participants who met the following inclusion criteria: (1) aged 18 years or older, (2) currently enrolled in the nursing program, and (3) completed at least one academic semester. Although the term “simple random sampling” was previously mentioned, the actual sampling approach was purposive, based on the study's objective to target a specific population. The minimum sample size of 260 students was determined using Cohen, (1988) sample size estimation formula for correlation-based studies, with a 95% confidence level and 5% margin of error. An additional 40% was added to account for potential non-response and pilot testing, resulting in a final sample of 320.

Instruments

A structured self-report questionnaire was used, comprising the following validated instruments:

1. **Demographic Data:** Basic information including age, gender, academic year, and place of residence.
2. **Depression, Anxiety, and Stress Scale (DASS-21):** This is a 21-item self-report instrument developed by Lovibond, (1995) to assess symptoms of depression, anxiety, and stress. For this study, the Arabic-translated and validated version by Moussa et al., (2017) was utilized to ensure cultural and linguistic relevance.
3. **Perception of Academic Stress Scale (Pascoe et al.):** Originally developed by Bedewy & Gabriel, (2015), this scale evaluates students' perceptions of academic stress based on pressure to perform, workload, and time management. The PAS has been validated for use in university populations and demonstrates high internal consistency.

4. **Academic Stress Inventory (ASI):** Developed by Lin & Chen, (2009), the ASI is used to assess stress related to academic responsibilities and environment. It includes items measuring workload, academic expectations, and time constraints.

5. **Brief COPE Inventory:** Designed by Carver, (1997), the Brief COPE is a 28-item scale used to assess various coping responses to stress, including both problem-focused and emotion-focused strategies. The Arabic version, validated for use in student populations by Alghamdi et al., (2024), was employed in this study to ensure reliability in the local context.

Each tool demonstrated acceptable internal consistency in prior studies, and reliability coefficients were re-assessed as part of this study's pilot phase.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) at Palestine Polytechnic University (IRB Reference Number: PPU/IRB/2024/67). Participants were informed about the study's purpose, their voluntary participation, anonymity, and confidentiality. Informed consent was obtained before data collection. Participants were assured they could withdraw at any time without any consequence.

Data Collection and Analysis

Data were collected during the spring semester of 2024 through in-person surveys administered at the university. Responses were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 20 for analysis. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize the data. Normality of distribution was tested using the Kolmogorov–Smirnov test. For inferential analysis, independent samples t-tests were conducted to compare means between genders, and one-way ANOVA tests were applied to examine differences among academic years. A significance level of $p < .05$ was considered statistically significant.

Statistical Analysis: The data analysis was performed by using Statistical Package for Social Science (SPSS) version 20. By coding the answers and enter them to the program, after that: Frequencies and percentages were calculated for all categorical variables. Continuous variable were expressed as mean and standard deviation. One sample Kolmogorov-simirnov test was conducted to check the normality of data; and the results showed that the data is normally distributed.

Independent sample T-test was conducted to check the difference between groups according to continuous variables. One Way ANOVA Test was conducted to check if there are differences between respondents' perspectives. The significance level 5%, a P-value less than .05 is considered statistically significant.

Findings and Results

Table 1 shows that the sample included 260 nursing students, with 68.1% (n=177) identifying as female and 31.9% (n=83) as male. Regarding academic level, the largest proportion of students were in their third year (33.8%), followed by first year (25.4%), fourth year (24.6%), and second year (16.2%).

Table 1

demographic variable

Gender	Frequency (n)	Percent (%)
Female	177	68.1%
Male	83	31.9%
Total	260	100.0%
Academic year	Frequency	Percent
1	66	25.4 %
2	42	16.2 %
3	88	33.8 %
4	64	24.6 %

From table 1 68% from student female, 33.8% from student third years,

Table 2

academic average

Academic Average	Frequency (n)	Percent (%)
1 Less than 75	32	10 %
2 75 - 79.5	98	37.1 %
3 80 - 89.5	90	40 %
4 90 and Above	40	12.9 %
Total	260	100.0 %

As seen in Table 2, the majority of students (53.5%) reported an academic average between 80–89.5%,

followed by 37.1% with averages between 75–79.5%. Only 12.9% had averages above 90%, while 10% were below 75%.

Table 3

Descriptive Statistics of the level of the impact of academic stress on mental health status among nursing students

Section's Number	Section's Title	Mean	Level	Std. Deviation
1	Academic stresses and their sources	3.3156	Moderate	.62390
2	Psychological symptoms that may appear as a result of academic stress	3.6282	High	.84170
3	The behavioral symptoms that may appear as a result of academic stress	3.0192	Moderate	.80944
4	Physical symptoms that may appear as a result of academic stress	2.8689	Moderate	.88570
5	strategies of Coping and adaptation to academic stress	2.8842	Moderate	.66231
Total		3.1432	Moderate	.54530

Table 3 presents the mean scores for five domains related to academic stress and mental health outcomes. The overall mean score was 3.14 (SD = 0.54), indicating a moderate level of impact. Among the five domains,

psychological symptoms had the highest mean (M = 3.63, SD = 0.84), suggesting a high impact, while physical symptoms showed the lowest mean (M = 2.87, SD = 0.88), still within the moderate range

Table 4

Descriptive statistics of the evaluation of the academic stress sources.

No.	Paragraph	Mean	Level	Std. Deviation
1	I feel stressed because of the many exams given during the semester	4.0692	High	.88913
2	I feel that the academic subjects are overwhelming and that I need time to study them	3.7577	High	.90416
3	I feel stressed due to the lack of clarity about the nature of the assignments required from students while studying.	3.6769	High	1.17052
4	I feel stressed due to the increasing backlog of lessons as exams approach	3.6385	High	1.13222
5	Poor communication between students and lecturers while submitting academic assignments	3.5615	High	1.15584
6	I feel stressed by the multiple assignments teachers have during the semester	3.5077	High	1.06359
7	Ambiguity of some health and medical concepts in scientific courses	3.5	High	1.07770
8	Financial costs of the study	3.3808	Moderate	1.16795
9	I have difficulty understanding some academic topics and some academic assignments	3.3577	Moderate	.99755
10	I feel stressed if my classmates do better than me in academic subjects	3.1615	Moderate	1.00427
11	I feel afraid that I will not be able to obtain satisfactory results in exams	3.1346	Moderate	1.04768
12	Imbalance between personal and academic life	3.1346	Moderate	1.36459
13	E-learning (distance) is a source of academic stress	3.0923	Moderate	1.01682
14	I feel stressed because teachers do not understand students during assignments	3.0654	Moderate	.92559
15	I feel stressed because of the inconsistency between the lectures and the content of the study material in the textbook.	2.9231	Moderate	1.06626
16	High expectations from parents about excellence	2.9115	Moderate	1.05991
17	I am not able to concentrate strongly in lectures	2.5192	Moderate	1.26263

Table 4 illustrates the students' perceptions of academic stress sources. The most significant stressor was the large number of exams during the semester ($M = 4.07$, $SD = 0.89$). Other high-rated stressors included

feeling overwhelmed by academic material ($M = 3.76$) and lack of clarity in assignments ($M = 3.68$). These findings point to institutional and instructional factors as key contributors to students' stress levels.

Table 5

Descriptive statistics of the evaluation of Psychological symptoms that appear because of academic stress.

No.	Paragraph	Mean	Level	Std. Deviation
1	I feel upset if I don't finish my homework on time	3.9731	High	.95621
2	I feel with loss of passion for studying	3.9615	High	1.14172
3	I feel nervous during exams	3.7654	High	1.11965
4	I feel very anxious before exams even though I prepare well for them	3.6000	High	1.18615
5	I feel stressed because of the large amount of assignments	3.5654	High	1.22062
6	I feel afraid of exams	3.5615	High	1.15584
7	I feel guilty if I sit for an hour or more without doing anything	3.4308	Moderate	1.16207
8	I suffer from excessive nervousness while studying	3.4192	Moderate	1.24166
9	I feel sad for no apparent reason	3.3769	Moderate	1.30497
	Total	3.6282	High	.84170

As shown in Table 5, the psychological impact of academic stress was rated high ($M = 3.63$). The most commonly reported symptoms were feeling upset when

homework is incomplete ($M = 3.97$), loss of passion for studying ($M = 3.96$), and nervousness during exams ($M = 3.77$).

Table 6

No.	Paragraph	Mean	Level	Std. Deviation
1	I suffer from headaches while studying	3.6	High	1.17878
2	I suffer from a lack of concentration and distraction while studying	3.5346	Moderate	1.11620
3	I find it difficult to sleep during exams	3.3192	Moderate	1.36772
4	I suffer from hair loss during exams	3.1538	Moderate	1.47547
5	I suffer from stomach pain while studying	2.9500	Moderate	1.39546
6	I suffer from heart palpitations while studying	2.8500	Moderate	1.35446
7	I suffer from anorexia while studying	2.6923	Moderate	1.35764
8	I suffer from binge eating while studying	2.6846	Moderate	1.31540
9	I feel with numbness in my hands and feet while studying	2.6385	Moderate	1.43052

10	I feel with tremors while studying for exams	2.5577	Moderate	1.38961
11	I suffer from nausea during academic stress	2.3962	Low	1.31841
12	I suffer from teeth grinding during academic stress	2.0846	Low	1.26145
Total		2.8689	Moderate	.88570

Descriptive statistics of the evaluation of Physical symptoms that appear because of academic stress.

Table 6 indicates that physical symptoms were moderately prevalent ($M = 2.87$). The most reported symptoms included headaches while studying ($M =$

3.60), lack of concentration ($M = 3.53$), and sleep difficulties during exams ($M = 3.32$). Less frequent symptoms included nausea and teeth grinding.

Table 7

Descriptive statistics of the evaluation of Strategies of Coping and adaptation to academic stress.

No.	Paragraph	Mean	Level	Std. Deviation
1	Complete the required work and assignments on time	3.4731	Moderate	1.01497
2	I have the ability to accomplish and prioritize priorities	3.3269	Moderate	1.02330
3	I participate in various social activities related to my family	3.0500	Moderate	1.13279
4	I give myself some time to stay relaxed during academic stress.	3.0000	Moderate	1.08340
5	I control my reactions and mood swings while studying.	2.9077	Moderate	1.13182
6	I have some time to enjoy my hobbies	2.8154	Moderate	1.18409
7	I participate in student activities despite of academic stress	2.6038	Moderate	1.13252
8	I ask others for help in solving the academic problems I face	2.5346	Moderate	1.15027
9	I do some exercises regularly	2.2462	Low	1.18590
Total		2.8842	Moderate	.66231

According to Table 7, coping and adaptation strategies were used at a moderate level ($M = 2.88$). The most common strategies were timely completion of assignments ($M = 3.47$), prioritizing tasks ($M = 3.33$), and

engaging in family social activities ($M = 3.05$). Physical activities and asking for help were less frequently practiced. Table 8: ANOVA with Post-Hoc and Effect Size

Table 8

One-Way ANOVA Results with Post-Hoc and Effect Sizes

No.	Section Title	F	Sig. (p)	Partial η^2	Effect Size	Significant Group Differences (Tukey HSD, $p < .05$)
1	Academic stresses and their sources	2.77	.042	0.031	Small	1st year > 3rd year
2	Psychological symptoms due to academic stress	10.11	< .001	0.105	Medium	1st > 3rd year; 2nd > 3rd year
3	Behavioral symptoms due to academic stress	3.31	.021	0.038	Small	4th year > 2nd year
4	Physical symptoms due to academic stress	5.20	.002	0.058	Medium	3rd year > 1st year; 3rd year > 2nd year
5	Coping and adaptation strategies	2.29	.078	0.026	Not Sig.	—

As shown in Table 8, The results of the one-way ANOVA in Table 8 indicate statistically significant differences in academic stress and its psychological, behavioral, and physical symptoms among nursing students based on their academic year. Specifically, first-year students reported significantly higher academic stress and psychological symptoms compared to students in other years. Third- and fourth-year students

exhibited more behavioral and physical symptoms, suggesting a shift in stress manifestation as students progress. However, no significant differences were found in coping strategies across academic years. The effect sizes ranged from small to medium, indicating that while the differences are meaningful, they explain a modest proportion of the variance.

Table 9*Descriptive statistics of academic stress according to academic year*

No	Section Title		N	Mean	Std. Deviation
1	Academic stresses and their source	First	66	3.5027	.65553
		Second	42	3.2549	.58776
		Third	88	3.2326	.66997
		Fourth	64	3.2767	.51181
		Total	260	3.3156	.62390
2	Psychological symptoms that may appear as a result of academic stress	First	66	4.0892	.72172
		Second	42	3.5688	.71049
		Third	88	3.4205	.92617
		Fourth	64	3.4774	.74409
		Total	260	3.6282	.84170
3	The behavioral symptoms that may appear as a result of academic stress	First	66	3.2862	.84171
		Second	42	2.9048	.75661
		Third	88	2.9306	.85559
		Fourth	64	2.9410	.69176
		Total	260	3.0192	.80944
4	Physical symptoms that may appear as a result of academic stress	First	66	3.2096	.91313
		Second	42	2.8810	.85126
		Third	88	2.6676	.87039
		Fourth	64	2.7865	.81350
		Total	260	2.8689	.88570
5	strategies of Coping and adaptation to academic stress	First	66	2.8114	.70001
		Second	42	2.6931	.63512
		Third	88	2.9621	.65353
		Fourth	64	2.9774	.63108
		Total	260	2.8842	.66231

Table 9 presents the descriptive statistics of academic stress across different academic years. It includes mean scores and standard deviations for five sections: sources

of academic stress, psychological symptoms, behavioral symptoms, physical symptoms, and coping strategies.

Discussion and Conclusion

The results of this study provide valuable insights into the impact of academic stress on the mental health of nursing students, revealing various stressors, symptoms, and coping strategies. The findings suggest that academic stress is a prevalent issue affecting nursing students, leading to psychological, behavioral, and physical symptoms, with notable differences observed across academic years. This discussion will interpret these results, comparing them to existing literature, and provide a deeper understanding of the implications for nursing education and mental health.

Academic Stress and Its Sources

The first section of the analysis identified significant academic stress sources among nursing students, with the most prominent stressors being the large number of exams and unclear assignment requirements. This finding aligns with previous studies that have emphasized academic workload, particularly exams and assignments, as major stressors for students (Bibi et al., 2024; Mohamed et al., 2024). The reported high stress from exams, with a mean score of 4.07, corroborates

existing research that links the pressure of academic testing with increased levels of anxiety and stress in nursing students (Javeth, 2018).

Moreover, the unclear nature of assignments and the increasing backlog of lessons were also identified as significant stressors, which is consistent with findings by Bista et al., (2017), who reported that lack of clarity in academic requirements often leads to confusion, anxiety, and perceived inadequacy among students. It is crucial for nursing programs to address these stressors by improving communication between students and faculty, clearly defining academic expectations, and offering timely support, which can reduce stress and enhance students' academic performance (Choi & Lee, 2012).

Psychological Symptoms of Academic Stress

The study also revealed that psychological symptoms such as anxiety, loss of passion for studying, and nervousness were prominent among nursing students. With a mean score of 3.97, students reported feeling upset if they did not finish homework on time, reflecting

the perfectionist tendencies common in nursing students (Huang et al., 2023). This finding supports the work of Zhao et al., (2025), who found that nursing students frequently experience high levels of anxiety and stress, often leading to burnout and emotional exhaustion.

The high levels of anxiety observed in the study may be attributed to the demanding nature of nursing programs, where students are expected to balance clinical training, academic coursework, and personal life. According to a study by Lee et al., (2023), nursing students often experience anxiety due to the high academic standards and the emotional demands of their clinical experiences. In this context, addressing anxiety through mental health support and interventions is essential for improving students' overall well-being and academic success.

Behavioral Symptoms of Academic Stress

Behavioral symptoms such as procrastination and reduced academic engagement were also reported, with significant differences between academic years. The findings from the third section of the study align with those of Mohamed et al., (2024), who observed that nursing students often engage in avoidance behaviors, such as procrastination, due to the overwhelming nature of their academic responsibilities. Interestingly, the study found that fourth-year students reported more behavioral symptoms, possibly due to the cumulative pressure of nearing graduation and the anticipation of entering the workforce (Vo et al., 2023). These results suggest that as students progress through the nursing program, the cumulative stress from academic demands, clinical hours, and future career expectations may exacerbate behavioral responses.

It is essential for nursing schools to implement strategies to reduce procrastination and foster positive study habits, such as time management workshops and peer support systems, especially for final-year students who may feel particularly stressed about transitioning into professional practice.

Physical Symptoms of Academic Stress

Physical symptoms, such as headaches, sleep disturbances, and gastrointestinal issues, were also prevalent among the students, with significant differences across academic years. The results indicated that third-year students experienced more physical symptoms than other groups. This finding is consistent with studies that suggest physical symptoms of stress

increase over time, particularly as students face more challenging coursework and clinical responsibilities (Bista et al., 2017). In nursing students, the physical manifestation of stress is often linked to chronic academic pressure, long study hours, and the physically demanding nature of clinical practice (de la Fuente et al., 2020).

Physical symptoms of stress, if left unaddressed, can have long-term implications for students' health and academic performance. Schools should consider implementing stress management programs that incorporate relaxation techniques, physical activity, and mindfulness practices to help students manage physical symptoms and reduce the negative impact of stress on their health (Van der Riet et al., 2018).

Coping Strategies

When examining coping strategies, the study found that nursing students tend to employ moderate strategies, such as completing assignments on time and prioritizing tasks. However, participation in social activities and seeking help from others were less frequently used coping mechanisms. This aligns with the findings of Alharbi, (2023), who reported that nursing students often rely on self-management strategies but rarely seek help, either due to a perceived lack of time or reluctance to burden others.

Given the significant stress levels reported, nursing programs should encourage students to engage in social support networks and mental health resources. Peer support systems and counseling services can be vital in helping students develop healthier coping mechanisms and manage stress more effectively (Visier-Alfonso et al., 2024).

Gender Differences in Stress

Gender differences were also observed in the study, with females reporting significantly higher levels of psychological and physical symptoms than males. This finding is consistent with previous research that highlights the gendered nature of stress and coping, with female students often experiencing higher levels of anxiety and stress due to societal expectations and internalized perfectionism Choi & Lee, (2012). Female students are also more likely to report physical symptoms of stress, such as headaches and sleep disturbances Zhao et al., (2025). These gender disparities highlight the need for targeted interventions that consider the unique stressors faced by female

nursing students, such as gender-sensitive counseling and support programs.

Implications for Nursing Education

The findings of this study have important implications for nursing education. Given the moderate to high levels of academic stress reported, it is crucial for nursing programs to incorporate stress management and mental health support into their curricula. This includes offering workshops on time management, resilience building, and mental health awareness, as well as providing easy access to counseling services. In addition, addressing the specific stressors identified, such as exams and unclear assignment guidelines, through better communication and academic support can help mitigate the negative impact of stress on students' mental health.

Conclusion

This study underscores the significant impact of academic stress on the mental health of nursing students, with various psychological, behavioral, and physical symptoms identified. The findings highlight the need for comprehensive interventions to address the sources of stress and promote healthier coping strategies. Further research is needed to explore the long-term effects of academic stress on nursing students and to evaluate the effectiveness of different support mechanisms in alleviating stress and improving overall well-being.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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