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## Original Research Article

# A study to assess the stress level and coping strategies among 1<sup>st</sup> year nursing students at Era College of Nursing, Lucknow

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### ABSTRACT

**Background of the Study:** Stress is a part of everyone life. It is often seen as a negative emotion but stress plays an important role in the survival. It helps to face threats and dangerous situations, makes the individual motivated and can even upgrade the performance. Stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Anything which is more than enough is harmful for human body.

**Need of the Study:** Students who did not develop healthy coping strategies were more likely to experience a higher risk of health problems and anti-social behaviors.

**Problem Statement:** A study to assess the stress level and coping strategies among 1<sup>st</sup> year nursing students at Era College of Nursing, Lucknow.

**Objectives of the Study:** To assess the stress level among 1<sup>st</sup> year nursing students. To assess the coping strategies among 1<sup>st</sup> year nursing students.

**Sample and Sample Size:** The samples in the present study were nursing students of Era College of Nursing and sample size was 149.

**Sampling Technique:** Non-Probability purposive sampling technique was used to select the subject for the study.

**Results:** objective 1 shown results were 149 samples included in the present study. They were having moderate level of stress. The mean stress level among student was 18. Objective 2 shown the result were taken 149 sample in our study they were having average level of coping strategies. The mean coping strategies among nursing students was 68.21.

**Recommendations:** The finding of this study suggests that it may valuable to replicate this study: A similar study can be done with a large sample for generalization.

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## 1. Introduction

Stress is a part of everyone life. It is often seen as a negative emotion but stress plays an important role in the survival. It helps to face threats and dangerous situations, makes the individual motivated and can even upgrade the performance. Stress is a physical, mental, or emotional factor that causes

bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Anything which is more than enough is harmful for human body.<sup>1-3</sup>

Coping strategies emphasizes the range of emotional regulation strategies, through process and behaviors. This means that the coping is founded in an individual psychological response to stress, their appraisals of events of, their attention and their goals or outcomes they desire. It

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has been viewed as a stabilizing factor that may assist an individual in psychosocial adaptation during stressful events. Coping methods often used by students to reduce level of stress include positive appraisal, effective time management, social support and engagement in leisurely pursuits.<sup>4-7</sup>

## 2. Need of the Study

Stress levels are rising in workplaces around the world. The survey found 6 in 10 workers in significant global economies experienced increased workplace stress while those workers in larger companies worldwide (over 1000 workers and more) were nearly twice as likely to suffer from stress. About 89% of the populations in India say they are suffering from stress compared to the global average of 86%. Nearly 75% of respondents here do not feel comfortable talking to a medical professional about their stress and cite cost as one of the barriers. And prevalence of mental morbidity in Uttar Pradesh is 12% in children, 7% in adults, and 15-20% in the elderly age group. Female gender, low socio-economic status and unemployment were reported as factors associated with mental disorders.<sup>8,9</sup>

A report by National Crime Records Bureau (NCRB) in 2015, Maharashtra reported out of 8,934 majority nursing students from any state, 1,230 commit suicide, i.e. 14% of Nationwide and in Tamil Nadu 955 and Chhattisgarh 625 nursing students were suicide. As per this report suicidal tendency and its incidence is very common among nursing students and somehow stress is a contributing factor any kind of mental disease. So, as per our curiosity we want to assess stress level and their coping strategies especially in nursing students. So, that the study findings will be helpful to form new guidelines like orientation programs for fresher.<sup>10-12</sup>

### 2.1. Research statement

A study to assess the stress level and coping strategies among 1<sup>st</sup> year nursing students at Era College of Nursing, Lucknow.

### 2.2. Aim of the study

To identify the level of stress and coping methods used by student nurses.

## 3. Objectives of the Study

1. To assess the stress level among 1<sup>st</sup> year nursing students.
2. To assess the coping strategies among 1<sup>st</sup> year nursing students.
3. To determine the association between stress level and coping strategies with the selected demographic details.

### 3.1. Operational definitions

1. *Stress Level:* Stress is a physical, mental, or emotional factor that causes bodily or mental tension. In present study, stress refers to the relationship between the nursing student and their environment. It is measured by Perceived Stress Scale (PSS).
2. *Coping Strategies:* Coping strategies refers to specific efforts, both behavioral and psychological that people employ to master, tolerate, reduce or minimize stressful events. In present study, coping strategies are the adaptive response elicited from the nursing student's behavior and is measured by a 4 point likert scale (Brief cope).
3. *Nursing Students:* Someone who is studying or training to be a nurse. In present study, the nursing students are B.Sc., GN Mand ANM 1<sup>st</sup> year nursing students.

### 3.2. Hypothesis

1. There will be a significant correlation between the stress level and coping strategies used by the nursing students.
2. There will be a significant association between the stress level and selected demographic details.
3. There will be a significant association between the coping strategies and selected demographic details.

### 3.3. Delimitations

The study was delimited to the following factors:

1. In the present study only 1st year student nurses are included; therefore the result may not be generalized to 2nd year, 3rd year and 4th year nursing students.
2. Only 1st year female nursing students of Era College of Nursing.
3. The responses of the participants were elicited through 5 point likert scale.

## 4. Review of Literature

Gessely de La Rosa-Rojas, et al., (2015), conducted a study level of stress and coping strategy in medical students compared with students of other careers. The study was conducted at private University in Lima. The objective of the study was to assess the level of stress and the coping strategies in students of the faculties of Medicine, Law and Psychology. Study involving three university careers as a sample and the SISCO inventory for academic stress and the questionnaire of stress coping (CAE) were used as tool. Result of the study revealed that students from the medical faculty had the highest level of stress (median 46.7) compared to the students from the psychology faculty (median 39.1) and the students from the law faculty (median 40.2) ( $P < 0.05$ ). The most common coping strategies were

focusing on the problem positive re-evaluation, and social support. The least used strategy was religion.

*Dalal Bashir MohidYehia, et al (2016)*, conducted a study on predictors of coping strategies among nursing college students at Al-Zaytoonah University of Jordan. Total 271 nursing student from different educational level were participated as sample. Perceived Stress Scale (PSS) was used to measure the level of stress and the Brief COPE Scale was used to measure the common coping ways used by participants. Self-administrative questionnaires were used as tool to collect the data. Result of the study revealed that 229 (84.5%) of participant had moderate level of stress (14-26). Venting, self-distraction and denial coping strategies were identified as predictors of coping among nursing students.

## 5. Research Methodology

1. *Research approach*: evaluative approach was considered a non-experimental research approach for the present study regarding stress levels and coping strategies among nursing students.
2. *Research design*: The research design selected for the present study was descriptive research design, to assess stress level and coping strategies among nursing students at Era College of Nursing, Lucknow.
3. *Research setting*: The present study was conducted at Era College of Nursing, Lucknow.

### 5.1. Population

1. *Target population*: The target population of the study were nursing students of Era College of Nursing.
2. *Accessible population*: The accessible population of the study were first year nursing students of Era College of Nursing, Lucknow.

### 5.2. Sample and sample size

The samples in the present study were nursing students of Era College of Nursing and sample size was 149.

### 5.3. Sampling technique

Non-Probability purposive sampling technique was used to select the subject for the study.

### 5.4. Criteria for sample selection

The samples were selected with the following predetermined set of criteria during the period of the study.

### 5.5. Inclusion criteria

The study includes the 1<sup>st</sup> year nursing students i.e. GNM & B.Sc. nursing:

1. Students who were willing to participate in research study.
2. Students who knew Hindi and English language.

### 5.6. Exclusion criteria

The study excludes:-

Students who were not present at the time of data collection.

### 5.7. Tools for data collection

1. *Part A*: Socio-Demographic profile sheet
2. *Part B*: Perceived stress scale (PSS).
3. *Part C*: Brief cope.

### 5.8. Development of research tools for data collection

Preliminary drafts of the research tool were prepared from the following sources-

1. An extensive review of the relevant literature related to study was done from text books, journals, mass media etc.
2. An informal observation of concerned areas.
3. Refining of the tools after the consultation with the experts in the field of research in nursing, psychology, English & Hindi language experts.

### 5.9. Description of research tools

The following tools were used to generate the necessary data:

1. Part A- Socio-demographic sheet
2. Part B-Perceived stress scale
3. Part C-Brief Cope

### 5.10. Part A-Socio-demographic sheet

Socio demographic profile of the subject consisting of the baseline demographic data of the subjects, such as age in years, course, education of the father, occupation of the father, education of the mother, occupation of the mother, family income per month, type of the family, residential status, distance from present place of the residence to college (in km), relationship with peer group.

### 5.11. Part B-Perceived stress scale

The perceived stress scale (PSS) by Sheldon Cohen is the most widely used psychological instrument for measuring the perception stress. It is the measure of the degree to which situation in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable and overloaded respondents find their lives. The scale also included number of direct queries about current level of experienced stress. The PSS was designed for use in

community samples with at least a junior high school education. The items are easy to understand and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any sub-population group. The question in the PSS asks about feelings and thoughts during the last month. In each case, the respondents are asked how often they felt a certain way.

The PSS has an internal consistency of 0.85 (Cronbach alpha coefficient) and test retest reliability during a short retest interval (several days) of 0.85.

### 5.12. Scoring

PSS scores are obtained by reversing responses (example, 0=4, 1=3, 2=2, 3=1 and 4=0) to the four positively stated items (items 4, 5, 7, & 8 and the summing across all scale items. A short four items scale can be made from question 2, 4, 5 & 10) of the PSS 10 item scale.

### 5.13. Part C: Brief cope

Brief cope (Carver, 1997) is a self-report questionnaire used to assess a number of different coping behavior and thoughts a person may have in response to a specific situation. It is made up of 14 subscales: self-distraction, active coping, denial, substance use, and use of emotional support, use of instrumental, behavior disengagement, venting, positive reframing, planning humor, expectance, religion and self-blame. After reading a situationally specific scenario, 28 coping behavior and thoughts (2 items for subscale) are rated on frequency of use by the participants with a scale of 1 ("I have not been doing this at all") to 4 ("I have been doing this a lot").

## 6. Validity of the Research Tools

To ensure the content validity, tools along with the objectives and criteria. Checklists are given to 5 experts. The experts are from the various fields equipped with knowledge and experience. They are requested to give their opinions and suggestions regarding their relevancy, accuracy and appropriateness of the items. Brief-cope and PSS are standard tool which were given for determining its relevance in present study and there was 100% agreement for the tool by the validators. Suggestions regarding tools were incorporated in the tool after consultation with guide and co-guide.

### 6.1. Language validity

The developed tool is given to English language expert for language expert for language correction and also to Hindi language expert for translation. Translation and re-translation is done by language validators in the field.

### 6.2. Reliability

Reliability is the degree of consistency and accuracy with which an instrument measures the attributes for which it is designed to measure. The tools used in the study were standardized therefore the standard reliability of the tool was considered.

## 7. Ethical Considerations

1. Principal, for collecting data for pilot study,
2. Principal, Era College of Nursing for conducting the study.
3. Participatory consent from each participant under study.

### 7.1. Pilot study

A pilot study was conducted on 20 subjects (ANM 1<sup>st</sup> year) on date 4/11/2019, in Era College of Nursing, Sarfarazganj, Lucknow, U.P. to know the effectiveness of the tools with the following objectives;

1. To assess the feasibility and practicability of using the research tools.
2. To assess the availability of the study subjects.
3. To estimate the time required for interviewing each study subjects.
4. To assess and refine the deficiency or make any additions to the research methodology.
5. To assess the appropriateness, clarity and adequacy of the language used in the tools.
6. To study the requirements of the data analysis and interpretation of the data.

### 7.2. Findings of the pilot study

1. The study was found feasible to be conducted.
2. Tools were reliable.
3. The methodology was found appropriate for the study.
4. The maximum time required for subject was 1 hour 45 minute.
5. Analysis and interpretation of the data were planned.

### 7.3. Results of pilot study

The sample was feasible. Students were able to fill the Performa and answer the questionnaires. There were minor changes in the socio-demographic sheet, Hindi words in questionnaire and scores that were discussed with guide and co-guides and necessary changes were done.

### 7.4. Data collection procedure

The data collection procedure includes the following phase

–

1. *Phase-1:* The formal written permission was received from the principal of Era's College of Nursing after explaining the benefits of assessment of Stress level and coping strategies among nursing students.
2. *Phase-2:* The data was collected in Era's college of Nursing. A comfortable place was selected for the students to collect their responses. The researcher obtained written consent from the participants, after explaining the benefits of the study, using non-probability purposive sampling technique. Data was collected from 149 (BSc and GNM students) for the main study on date 08/11/19 according to the inclusion and exclusion criteria of the study. Data analysis was done by using descriptive and inferential statistics.

### 7.5. Plan for data analysis

Data analysis was done to organize and give meaning to the data. It was performed on the basis of objectives of the study using descriptive and inferential statistics. Descriptive statistics was used to elaborate the baseline details with the help of frequency and percentage. Stress level and coping strategies of the students were calculated and their correlation was computed. For the calculation association of demographic variables of students' chi square was used. The level of significance was set at 0.05 levels to interpret the findings. Data was analyzed by using statistical package SPSS version 20.0 trial.

## 8. Data Analysis and Interpretation

This chapter presents the analysis and interpretation of the data collected to assess the stress level and coping strategies. All the data obtained was coded and transformed into master data sheet. In order to interpret the data in a logical order, both descriptive and inferential statistics were used.

### 8.1. Organization of the study findings

The result of the data analysis is organized and presented under the following headings:

1. *Section A:* Socio demographic characteristics of the students.
2. *Section B:* Assessing the stress level and copying strategies among the students.
3. *Section C:* Association between stress level and copying strategies with their selected demographic variables.

### Section A: Socio demographic characteristics of the students

The Table 1: Interprets the Demographic details of 149 first year Nursing students out of which 88(59.1%)

**Table 1:** Socio demographic characteristics of the students

S. no.	Variable	F	%
1.	Course		
	B.sc N 1 <sup>ST</sup> Year	61	40.9
	GNM 1 <sup>ST</sup> Year	88	59.1
2	<i>Fathers' Education</i>		
	Illiterate	8	5.4
	Primary School	15	10.1
	High School	24	16.1
	Intermediate/Diploma	47	31.5
	Graduate	55	36.9
3	<i>Occupation of Father</i>		
	Government employee	39	26.2
	Non-government employee	110	73.8
4	<i>Education of Mother</i>		
	Illiterate	32	21.5
	Primary school		
	High School		
	Intermediate/Diploma	19	12.8
		37	24.8
	Graduate	44	29.5
5	<i>Occupation of Mother</i>		
	Housewife	127	85.2
	Working	22	14.8
6	<i>Family income/month (Rs.)</i>		
	<10,000	54	36.2
	10,001-20,000	22	14.8
	20,001-30,000	26	17.4
	30,001-40,000	26	17.4
	>40,000	21	14.1
7	<i>Type of family</i>		
	Joint family	57	38.3
	Nuclear family	87	58.4
	Extended family	5	3.4
8	<i>Residential status</i>		
	Day scholar	114	76.5
	Hostler	35	23.5
9	<i>Relationship with peer group</i>		
	Good	138	92.6
	Fair	11	7.4

N=149

**Table 2:** Mean and SD of demographic variable

S.no.	Variable	Mean and SD
1	Age	20.09±2.06
2	Distance from present place of Residence to college	4.31±5.49

N=149

**Table 3:** Mean and SD of PSS and Brie

S. No	Variable	Mean	SD
1	PSS	18	5.3
2	Brief cope	68.21	9.23

N=149

**Table 4:** Correlation between PSS and Brief Cope.

PSS and Brief Cope	R	P value
	-0.018	0.0832

N=149

**Table 5:** Association of PSS with demographic variable

S.no.	Variable	Low	Moderate	Severe	$\chi^2$	Df	P value
1	<i>Course</i>						
	BSc.1 <sup>st</sup> year	9	49	3	1.861	2	0.394
	GNM 1 <sup>st</sup> year	21	63	4			
2	<i>Education of father</i>						
	Illiterate	3	4	1			
	Primary school	0	15	0	13.83	8	0.086
	High school	5	19	0			
	Intermediate/Diploma	13	33	1			
	Graduate	9	41	5			
3	<i>Occupation of Father</i>						
	Government employee	8	29	2	0.029	2	0.986
	Non-Government employee	22	83	5			
4	<i>Education of Mother</i>						
	Illiterate	7	24	1			
	Primary school	3	16	0	3.653	8	0.887
	High school	7	28	2			
	Intermediate/Diploma	10	32	2			
	Graduate	3	12	2			
5	<i>Occupation of Mother</i>						
	Housewife	25	96	6	0.108	8	0.947
	Working	5	16	1			
6	<i>Family income/ month(Rs.)</i>						
	<10,000	8	44	3	10.24	8	0.248
	10,001-20,000	7	15	0			
	20,001-30,000	7	19	0			
	30,001-40,000	4	21	1			
	>40,000	4	14	3			
7	<i>Types of Family</i>						
	Joint family	12	44	1	2.297	4	0.681
	Nuclear family	17	64	6			
	Extended family	1	4	0			
8	<i>Residential Status</i>						
	Day scholar	24	86	4	1.66	2	0.434
	Hostler	6	26	3			
9	<i>Relationship with peer group</i>						
	Good	28	103	7	0.650	2	0.722
	Fair	2	9	0			

**Table 6:** Correlation of PSS with demographic variable

S. no.	Variable	r	P value
1	Age	-0.173	0.034
2	Distance from present place of Residence to college	-0.068	0.4

N=149

**Table 7:** Association of brief cope with demographic variable

S.no.	Variable	Low	Moderate	Severe	$\chi^2$	Df	p value
1	<i>Course</i>						
	BSc, 1 <sup>st</sup> year	4	55	2	1.081	2	0.583
	GNM 1 <sup>st</sup> year	10	76	2			
2	<i>Education of father</i>						
	Illiterate	1	7	0			
	Primary school	2	13	0	0.928	8	0.544
	High school	2	22	0			
	Intermediate/ Diploma	7	39	1			
	Graduate	2	50	3			
3	<i>Occupation of father</i>						
	Government employee	4	31	4	11.751	2	0.003
	Non-Government employee	10	100	0			
4	<i>Education of mother</i>						
	Illiterate	3	28	1			
	Primary school	2	17	0	3.099	8	0.928
	High school	4	33	0			
	Intermediate/ Diploma	4	38	2			
	Graduate	1	15	1			
5	<i>Occupation of mother</i>						
	House wife	11	113	3	0.936	2	0.626
	Working	3	18	1			
6	<i>Family income/month (Rs.)</i>						
	<10,000	4	50	0			
	10,001-20,000	1	21	0			
	20,001-30,000	4	21	1	10.39	8	0.238
	30,001-40,000	1	23	2			
	>40,000	4	16	1			
7	<i>Type of family</i>						
	Joint Family	5	52	0			
	Nuclear Family	7	76	4	8.544	4	0.074
	Extended	2	3	0			
8	<i>Residential Status</i>						
	Day scholar	10	105	2	1.899	2	0.387
	Hostler	4	29	2			
9	<i>Relationship with peer group</i>						
	Good	14	120	4	1.632	2	0.442
	Fair	0	11	0			

N=149

**Table 8:** Correlation of brief cope with demographic variable

S.no.	Variable	R	P value
1	Age	0.024	0.77
2	Distance from present place of Residence to college	-0.018	0.82

N=149

were GNM students and 61 (40.9%) were B.sc students. 55 (36.9%) Fathers of the students had Graduate and more than half of them i.e. 110(73.8) were non-government employee. One-third of the Mothers i.e. 44(29.5%) had intermediate education and more than half i.e. 127(85.2%) were housewives. 54(36.2%) of the students had their family income below 10,000 per month. 87(58.4%) students lived in Nuclear family and 114(76.5%) students were Day scholar. Almost all students 138(92.6%) had Good

relationship with their Peer group.

The Table 2: shows the Mean and Standard Deviation of certain Demographic variable. The mean age of the students was 20.09 with standard deviation of 2.06. The mean distance from the present place of residence to college was 4.31 with standard deviation of 5.49.

The Table 3: reveals the Mean and Standard deviation of Perceived stress scale and Brief cope. The Mean Stress level among students was 18 with Standard deviation of 5.3 which

means that the students have moderate level of stress. Mean of Copying strategies used among students was 68.21 with Standard deviation of 9.23 which means that the participants have average level of coping strategies.

*Section-B: Assessing the stress level and copying strategies among the students. Table 4*

The Table 4: data shows the negative correlation between Perceived stress scale and Brief cope with the value of ( $r = -0.018$ ).

*Section-C: Association between stress level and copying strategies with their selected Demographic variable. Table 5*

The Table 5: revealed the association of Perceived stress scale with Demographic variable. It was found that there is no association between the Demographic variables and Stress level of the students.

The Table 6: revealed the strong negative correlation of the Age and Distance from present place of residence to college of students with perceived stress scale.

The Table 7: data reveals that Occupation of father is significantly associated with the Coping strategies used by the students.

The Table 8: shows the correlation of Brief cope with the Demographic variable. The correlation of the Age with the Brief cope is 0.024, and the Distance from the present place of residence to the college shows Negative correlation with the Brief cope which is -0.018.

## 9. Discussion

The study findings were consistent with the study conducted by Rajesh Kumar, Nancy (2011). The mean score of coping strategies used by nursing student under 12 domains of ACOPE showed that from the most commonly coping study in following order (21.3±4.86), solving reliance (17.5±4.19) ventilating feeling (15.03±4.23) engaging in demanding activities (12.2±2.86) avoiding (10.7±3.56) relaxing (10.5±3.37) seeking spiritual support (7.67±2.55) being humorous (5.6±2.02), investing in close friends (5.52±2.04). seeking professional support (4.14±2.19). In our study we were taken 149 sample that were having moderate level of coping strategies and the mean of the study was 68.21.

The study finding were consistent with the study conducted by Sadhana Sudhir Sindhe and Sushila Devi and Sundari Apte (2017) identified the coping strategies adopted by 500 adolescent inn study that they were using relaxing techniques 44.8% ventilation of feeling 42% planning 41.4% problem solving 54.2% time management 46.1% and social support 43.2%. In our study were taken 149 sample that were having moderate level of coping strategies and the mean of the study was 68.21.

## 10. Summary of the Study

The study was done to assess the stress level and coping strategies among 1<sup>st</sup> year nursing students at Era College of nursing at Lucknow.

The total sample of the study was 149 students of 1<sup>st</sup> year nursing students. The total sample was selected by non-probability purposive sampling. The study was based on Dr. Mathew C.P. (2017) reviews applied to the study. Review of literature helped the investigation to develop necessary tool. The tool consists of two parts with demographic variable – A structured knowledge questionnaire to assess the data was collected in Era College of Nursing at Lucknow.

### 10.1. Major findings of the study

1. Mean age of the 1st year nursing students was 20 09 and SD 2 06
2. Mean distance from the present place of residence to college were 4.31 and SD 5.49.
3. Majority of 88 students (59 1 were G N M students
4. Educational status majority of 55(36 9 fathers were graduate
5. Occupation of father, majority of 110 (73 8 father were non-government employee
6. Mother's educational status, majority of 44(29 5 mothers were intermediate/diploma
7. Occupation of mother, majority of 127(85 2 mother were housewife
8. Monthly family income, majority of 54(36 2 family belonging to <10,000
9. Type of family, majority of 87(58 4 were nuclear family
10. Residential status, majority of 114(76 5 students were day scholar
11. Relationship with peer group, majority of 138(92 6 had good relationship

## 11. Conclusion

The study finding revealed that there was no significant association of perceived stress scale with demographic variable and there was significant association of brief cope with demographic detail.

## 12. Recommendations

The finding of this study suggests that it may valuable to replicate this study:

A Similar study can be done with a large sample for generalization

## 13. Limitations

This study was limited to: -



1. Nursing student of Era's College of Nursing, Lucknow.
2. Only female nursing students.

#### 14. Source of Funding

None.

#### 15. Conflict of Interest

None.

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#### Author biography

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