

Original Research Article

Assessment of Stress and Coping Strategies among Medical and Nursing Students at BPKIHS Nepal

Mandal GN¹, Lama S², Parajuli P³

¹Additional Professor, Department of Medical Surgical Nursing, BPKIHS Nepal.

²Professor, Department of Mental Health Nursing.

³Professor, Department of Medical Surgical Nursing.

Corresponding Author: Mandal GN

Received: 08/09/2016

Revised: 23/09/2016

Accepted: 26/09/2016

ABSTRACT

Introduction: Stress can have a significant effect on an adolescent's long-term physical and mental well-being. Objective: This study aimed at exploring the causes, symptoms of stress and coping strategies among nursing and medical students at BPKIHS, Nepal.

Materials and Methods: Cross sectional descriptive study was conducted among nursing and medical students at BPKIHS. Samples were selected by using systematic random sampling. Total 100 medical and nursing students were selected by systematic random sampling. Collected data were analyzed by using descriptive statistic (frequency, mean and SD) and inferential statistics (Independent sample T test, ANOVA, Mann-Whitney U test and Kruskal Wallis test)

Results: Respondents' age ranged from 16 to 28 years. The most of common reasons of stress as stated by CN (Certificate level in nursing) students were difficulty in understanding classes (94.1%), relationship problems (76.4%), torture from teachers (70.5%), and home sickness (41.2%). Similarly common reasons for stress among B.Sc. nursing were found to be financial problems, family problems and relationship problems among 90 % of respondents and 72 % and 63.6% of respondents said that the reason for their stress were torture from colleagues and from teaches respectively. But most common reasons for their stress among MBBS students were financial problems (66.7%), family problems (65.3%) and difficulty in understanding classes (65.3%). Various ways to cope with the stress as reported by respondents were sharing feelings with friends, preferring music, using sense of humor, spending time in joy and joking, visiting temple, getting enough sleep, managing some time for rest and relax, looking at problems as challenge, and meeting others with similar interest, developing good rapport with all friends and smoking (22%) where are the best ways to cope with stress. Result shows that there is association between the stress and some variables like residence and types of family (p value < 0.05).

Conclusion: Students require attending sessions to assist in improving their life and coping with stress.

Keywords: Stress and Coping, Nursing and Medical students.

INTRODUCTION

Stress is seen as modern society's illness. It has effects on people's behaviors, communications and efficiency. [1] Selye defined stress as a physiological non-specific reaction to external or internal demands. [2] Therefore; it is not the stressor

that causes stress but the individual's perception and emotional reaction to it. University students are exposing to very stressful Situations. [3]

Problems encountered by students may differ from those faced by their nonstudent peers. The pressure to get good

grades and to get a degree is very high. [4] Getting high grades is not the only source of stress for students; also there are other important sources of stress, which included homework, assignments and uncomfortable classrooms. [5] In addition to academic requirements, relationships with faculty members and time pressure may also be sources of stress. [6] Relationships with family and friends, eating and sleeping habits and loneliness may affect some students on an average. [7] Coping strategies are defined as the person's constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the persons resources. [8] Previous research showed that students with an active coping style have lower levels of psychological distress. [9] In view of the potential long term benefits of managing stress in a more effective way, it may be important for students to develop such skills early in their medical career. The students faced social, emotional, physical and family problems which might affect their learning ability and academic performance. As a result, it is important that individuals develop different strategies in order to manage stressful situations. [10,11] According to WHO, in our country with a population of two crore thirty lakh, it is estimated that there are about 2 lake 30 thousand people are suffering from some kinds of mental disorders with functional disability. It is estimated that one in four families has at least one member currently suffering from a mental or behavioral disorders. One in every four people or 25% of individuals develops one or more mental or behavioral disorders at some stage in life, both in developed and developing countries. Mental and behavioral disorders are present at any point in time in about 10% of the adult population.

Primary Objective: To assess stress and coping strategies among nursing and medical students at BPKIHS, Nepal

Secondary Objectives: To find out the association between stress and coping

mechanism of students with selected variables.

Significance of the Study

- This study might be helpful to provide the base line data about level of stress among students of different stream of nursing and medical students.
- This study might also be helpful for the curriculum planner to include various ways of coping mechanisms in curriculum in detail if needed.
- This study might also be helpful for the administrator to plan and organize various types of counseling and stress reducing programmes periodically.

MATERIALS AND METHODS

Design of the Study

Cross sectional descriptive study was carried out to assess the stress and coping mechanisms of students.

Population

The population of the study was all nursing and medical students studying at B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

Research Setting

B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

Sample size

100 medical and nursing students were enrolled in the study

Sampling technique

Systematic Random Sampling was used to select the sample. Total Number of students in C.N (Certificate level in nursing), B.Sc Nursing and MBBS were 700. Required number of sample was 100. So K^{th} number for systematic random sampling was 7 (K^{th} number = Population/sample size i.e. $700/100= 7$). Hence every seventh number was selected from the total frame of students for study.

Research Validity and Reliability

Already valid tool (Mental health scale developed by Dr. Ross Meu in New Zealand in the 1980s) was used for data collection. Respondents rate each item on a 5-point Likert-type scale ranging from 1 (*not at all satisfied*) to 5 (*very satisfied*).

Higher scores indicate greater perceptions of life stress; lower scores reflect lower perceptions of stress.

Data collection Procedure

Verbal consent was taken from all subjects who participated in the study. The researcher and co-investigators themselves collected data.

Data analysis Procedure

The data collected were entered in Microsoft excel worksheet and then analyzed using SPSS. Descriptive statistics (Frequency, mean and standard deviations) and inferential statistics (Independent sample T test and ANOVA) were used to show association between coping mechanisms of respondents with selected demographic variables.

Ethical Considerations

Written permission was obtained from College of Nursing and concerned department before the data collection. Informed (verbal) consent was obtained from all the participants. Confidentiality was maintained.

RESULTS

All together 100 medical and nursing students were asked to complete the questionnaire. The finding of the current study shows that that respondents' age ranged from 16 to 28 years, majority of respondents (54%) fall under the age group of 20-24 years with the mean age of 21 (Mean age =21.76 , SD=2.54, Range =16-28) and 52 % of them were female and (98%) of them were unmarried. Majority of the respondents (63%) were from Medical (MBBS) followed by 37% from nursing (CN and B.Sc nursing) stream. Majority (92%) of respondents were Hindu by religion. Forty three percentages of respondents were from Brahman ethnicity followed by 17 % from Chhetri, 8 % Newar, 7% Gurung, 2% Tamang and 1% Magar. Most of the respondents were from single family. (Table 1)

The most of common reasons of stress as stated by CN (Certificate level in

nursing) students were difficulty in understanding classes (94.1%), relationship problems (76.4%), torture from teachers (70.5%), and home sickness (41.2%). Similarly common reasons for stress among B.Sc nursing were found to be financial problems, family problems and relationship problems among 90 % of respondents and 72 % and 63.6% of respondents said that the reason for their stress were torture from colleagues and from teaches respectively. But most common reasons for their stress among MBBS students were financial problems (66.7%), family problems (65.3%) and difficulty in understanding classes (65.3%). (Table 2)

Research report reveals that 9% of respondents had the feeling of hopelessness, followed by depressed and impatient (6%), withdrawn and confused (5%), lonely and tense (3%), helpless and discontented (2%). Negative feelings exist only in less than 10% of respondents for all the time. (Table 3)

Table1: Demographic Profile of Respondents (n=100)

| Demographic Profile | Percentage |
|--|------------|
| Age (Yrs) | |
| 16-20 | 32.0 |
| 20-24 | 54.0 |
| 24-28 | 14.0 |
| (Mean age =21.76 , SD=2.54 , Range =16-28) | |
| Sex | |
| Male | 48.0 |
| Female | 52.0 |
| Marital Status | |
| Married | 2.0 |
| Unmarried | 98.0 |
| Religion | |
| Hindu | 92 |
| Buddhist | 4 |
| Christian | 2 |
| Muslim | 2 |
| Ethnicity | |
| Brahman | 43 |
| Chhhetri, | 17 |
| Rai, | 2 |
| Newar | 8 |
| Magar | 1 |
| Tamang, | 2 |
| Gurung | 7 |
| Others | 20 |
| Residence | |
| Terai | 56 |
| Hilly | 38 |
| Mountain | 6 |
| Educational Level of Respondents | |
| CN | 21 |
| B Sc Nursing | 16 |
| MBBS | 63 |

Table 2: Reasons/Causes of Stress among Respondents (n=100)

| Reasons for stress | Certificate Nursing (n= 21) | B.Sc. Nursing (n=16) | MBBS (n=63) |
|------------------------------------|------------------------------|----------------------|-------------|
| Torture from colleagues | 17.6% | 72.7% | 15.3% |
| Torture from teachers | 70.5% | 63.6% | 25% |
| Difficult in understanding classes | 94.1% | 63.6% | 65.3% |
| Frequent Exams | 17.6% | 27.2% | 45.8% |
| Relationship problems | 76.4% | 90.9% | 61.1% |
| Family problems | 94.1% | 90.9% | 65.3% |
| Financial problems | 88.2% | 90.9% | 66.7% |
| Homesickness | 41.2% | 72.7% | 62.5% |

Multiple Responses

Table 3: Symptoms of Stress Experienced by Respondents as a whole (n=100)

| Symptoms of stress | Not at all | Occasionally | Some times | often | All the time |
|--------------------|------------|--------------|------------|-------|--------------|
| Lonely | 22 | 33 | 32 | 10 | 3 |
| Helpless | 37 | 18 | 35 | 8 | 2 |
| Impatient | 16 | 27 | 33 | 18 | 6 |
| Depressed | 33 | 25 | 27 | 9 | 6 |
| Hopeless | 37 | 20 | 15 | 19 | 9 |
| Withdrawn | 35 | 22 | 19 | 18 | 5 |
| Discontented | 27 | 28 | 29 | 14 | 2 |
| Confused | 16 | 30 | 30 | 18 | 5 |
| Tense | 8 | 34 | 33 | 22 | 3 |
| Insignificant | 37 | 33 | 17 | 12 | 1 |

Multiple Responses

Majority of respondents (CN) reported difficulty to concentrate (58.8%), sadness (41.2%), headache (35.5%), palpitation (35.2%), fear and anxiety (47%), body ache (47%), sleep disturbance (29.4%) were the different symptoms they had experienced within last two weeks of data collection. None of the respondents from CN experienced the feeling of hallucination, abuse of drugs, violence and aggression. Similarly among B. Sc nursing students, they reported weakness (63.3%), body aches (54.5%), excess activity (54.5%), anger and irritability (54.5%), head ache (45.5%), difficult to concentrate (45.5%) and dull/withdrawn, excess un-understandable speech, palpitation were the different symptoms they had experienced. None of the students from B.Sc Nursing students had experienced Hallucination, Abuse of drugs, Elation / excess happiness, Suicidal ideation/ attempt and Delusion / False belief. Similarly MBBS students reported abuse of drugs (94.5%), alcohol abuse (88.8%), difficulty to concentrate (38.9%), delusion / false belief (6.9%), suicidal ideation / attempt (5.5%), and hallucination (5.5%) were the different symptoms they had experienced within last two weeks of data collection. (Table 4)

Table 4: Symptoms of Stress Experienced by Various Level of Medical and Nursing Students (n=100)

| Variables | CN (n=21) | B. Sc (n=16) | MBBS (n=63) |
|----------------------------------|-----------|--------------|-------------|
| Excess activity | 23.5% | 54.5% | 33.3% |
| Alcohol abuse | - | - | 88.8% |
| Dull / with drawn | 11.7% | 27.2% | 15.3% |
| Excess/ un-understandable speech | 5.88% | 27.3% | 19.4% |
| Hallucination | - | - | 5.5% |
| Abuse of drugs | - | - | 94.5% |
| Elation / excess happiness | 5.88% | - | 23.6% |
| Fear /anxiety | 47% | 18.2% | 31.9% |
| Palpitation | 35.2% | 27.2% | 20.8% |
| Giddiness | 5.88% | 27.2% | 13.8% |
| Violence and aggression | - | 18.2% | 16.7% |
| Sadness | 41.2% | 36.4% | 26.3% |
| Headache | 35.2% | 45.5% | 29.1% |
| Tremors of hand | 5.88% | 9.01% | 11.1% |
| Difficulty to concentrate | 58.8% | 45.5% | 38.9% |
| Anger , irritability | 11.7% | 54.5% | 33.3% |
| Suicidal ideation / attempt | 5.88% | - | 5.5% |
| Delusion / False belief | 5.88% | - | 6.9% |
| Body aches / pain | 47.0% | 54.5% | 23.6% |
| Weakness | 23.5% | 63.6% | 27.7% |
| Self neglect | 17.6% | 18.2% | 15.3% |
| Sleep and appetite disturbance | 29.4% | 36.4% | 31.9% |

Regarding the ways to cope with stress, The majority of the students(CN) reported that sharing their feelings with their friends (88%), managing some time for rest and relax and preferring music (84.2%), finding positive way in every situation, avoiding negative people, looking at the problem as challenge (82.4%), not saying negative things to themselves, finding support from friends, and using sense of humor (76.5%), watching movies and spending time in joy and joking (76.5%), and getting enough sleep and setting

realistic goals for their life and developing good rapport with all friends (70.6%), releasing their stress by crying (58.8%), participating in group activities. (52.9%) and staying away from negative gossip and complaining, practicing taking deep breathing (41.2%), getting regular exercise (29%) and eating balance diet (23.5%) and visiting temple (23.5%) were the best ways to cope with stress. Similarly respondents from B.Sc nursing reported that getting enough sleep, managing some time for rest and relax (90.9%), watching movies (90%), trying to mend the broken relationship with friends and prefer music (81.8%), avoiding negative people, staying away from negative gossip and setting realistic goal for themselves (72.7%), looking at problems as challenges, and stopping to say negative things to themselves and using humor

(63.6%) and smiling often, were the best ways to cope with the stress. Majority of respondents from MBBS reported that watching a movie (86.1%), laughing and avoiding negative people (80.5%), looking at problems as challenge (79 %), spending few time in joy and joking with friends and stay away from negative gossip and complaining (76.4%), by sharing my feelings with my friends (75%), finding support from others (69.4%) and preferring music and meeting others with similar interest (61%), developing good rapport with all friends (58.3%) and by participating in group activities or social activities (58.3%) were the ways to cope with stress. The surprising answer from 22% of respondents (MBBS) is that they reported smoking as the way to cope with stress. (Table 5)

Table 5: Respondents' Ways to Cope with Stress

| Variables | CN (n=21) | B. Sc (n=16) | MBBS (n=63) |
|---|-----------|--------------|-------------|
| When I feel stressed, I practice taking deep breaths | 41.2% | 54.5% | 55.5 % |
| I usually get regular exercise | 29.2 % | 18.2% | 34.7% |
| I eat a balanced diet. | 23.5% | 54.5% | 50.0% |
| I use humor to lighten stress | 76.5% | 63.6% | 75 % |
| I smile often. | 58.8% | 63.6% | 81.9% |
| I seek to find the positive way in every situation | 82.4% | 54.5% | 73.6% |
| I avoid negative people | 82.4% | 72.7% | 80.5% |
| I look at problems as challenges | 82.4% | 72.7% | 79.1% |
| I stop saying negative things to myself. | 76.5% | 72.7% | 65.2% |
| I like to find support from others | 76.5% | 72.7% | 69.4% |
| I spend few time in joy and joking with friends | 76.5% | 63.6 % | 76.4 % |
| I like to go on a picnic | 52.9 % | 54.5 % | 62.5 % |
| I watch a movie | 76.5 % | 90.0 % | 86.1 % |
| I get enough sleep | 70.6 % | 90.9 % | 77.7 % |
| I talk less and listen more | 29.4 % | 63.6 % | 58.3 % |
| I freely praise other people | 52.9 % | 63.6 % | 61.1 % |
| I stay away from negative gossip and complaining. | 58.8 % | 72.7 % | 76.4 % |
| I participate in solution oriented discussion | 52.9 % | 54.5 % | 68.0 % |
| I set realistic goal for myself | 70.6 % | 72.7 % | 70.8 % |
| I stay away from impossible goals that create a feeling of failure. | 52.9 % | 63.6 % | 65.2 % |
| I manage some time for rest and relax. | 82.4% | 90.9 % | 72.2 % |
| I release your stress by crying | 58.8% | 54.5 % | 36.1% |
| I share my feelings with my friends | 88.2% | 72.8 % | 75.0% |
| I read something inspiring when I am stressed | 53% | 72.8% | 58.3% |
| I participate in play activities. | 23.5% | 54.5% | 55.5% |
| I try to mend the broken relationship with friends | 47.0 % | 81.8% | 58.3% |
| I prefer music to reduce stress | 82.4% | 81.8% | 61.1% |
| I take medication to get rid of stress | 5.8% | 9.1% | 26.3% |
| I participate in meditation | 35.2% | 27.2% | 33.3% |
| I like to meet others with similar interest | 47.0 % | 72.8% | 61.1% |
| I participate in group activities or social activities | 52.9% | 63.6% | 54.1% |
| I take walk at scheduled time | 47.1% | 45.5% | 48.6% |
| I develop good rapport with all friends | 70.6% | 63.6% | 58.3% |
| I visit temple when I am in stress | 23.5% | 63.6% | 45.9% |
| I smoke when I am stressed | - | - | 22.2% |

Mean score of perceived stress symptoms were found to be higher among

CN students (49.58±6.71) and those residing in Terai (62.85±20.56) but Mean

score on coping strategies were found to be higher among B Sc nursing students (66.07±20.57) and those residing in Terai (48.88±7.50). There is significant relationship between negative feeling about their life with their sex (p=0.051). Similarly There is significant relationship between their negative feelings of life (p=0.028) and symptoms of perceived stress (p=0.023) with their residence but no significant relationship between their negative feeling of life, symptoms of stress they experienced and their coping strategies with education, type of family (Table 6).

Mean score of Coping mechanism were found to be higher among the age group of 21-26 years (62.29 ± 18.872), Females (62.96 ± 17.021), B.Sc nursing (66.07± 20.5), Joint family (64.28 ± 2.983) and among those residing in Terai (62.85 ± 20.561). There is significant association between the coping mechanism of respondents with their gender and not associated with age, educational level, types of family and residence. (Table 7) The difference in mean score of perceived stress among various level of medical and nursing students are not significant. (F=1.930 and P = 0.151) (Table 8)

Table 6: Association between mean score on perceived stress and coping strategies with selected demographic variables

| Demographic Variables | Mean score | | | |
|------------------------|------------|--------------------|---------------------------------|--------------------|
| | Frequency | Feeling about Life | Symptoms of stress (Perceived) | Coping strategies |
| Sex * | | | | |
| Male | 48 | 46.6 ±7.97 | 45.2 ±12.1 | 58.63 ±21.59 |
| Female | 52 | 49.9 ±8.34 | 48.1 ±7.54 | 62.96 ± 17.02 |
| Total | 100 | 48.1±8.25 | 46.71±10.04 | 60.08±19.37 |
| | | p=0.051 | p=0.296 | p=0.587 |
| Education** | | | | |
| CN | 21 | 51.13±9.47 | 49.58±6.71 | 60.27±15.9 |
| B.SC Nursing | 16 | 48.12± 5.77 | 46.09± 5.86 | 66.07±20.57 |
| MBBS | 63 | 47.08 ±8.07 | 45.9±11.6 | 59.77±20.16 |
| Total | 100 | 48.10±8.25 | 46.71±10.04 | 60.88±19.37 |
| | | p=0.376 | p=0.470 | p=0.610 |
| Residence** | | | | |
| Terai | 56 | 48.61±6.93 | 48.88±7.50 | 62.85±20.56 |
| Hilly | 38 | 48.94±8.91 | 46.34±7.75 | 57.89±18.70 |
| Mountain | 6 | 37.91±9.89 | 28.75±22.22 | 61.42±8.99 |
| Total | 100 | 48.10±8.25 | 46.71±10.04 | 60.88±19.03 |
| | | p=0.028 | p=0.023 | p=0.334 |
| Type of Family* | | | | |
| Single Family | 78 | 47.62±7.84 | 45.72±10.65 | 59.92±20.6 |
| Joint Family | 22 | 49.77±9.77 | 50.22±6.55 | 64.28±13.98 |
| Total | 100 | 48.12±8.25 | 46.71±10.04 | 60.88±19.37 |
| | | p=0.228 | p=0.072 | p=0.574 |

*Man Whitney U test, ** Kushkal Wallis

Table 7: Association between Coping Mechanism and Selected Demographic Variables

| Characteristics | Category | Number | Mean(Coping Strategies) | P-value | Remarks |
|------------------------------|----------|--------|--------------------------|---------|------------------|
| Age of respondent (in year) | 16 – 20 | 32 | 60.26 ± 20.35 | 0.367* | Not significant* |
| | 21 – 26 | 61 | 62.29 ± 18.872 | | |
| | 27 – 30 | 7 | 51.42 ± 19.097 | | |
| Gender of respondent | Male | 48 | 58.63 ± 21.591 | 0.02** | Significant** |
| | Female | 52 | 62.96 ± 17.021 | | |
| Education of respondents | CN | 21 | 60.27 ± 15.9 | 0.507* | Not significant* |
| | B.SC | 16 | 66.07± 20.5 | | |
| | MBBS | 63 | 59.77 ± 20.1 | | |
| Types of Family | Single | 78 | 59.92 ± 20.614 | 0.038 | Significant** |
| | Joint | 22 | 64.28 ± 2.983 | | |
| Residence | Terai | 56 | 62.85 ± 20.561 | 0.479* | Not significant* |
| | Hilly | 38 | 57.89 ± 18.702 | | |
| | Mountain | 6 | 61.42 ± 8.990 | | |

Key: One way ANOVA test *, Independent t-test **

Table 8: Mean Difference on Perceived Stress among Respondents (n=100)

| Streams | n | Mean score | Std. Deviation | F | P Value |
|-----------------------------------|-----|------------|----------------|-------|---------|
| Certificate level in Nursing (CN) | 21 | 51.1310 | 9.47781 | 1.930 | 0.151* |
| B Sc Nursing | 16 | 48.1250 | 5.77350 | | |
| MBBS | 63 | 47.0833 | 8.21829 | | |
| Total | 100 | 48.1000 | 8.25241 | | |

One-way ANOVA Test

DISCUSSION

The study aimed at exploring the causes, symptoms of stress and coping strategies among nursing and medical students at BPKIHS, Nepal. Respondents' age ranged from 16-28 years. Majority (54%) of respondents fall under the age group of 20-24, 52 % of respondents were female and 98% of them were unmarried. Majority (92%) of respondents were Hindu by religion.

The current study revealed that most of common reasons for stress as stated by CN students were difficulty in understanding classes, relationship problems, torture from teachers, and home sickness, by B.Sc nursing students were financial problems, family problems and relationship problems, torture from colleagues and from teaches respectively. But most common reasons for their stress among MBBS students were financial problems, family problems and difficulty in understanding classes. The finding of the current study is supported by a study conducted by Gilany AH, Amr M, Hammad S et al about perceived stress among a sample of male medical students in Egypt and Saudi Arabia attending individual, national medical schools in each country. The majority of students reported one or more stressors (95% in the Egyptian School and 92% in the Saudi school). Among Egyptian students, the most commonly perceived stressors were congested classrooms (71%), inconsiderate and insensitive instructors (33%), fear of the future (27%), and limited time for recreational activities (25%), and anxiety and depression (25%).^[12]

The current study revealed that 9% of respondents had the feeling of hopelessness, followed by 6% depressed and impatient, 5% withdrawn and confused, 3% lonely and tense, 2% helpless and discontented and only 1 % of them had the feeling of being insignificant. Negative feelings exist only in less than 10% of respondents all the time. This finding is supported by the research finding conducted

by Bander Khalid Jarwan in Saudi Arabia: A study conducted on depression among medical students of Faculty of Medicine, shows that the overall prevalence of depressive symptoms among medical students was 30.9%: mild among 18.4%, moderate among 9.6%, and severe among 2.9%. The prevalence of depressive symptoms was higher among women than men (34.2% versus 27%).^[13]

Regarding the ways to cope with stress, The majority of the students(CN) reported that sharing their feelings with their friends (88%), managing some time for rest and relax and preferring music (84.2%), finding positive way in every situation, avoiding negative people, looking at the problem as challenge (82.4%), not saying negative things to themselves, finding support from friends, and using sense of humor (76.5%), watching movies and spending time in joy and joking (76.5%), and getting enough sleep and setting realistic goals for their life and developing good rapport with all friends (70.6%), releasing their stress by crying (58.8%), participating in group activities or social activities (52.9%) and staying away from negative gossip and complaining, practicing taking deep breathing (41.2%), getting regular exercise (29%) and eating balance diet (23.5%) and visiting temple (23.5%) were the best ways to cope with stress. Similarly respondents from B.Sc Nursing reported that getting enough sleep, managing some time for rest and relax (90.9%), watching movies (90%), trying to mend the broken relationship with friends and prefer music (81.8%), avoiding negative people, staying away from negative gossip and setting realistic goal for themselves (72.7%), looking at problems as challenges, and stopping to say negative things to themselves and using humor (63.6%) and smiling often, were the best ways to cope with the stress. Majority of respondents from MBBS reported that watching a movie (86.1%), laughing and avoiding negative people (80.5%), looking at problems as challenge (79%), spending few time in joy

and joking with friends and stay away from negative gossip and complaining (76.4%), by sharing my feelings with my friends (75%), finding support from others (69.4%) and preferring music and meeting others with similar interest (61%), developing good rapport with all friends (58.3%) and by participating in group activities or social activities (58.3%) are the best ways to cope with stress. The surprising answer from 22% of respondents (MBBS) is that they reported smoking as the way to cope with stress. Research report showed that sources of stress and coping strategies among different group of students were found to be different. A research conducted by Pearlin and Schooler (1978) suggest that high self-esteem and freedom from self-denigration are core resources which attenuate the impact of stress and allow the use of effective coping strategies. [14] Specifically, they reported that optimists are likely to cope actively with stress, whereas pessimists are likely to react emotionally (Scheier, Weintraub, & Carver, 1986). [15] A finding of the study conducted in USA among college students, In the moment of experiencing acute stress, students identified the top three effective stress techniques as frequently listening to “music” (M=3.36; SD=1.027), “look at the big picture” (M=3.12; SD=1.118), and talked to or called “someone to vent” (M=2.93; SD=1.259). The least frequently used stress management techniques were “counting to ten” (M=1.30; SD=.626), “meditation” (M=1.64; SD = 919), and “contract and relax muscles” (M = 2.05; SD=1.113). The actual range of scores was 11 to 55 with a mean of 26.03 (SD=6.369). Results indicated that most (72.0%) of the students reported overall low frequency in using stress management techniques and 28.0% reported high frequency in using stress management techniques. [16]

CONCLUSION

Mean score of perceived stress (symptoms) were found to be higher among CN students and those residing in Terai.

Mean score of Coping mechanism were found to be higher among the age group of 21-26 years, females, B.Sc nursing, those belonged to joint family. There is significant association between the coping mechanisms of respondents with their gender and not associated with age, educational level, types of family and residence. The difference in mean score of perceived stress among various level of medical and nursing students are not significant. Students require attending sessions to assist in improving their life and coping with stress such as time management and other stress related issues. Providing students with meaningful programs that assist in recognizing stress and identifying effective stress management strategies and also building programs about how to manage time will be important.

ACKNOWLEDGEMENT

This Thesis has been completed with the great deal of support, guidance, and co-operation from many people. Therefore, first of all, I would like to express my gratitude to BPKIHS, for providing opportunity to carry out this research study. I am grateful to my co-authors, Prof. Pushpa Parajuli, (Dept. of Medical Surgical Nursing), Prof. Sami Lama, (dept. of Psychiatric Nursing), for their support and guidance throughout the study period. My deep appreciation goes to Professor Dharnidhar Baral and Sunil Parajuli for their statistical assistance.

REFERENCES

1. Nanda A.K. Mental Health of high school students: A comparative study. Indian Psychological Review, quarterly, March 2001; Vol.56, No.1.
2. Jha A.P. A study on mental Health of secondary school children, Indian Psychological Review, quarterly, Sept. 2005; Vol.64 p-119-120.
3. Shreevani R. A guide to Mental Health and Psychiatric nursing” Jaypee brothers India. 2004.
4. Shrestha NM, Shrestha MS, Upadhayay KD. Mental Health Manual for Medical Doctor, 2005; First Edition p-8-12.
5. Berry J.W. Immigration, acculturation, and adaptation. Applied Psychology: 1994; 46, 5-34.

6. Bhagat R. S, Babakus E, Frey L, Chokkar J, Ninokumar B.H, Pate L.E., et al. Organizational stress and coping in seven national contexts:1994; pp. 93-105.
7. Clark L. A, Watson D. General affective dispositions in physical and psychological health. 1991; pp. 221-245.
8. Cohen S, & Willis T.A. Stress, social support and the buffering hypothesis. Psychological Bulletin, 1985; 98, 310-357.
9. Bhagat, R.S., O'Driscol, M.P., Babakus, E., Frey, L., Chokkar, J., Ninokumar, B.H., Pate, L.E., Ryder, P.A., Fernandez, M.J.G., et al. (1994). Organizational stress and coping in seven national contexts: A cross-cultural investigation. In G.P. Keita (Ed.) & J.J. Hurrell, Jr., Job stress in a changing workforce: Investigating gender, diversity, and family issues (pp. 93-105). Washington, DC: American Psychological Association.
10. Clark, L.A., & Watson, D. (1991). General affective dispositions in physical and psychological health. In C.R. Snyder & D.R. Forsyth (Eds.), Handbook of social and clinical psychology (pp. 221-245). New York: Pergamon.
11. Cohen, S., & Willis, T.A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98, 310-357.
12. El-Gilany AH1, Amr M, Hammad S. Perceived stress among male medical students in Egypt and Saudi Arabia: effect of sociodemographic factors. 2008 Nov-Dec; 28(6):442-8. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/19011321>.
13. Bander Khalid Jarwan. Depression among medical students of Faculty of Medicine, Umm Al-Qura University in Makkah, Saudi Arabia.2014.
14. Pearlin, L. I., & Schooler, C. The structure of coping. Journal of Health and Social Behavior, (1978). 19, 2-21.
15. Scheier MF, Weintraub JK, Carver CS. Coping with stress: divergent strategies of optimists and pessimists. J Pers Soc Psychol. 1986 Dec; 51(6):1257-64.
16. Keith A. King, Rebecca A. Vidourek, Ashley L. Merianos, Meha Singh; A study of stress, social support, and perceived happiness among college students, The Journal of Happiness & Well-Being (JHW), 2014, 2(2), 132-144.

How to cite this article: Mandal GN, Lama S, Parajuli P. Assessment of stress and coping strategies among medical and nursing students at BPKIHS Nepal. Int J Health Sci Res. 2016; 6(10):196-204.
