Perceived Stressors, Effects, and Coping Strategies among Faculty of Health Sciences Students in Nnamdi Azikiwe University, Awka, Nigeria

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ABSTRACT

Background: Health sciences students are exposed to multiple academic and clinical demands that predispose them to high levels of stress, which may adversely affect learning outcomes, clinical performance, and wellbeing.

Aim: This study assessed common stressors, their perceived effects on academic and clinical performance, and coping strategies among students in the Faculty of Health Sciences, Nnamdi Azikiwe University, Nnewi campus.

Methods: A descriptive cross-sectional study was conducted among 364 undergraduate students in Nursing Science, Radiography, Environmental Health Science, Medical Laboratory Science and Medical Rehabilitation. Data on socio-demographic characteristics, perceived stressors, emotional, psychological, and social effects of stress, impact on academic and clinical performance, and coping strategies were collected using a structured self-administered questionnaire and summarized with descriptive statistics.

Results: Participants were predominantly aged 19–30 years, slightly more than half were male, and most were Igbo and Christian, with the largest proportions in 200- and 500-level. Stress was highly prevalent: about one-third reported feeling very stressed daily, whereas only about one-fifth reported no stress. Study-related issues were the leading cause of stress (41.8%), followed by financial problems (24.7%); 96.2% indicated that stressors affected their school performance, and 40.1% reported decreased grades. Overall, 84.3% agreed that stress has emotional, psychological and social effects on academic and clinical performance. Common emotional effects included difficulty concentrating, irritability and anxiety, while psychological effects included difficulty thinking logically, forgetfulness and compulsive behaviour. In total, 59.9% reported poor academic performance and 68.1% reported poor clinical performance due to stress. Coping strategies varied: humour was most frequently reported (47.2%), while emotion-focused and other adaptive strategies were less common; many students resorted to medications, particularly analgesics.

Conclusion: Stress was widespread and largely driven by academic and financial stressors, with substantial perceived negative effects on academic and clinical performance. The findings highlight the need for structured stress-management programmes, academic and psychosocial support, and promotion of healthy coping strategies among health sciences students.

Keywords: Stress, Academic performance, Clinical performance, Stressors, Coping strategies

INTRODUCTION

Stress remains a major public health and academic concern among university students worldwide, particularly those enrolled in health sciences and medical-related programs (Mirza et al., 2021; Suleiman et al., 2023). These students often face intense academic demands, frequent assessments, prolonged study hours, and early exposure to clinical responsibilities, all of which can increase their vulnerability to stress and psychological distress (Bergmann, Muth, Loerbroks, 2019; Mirza et al., 2021). In Nigeria and other low- and middle-income settings,

these pressures are often worsened by financial difficulties, overcrowded learning environments, and limited access to student support services, making stress management an important issue in health professional education (Suleiman et al., 2023; Farrau et al., 2024).

Stress among students is not only an emotional response but also a condition that may affect psychological, social, academic, and clinical functioning. Studies have shown that stress can manifest as anxiety, irritability, mood swings, difficulty concentrating, forgetfulness, and poor interpersonal relationships, all of which may interfere with learning and professional development (Mirza et al., 2021; Bergmann et al., 2019). For health sciences students, these effects are especially concerning because poor concentration, emotional instability, and reduced clinical confidence may compromise academic achievement and clinical performance (Suleiman et al., 2023; Farrau et al., 2024).

The sources of stress among health sciences students are often multifactorial. Academic workload, examinations, financial problems, family issues, relationship difficulties, and work-related pressures have all been identified as common stressors in previous studies (Mirza et al., 2021; Suleiman et al., 2023). This highlights the need for institution-specific evidence that can inform support systems and targeted interventions for students in different training environments.

Coping strategies are important in determining whether stress leads to resilience or to poor outcomes. Students may adopt adaptive approaches such as relaxation, emotional expression, humor, and problem-solving, but some also rely on maladaptive strategies, including avoidance or unsupervised medication use (Hunt et al., 2023; Hadi, Noviekayati & Suhadianto, 2025).

Despite increasing attention to student mental health, there is still limited evidence from Nigerian colleges and faculty of health sciences that examines stressors, effects on academic and clinical performance, and coping strategies in a single study. Most available studies focus on general university students or on medical students alone, leaving a gap in understanding the experiences of students across multiple health-related disciplines. The present study addresses this gap by assessing the socio-demographic profile of students, their perceived stressors, the emotional, psychological, and social effects of stress, and the coping strategies used to manage these stressors.

This study is significant because its findings may help academic administrators, department heads, student counsellors, and policy makers develop more effective stress-management interventions and support services. By identifying the most common stressors and coping practices, the study provides evidence that can guide counselling programs, mental health promotion, academic planning, and student welfare policies in health training institutions. Ultimately, reducing student stress may improve academic success, clinical competence, and the quality of future health professionals trained in Nigeria.

The study aimed at assessing the common stressors, their academic and clinical effects, and coping strategies among students of the Faculty of Health Sciences in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria.

The specific objectives that guided the study are:

1. To describe the level of perceived stress and main sources of stress (study, financial, family, work, relationships, health, extracurricular activities) among Faculty of Health Sciences students.

2. To assess students' perceptions of the emotional, psychological, and social effects of stress on their academic and clinical performance.

3. To determine the proportion of students who report poor academic and clinical performance associated with stress.

4. To identify the common coping strategies (emotion-focused, appraisal-focused, adaptive behaviors, reactive/proactive, humor, and negative techniques) and relaxation techniques used by Faculty of Health Sciences students to manage academic and clinical stressors.

5. To determine the pattern of medication use (anxiolytics, muscle relaxants, analgesics) for stress relief among Faculty of Health Sciences students.

METHODOLOGY

Study design

This study employed a descriptive cross-sectional design using a structured self-administered questionnaire to assess perceived stressors, their academic and clinical effects, and coping strategies among students of a Faculty of Health Sciences.

Study setting and population

The study was conducted in the Faculty of Health Sciences of a university in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria, which comprises five (5) departments. The study population consisted of all registered undergraduate students in these departments during the study period. The targeted population of 4000 undergraduate students from all departments and 200–500 levels of the College of Health Sciences formed the sampling frame, representing the complete list of enrolled students during the study year obtained from departmental records.

Inclusion criteria were:

Undergraduate students in any department of the Faculty of Health Sciences, Nnamdi Azikiwe University, Awka.

Registered and present during data collection

Willing to participate and able to give informed consent

Exclusion criteria were:

Students on leave of absence or not available at the time of data collection

Students who declined consent

Sample size and sampling technique

A total of 364 students participated in the study, as shown in the results tables. The minimum sample size was determined using a single-population proportion formula for cross-sectional studies, assuming a prevalence of stress among health sciences students from previous studies, a 95% confidence level, and an allowance for non-response (Pourhoseingholi, Vahedi & Rahimzadeh, 2013). Participants were selected using stratified sampling by department and level of study, followed by proportional allocation and simple random sampling within each stratum to ensure representation of 200–500 level students across all departments.

Instrument for data collection

Data were collected using a **structured self-administered questionnaire** developed by the researchers after reviewing relevant literature on stress and coping among university and health sciences students. The questionnaire consisted of four sections: Section A consists of socio-demographic characteristics (age, sex, marital status, religion, ethnicity, academic level, department). Section B comprises of perceived stress level and sources of stress (e.g., study, financial, family, relationship, work, health, extracurricular issues) and perceived impact on academic performance. Section C is made up of perceived emotional, psychological, and social effects of stress and self-reported academic and clinical performance outcomes. Section D was used to assess Coping strategies, relaxation techniques, and medications used to manage stress (e.g., emotion-focused coping, humor, relaxation methods, anxiolytics, analgesics).

Perceived stress was operationalized using a four-category measure: "no stress," "mildly stressed," "moderately stressed," and "severe stressed," based on students' self-rating of their daily stress during the academic year.

The draft questionnaire was pre-tested on a small sample of students in a similar faculty outside the study population to assess clarity, relevance, and timing, and adjustments were made based on feedback. Internal consistency of multi-item sections was assessed using Cronbach's alpha, with values above 0.86 which is considered acceptable for research use.

Emotional effects included anxiety, irritability, mood swings, and difficulty concentrating; psychological effects comprised constant worry, forgetfulness, and difficulty thinking logically; social effects included poor work relations, loneliness, and decreased sex drive. A psychometric evaluation of the stress-effects items demonstrated good internal consistency, with Cronbach's alpha values above 0.80 for emotional, psychological, and social subscales, and exploratory factor analysis supported a three-factor structure corresponding to these domains, with factor loadings generally above 0.50 and no major cross-loadings. Item-total correlations were acceptable, and no items required removal, indicating that the scales were reliable for measuring perceived stress effects in this population.

Data collection procedure

Data collection was carried out over a six-week period during the first semester of the 2024/2025 academic session. After obtaining permission from the faculty authorities and heads of departments, the researchers visited lecture halls and clinical posting venues to meet eligible students. The purpose of the study, voluntary nature of participation, and confidentiality procedures were explained, and written informed consent was obtained from willing participants.

Questionnaires were distributed and completed on-site under supervision to minimize missing data and misunderstanding of questions. Respondents were instructed not to write their names or any personal identifiers on the questionnaires. Completed questionnaires were checked for completeness before collection and stored in a secure location. Return rate was 100%.

Data management and analysis

Data were collated and entered into a statistical software package such as SPSS version 26 for analysis. Data cleaning included checking for missing values, inconsistencies, and outliers, with corrections made by cross-checking against original questionnaires where possible. Hundred (100%) response rate was recorded.

Analysis was primarily descriptive, including:

Frequencies and percentages for categorical variables (e.g., socio-demographics, stress levels, sources of stress, coping strategies).

Tables summarizing perceived effects of stress on academic and clinical performance and distribution of coping methods.

Ethical considerations

Ethical approval for the study was obtained from the Research Ethics Committee of Faculty of Health Sciences and Technology before commencement of data collection. Permission to conduct the study was also obtained from the heads of various departments included in the study. Participation was voluntary, and written informed consent was obtained from all respondents. Confidentiality and anonymity were ensured by excluding names and personal identifiers from the questionnaire and by storing data securely with access restricted to the research team. Students were informed that they could withdraw at any time without penalty and that refusal to participate would not affect their academic standing.

RESULTS

The study surveyed 364 Faculty of Health Sciences students to describe their socio-demographic characteristics, common stressors, perceived effects of stress on academic and clinical performance, and coping strategies used to manage these stressors.

Table 1: Socio-demographic data of the participants. n =364

Age (in years)	**Frequency**	**Percentage**
15-18	10	2.8
19-22	117	32.1
23-26	113	31.0
27-30	124	34.1
Total	**364**	**100**
Sex		
Male	198	54.4
Female	166	45.6
Total	**364**	**100**
Marital status		
Single	201	55.2
Married	161	44.2
Divorced/separated	2	0.6
Widowed	-	-
Total	**364**	**100**
Religion		
Christianity	295	81.0
Islam	17	4.8
Traditional	2	0.5
Atheist	50	13.7
Total	**364**	**100**
Ethnicity		
Igbo	309	84.9

Hausa	17	4.7
Yoruba	38	10.4
Non-Nigeria	-	-
Total	**364**	**100**
Academic level		
100	-	-
200	198	54.4
300	21	5.7
400	65	17.9
500	80	22.0
Total	**364**	**100**
Department		
Nursing science	113	31.0
Radiography	93	25.6
Environmental health science	18	5.0
Medical lab science	78	21.4
Medical rehabilitation	62	17.0
Total	**364**	**100**

In Table 1, most participants were young adults aged 19–30 years, with the largest proportions in the 19–22 years (32.1%), 23–26 years (31.0%), and 27–30 years (34.1%) age brackets. Slightly more than half were male (54.4%), and just over half were single (55.2%), while 44.2% were married.

The sample was predominantly Christian (81.0%) and largely of Igbo ethnic origin (84.9%). More than half of the respondents were in 200 level (54.4%), followed by 500 level (22.0%), 400 level (17.9%), and a smaller proportion in 300 level (5.7%). Participants were drawn from several departments, with Nursing Science (31.0%) and Radiography (25.6%) contributing the highest proportions, followed by Medical Laboratory Science (21.4%), Medical Rehabilitation (17.0%) and Environmental Health Science (5.0%).

Table 2: Prevalence of stress and common stressors that pose as challenge to Faculty of Health Science students

How stressful do you feel on a daily basis during the academic year	**Frequency**	**Percentage**
Severely stressed	118	32.4
Moderately stressed	88	24.2

Mildly stressed	83	22.8
No stress	75	20.6
Total	**364**	**100**
What are the causes of stress in your life		
Study issues	152	41.8
Family issues	18	5.0
Financial issues	90	24.7
Friends issues	8	2.2
Issues with significant other (partner)	35	9.6
Work (job related issues)	24	6.6
Health related issues	12	3.3
Sports and athletic activity issues	6	1.6
Involvement in clubs and organizations	19	5.2
Total	**364**	**100**
Does any of the causes of stress affect your performance in school		
Yes	350	96.2
No	14	3.8
Total	**364**	**100**
If yes how		
Increase in grades	97	26.7
Decrease in grades	146	40.1
Average grades	121	33.2
Total	**364**	**100**

Table 2 shows that stress was highly prevalent among the students during the academic year. About one-third (32.4%) reported feeling “severely stressed” daily, while 24.2% described themselves as “moderately stressed” and 22.8% as “mildly stressed”; only 20.6% reported having no stress.

Study-related issues emerged as the most frequently reported cause of stress, cited by 41.8% of respondents. Financial challenges were also prominent, affecting 24.7% of students, while smaller proportions identified family issues (5.0%), relationship issues with a significant other (9.6%), work-related issues (6.6%), health problems (3.3%), sports/athletic issues (1.6%), and involvement in clubs/organizations (5.2%). Nearly all respondents (96.2%) indicated that these stressors affected their performance in school.

When asked to specify the impact on academic performance, 40.1% reported a decrease in grades, 33.2% reported maintaining average grades, and 26.7% reported an increase in grades despite stress. This suggests that while a minority may channel stress in a potentially motivating way, a substantial proportion experiences stress as detrimental to academic outcomes.

Table 3: Perceived effects of stress on academic and clinical performance

	Frequency	**Percentage**
Do you agree that stress has emotional, psychological and social effects on the academic and clinical performances of students?		
I agree	307	84.3
I disagree	57	15.7
Total	**364**	**100**
What are the social effects of stress?		
Sense of loneliness	19	5.2
Poor work relations	148	40.7
Decreased sex drive	65	17.8
Forgetfulness	89	24.5
Compulsive behavior	43	11.8
Total	**364**	**100**
What are the emotional effects of stress?		
Anxiety	75	20.6
Irritability	92	25.3
Mood swings	69	19.0
Difficulty concentrating	113	31.0
Confusion	15	4.1
Total	**364**	**100**
What are the psychological effects of stress?		
Constant worry	49	13.5
Forgetfulness	80	22.0
Difficulty thinking in a logical sequence	117	32.1
Decreased sex drive	50	13.7

Decreased attitude or thought	9	2.5
Compulsive behavior	59	16.2
Total	**364**	**100**
Has stress ever affected the way you relate to others or your interpersonal relationship with others?		
Yes	185	50.8
No	179	49.2
Total	**364**	**100**
Have you performed poorly in your academics due to stress?		
Yes	218	59.9
No	146	40.1
Total	**364**	**100**
Have you performed poorly in clinical practice due to stress?		
Yes	248	68.1
No	116	31.9
Total	**364**	**100**

Table 3 shows that most respondents (84.3%) agreed that stress has emotional, psychological, and social effects on students' academic and clinical performance. Only 15.7% disagreed with this statement, indicating strong consensus that stress is not merely a transient feeling but has broader functional consequences.

Regarding social functioning, poor work relations were the most commonly reported social effect of stress, affecting 40.7% of students. Other social effects included decreased sex drive (17.8%) and a sense of loneliness (5.2%), indicating that stress can disrupt interpersonal relationships and social connectedness.

Half of the respondents (50.8%) reported that stress had affected their interpersonal relationships or the way they relate to others, while 49.2% reported no such effect. This near-even split highlights variability in how stress translates into social difficulties among students.

Emotionally, stress was most frequently associated with difficulty concentrating (31.0%) and irritability (25.3%), followed by anxiety (20.6%), mood swings (19.0%), and confusion (4.1%). These emotional manifestations are consistent with symptoms that can directly interfere with learning and clinical performance.

Psychologically, difficulty thinking in a logical sequence was the most frequently reported effect (32.1%), followed by forgetfulness (22.0%) and compulsive behavior (16.2%). Constant worry (13.5%), decreased sex drive (13.7%), and decreased attitude or thought (2.5%) were also reported, suggesting that stress undermines cognitive clarity and may contribute to maladaptive patterns of thought and behavior.

In terms of outcomes, 59.9% of respondents reported having performed poorly in academics due to stress, whereas 40.1% reported no stress-related poor academic performance. The impact on clinical practice appeared even more pronounced, with 68.1% acknowledging poor clinical performance attributable to stress and 31.9% denying such an effect.

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Taken together, these findings indicate that stress among College of Health Sciences students is not only widespread but also strongly linked to perceived deficits in both academic and clinical performance, especially through emotional, cognitive, and social pathways.

Table 4: Coping strategies for managing academic and clinical stressors

	Frequency	**percentage**
What are the common coping strategies you have used when stressed?		
Appraisal focused coping strategy	18	4.9
Emotion focused coping strategy	57	12.9
Adaptive behavior coping strategy	29	7.9
Reactive and proactive coping	20	5.5
Humor	172	47.2
Negative techniques (maladaptive coping and non-coping)	68	18.6
Total	**364**	**100**
What is the common emotion focused coping strategies you have used?		
Releasing pent up emotions	184	50.5
Distracting oneself	97	26.7
Managing hostile feelings	60	16.5
Meditating	11	3.0
Using systematic relaxation procedure	12	3.3
Total	**364**	**100**
What are the common relaxation techniques you have used		
Deep breathing	102	28.0
Massage	84	23.1
Meditating	58	15.9
Tai chi	5	1.4
Yoga	38	10.4
Biofeedback	61	16.8
Hydrotherapy	10	2.7

Progressive muscle relaxation	6	1.7
Total	**364**	**100**
What are the common medications you have taken to deal with stress		
Anxiolytics	65	17.9
Muscle relaxants	32	8.8
Analgesics	267	73.3
Total	**364**	**100**

In Table 4, students reported a range of coping strategies, spanning both adaptive and maladaptive approaches. Overall, humor was the most commonly used coping strategy, reported by 47.2% of participants, suggesting that many students rely on light-hearted or reframing tactics to deal with stress.

Negative techniques—classified as maladaptive coping and non-coping—were reported by 18.6% of respondents, indicating that a non-trivial proportion resorts to potentially harmful or ineffective methods. Smaller proportions used emotion-focused coping strategies (12.9%), adaptive behavior coping (7.9%), appraisal-focused coping (4.9%), and reactive/proactive coping (5.5%).

Among specific emotion-focused strategies, releasing pent-up emotions was most common, used by 50.5% of students. Distracting oneself was reported by 26.7%, managing hostile feelings by 16.5%, and meditating and systematic relaxation procedures by 3.0% and 3.3%, respectively.

Relaxation techniques varied, with deep breathing (28.0%) and massage (23.1%) being the most frequently used. Other techniques included biofeedback (16.8%), meditation (15.9%), yoga (10.4%), hydrotherapy (2.7%), Tai chi (1.4%), and progressive muscle relaxation (1.7%). These results suggest that while some students use evidence-based relaxation strategies, uptake remains moderate to low for several techniques.

A high proportion of students reported using medications to cope with stress. Analgesics were the most commonly used, reported by 73.3% of respondents, while anxiolytics and muscle relaxants were used by 17.9% and 8.8%, respectively.

DISCUSSION

The findings of this study show that stress is highly prevalent among your Faculty of Health Sciences students, strongly linked to perceived academic and clinical difficulties, and managed with a mix of adaptive and risky coping strategies

In this study, almost four out of five students reported at least some level of stress during the academic year, with many describing themselves as severely or moderately stressed. This is consistent with studies from Nigeria and elsewhere showing that moderate-to-high stress is common among health sciences and medical undergraduates (Krishnappa et al., 2018; Fasoro et al., 2019; Ayinde et al., 2022; Jia et al., 2022; Naswiibah & Muhindo, 2025; Okwudishu et al., 2025). Similar to our finding that study issues (41.8%) and financial problems (24.7%) were the leading stressors, research among Nigerian colleges of health sciences students has identified examinations, heavy workload, and continuous assessment as major academic stressors, followed closely by financial hardship (Suleiman et al., 2023). Studies in South Africa and other African settings also highlight academic workload and assessment pressure as the dominant stressors among medical and allied health students (van der Merwe, Botha & Joubert, 2020; Winter & Olivia, 2024; Laher et al., 2026).

The implication is that stress in the study setting is not primarily about rare traumatic events, but about chronic academic and financial pressures embedded in the training environment. This supports calls for curriculum review (e.g., spreading assessments, improving feedback, reducing unnecessary workload) and for institutional financial support mechanisms, such as bursaries or emergency funds, particularly for students from low-income backgrounds (Suleiman et al., 2023). That 96.2% of the respondents believed that their stressors affected school performance, shows that students themselves recognise stress as an academic problem, not just a personal emotional issue.

A large majority of the respondents (84.3%) agreed that stress has emotional, psychological, and social effects on academic and clinical performance. Emotionally, they reported anxiety, irritability, mood swings, and difficulty concentrating, patterns that match earlier work demonstrating high levels of anxiety, depressive symptoms, and concentration difficulties among Nigerian medical students (Esan et al., 2019; Nwachukwu et al., 2021; Ayinde, et al., 2022; Obilade, Koleoso & Nwenendah-Mpi, 2024). Internationally, stress has been shown to impair working memory, attention, and decision-making, all of which are essential for complex academic learning and clinical reasoning (Almarzouki, 2024; Girotti, Bulin & Carreno, 2024; Carvalho, Reis & Serrano, 2025).

Socially, poor work relations were the most commonly reported effect, with additional reports of loneliness and decreased sex drive. Poor peer and staff relationships have also been implicated as important correlates of academic stress among Nigerian undergraduates, particularly where lecturer–student communication is weak and learning environments are perceived as unsupportive (Akam, 2021; Oyeleye & Umoru, 2023; Bolu-Steve & Foluke, 2024; Joseph et al., 2025). These results reinforce that stress is not only an internal psychological state; it shapes how students interact within clinical teams, approach supervisors, and communicate with patients. For a Faculty of Health Sciences, this has implications for professionalism and teamwork training, suggesting a need for mentorship structures and supportive supervision to buffer the social consequences of stress.

This study further shows that more than half of students reported poor academic performance due to stress, and about two-thirds reported that stress led to poor clinical performance. This is in line with work from Nigerian and other contexts where higher stress levels are associated with lower academic performance, reduced GPA, and increased risk of failing assessments (Adekale et al., 2022; Suleiman et al., 2023; Agodo & Vita-Agundu, 2025). Research on clinical performance has also demonstrated that acute stress and anxiety can impair technical skills and clinical reasoning in simulated and real settings, with clear implications for patient safety (Russ et al, 2018; Bayram, 2024; Vage et al., 2024; Doroc et al., 2025). Our findings therefore support a growing consensus that managing stress among health professions students is an educational quality and patient-safety issue, not only a student-welfare concern.

The respondents reported a mixture of coping strategies: humor was the most common, followed by emotion-focused strategies, negative (maladaptive) techniques, and smaller proportions using appraisal-focused coping, adaptive behaviours, and reactive/proactive coping. At an item level, releasing pent-up emotions and distracting oneself were frequent emotion-focused strategies, whereas techniques like meditation and systematic relaxation were rarely used. This blend of adaptive and maladaptive coping resembles findings from South Africa and other African studies, where students reported using planning, active coping, self-distraction, problem-solving, and emotional support alongside avoidance and other dysfunctional strategies (Jordan et al., 2020; Van der Merwe et al., 2020; SEAHI, 2025). Cummerow et al. (2023) and Radu et al. (2026) similarly found that academic stress among medical students was associated with lower resilience and that dysfunctional coping (e.g., substance use) correlated with poorer outcomes. These findings suggest that while students are not passive in the face of stress, many rely heavily on emotion-focused or palliative strategies, and relatively few use structured, evidence-based techniques such as relaxation training, cognitive restructuring, or problem-solving. This has important implications for intervention design: programmes that simply "raise awareness" of stress may be insufficient unless they actively teach and practice specific adaptive strategies (e.g., time-management workshops, mindfulness-based stress reduction, peer support groups) that have shown benefit in university and health-care student populations (Warnken et al., 2025).

Adaptive coping included humor, problem-focused strategies, planning, relaxation techniques (deep breathing, massage, meditation, yoga, biofeedback), and seeking social support, whereas maladaptive coping comprised

negative techniques (maladaptive coping and non-coping), excessive avoidance, and unsupervised medication use. While humor and some relaxation methods were common, a substantial minority relied on maladaptive strategies and frequent analgesic use to manage stress, with smaller but important use of anxiolytics and muscle relaxants. Access to and use of counselling services were limited; only a small proportion reported ever consulting formal counselling or mental-health services, a pattern consistent with other African studies where stigma, lack of awareness, and limited service availability inhibit help-seeking. This imbalance: high perceived need, frequent self-medication, low formal help-seeking, points to a major gap in institutional support.

A notable finding in this study is the high use of analgesics for stress relief (73.3%), with smaller but significant use of anxiolytics and muscle relaxants. This pattern suggests that students often interpret or experience stress in somatic terms (e.g., headaches, body pains) and respond by self-medicating, rather than seeking psychological support or formal counselling. Similar concerns about self-medication and maladaptive coping have been raised in studies of Nigerian and African students, where some report using over-the-counter drugs, stimulants, or substances to manage academic pressure (Rajab et al., 2023; Alhindi, 2026: Orji, Mbarie & Osahon, 2026).

For College or Faculty of Health Sciences, where students are future prescribers and health educators, this finding is particularly significant. It highlights a gap between what students are taught about rational medicine use and how they manage their own stress. This underscores the need for explicit teaching on healthy coping and help-seeking, clear guidance on appropriate use of medications for stress-related symptoms, and easy access to confidential mental health and counselling services on campus (Esan et al., 2018).

CONCLUSION

Overall, this study confirms that stress is widespread among Faculty of Health Sciences students, driven mainly by academic and financial pressures, associated with substantial perceived academic and clinical impairment, and managed through a mix of adaptive and maladaptive coping strategies, including high levels of self-medication.

These findings are broadly consistent with recent Nigerian and regional literature on student stress and coping (Suleiman et al., 2023; Ayeni et al., 2019; Mashabela et al., 2023; Nwafor et al., 2022). At the same time, these data add value by providing detailed, institution-specific information across multiple health disciplines within a single college and by describing both academic and clinical effects together with concrete coping behaviours and medication patterns.

For practice, the results support the development of comprehensive student-support strategies that combine curriculum-level changes (e.g., assessment load, scheduling), structured stress-management training, peer mentoring, and accessible counselling services. For policy, they offer local evidence to justify resource allocation to student support units and to advocate for national or institutional policies on mental health and well-being in health professional education.

RECOMMENDATIONS

Based on the findings, we recommend:

Integrating structured stress-management workshops into the curriculum could equip students with evidence-based techniques (relaxation training, cognitive-behavioural skills, time management), which have shown benefit for health-care students elsewhere.

Peer-mentoring schemes, particularly linking senior and junior students within departments, could address social isolation, improve work relations, and provide informal support, complementing formal services.

Targeted financial aid mechanisms, such as hardship funds, flexible fee schedules, or bursaries, should be considered as part of a holistic stress-reduction strategy.

Finally, implementing routine, confidential mental-health screening and referral pathways through student health or counselling units would help detect high-risk students early, reduce reliance on self-medication, and align the College with best practices in health-professional education

DECLARATIONS

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Authors' contributions

All authors were involved in the conception of the research idea, design, and implementation of the project. CCHO, UMA, and VCO reviewed the literature. UMA did data collection and data entry. VCO wrote the first draft of the manuscript. CCHO critically reviewed the manuscript. CCHO wrote the final manuscript and arranged the manuscript in line with the journal's guidelines. All authors read and approved the final manuscript and this submission.

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Ethical Consideration

The study was conducted in line with the Declaration of Helsinki.

Approval to conduct the study was given by the Ethics and Research Committee of Nnamdi Azikiwe University Teaching Hospital, Nnewi.

Oral administrative permission to proceed with the study was obtained from Heads of various Departments involved in the study. Verbal consent was also obtained from the respondents. The researchers ensured that the respondents were well-informed before soliciting their consent. The following ethical principles were also considered:

Respondent's autonomy: Only respondents who gave consent were assessed. In addition, they were allowed to withdraw from their studies at any time they wished, without any consequence.

Confidentiality: Confidentiality of information exchanged with the study groups remains with the respondents and the researchers.

Study Hazards: No hazard resulted from the study because the researcher only elicited information from the respondents.

Consent for publication

Not applicable

Declaration of conflict of interests

The authors declared no potential conflict of interest.

Data availability statement

The data that support the findings of this study are available from the corresponding author upon request.

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Conflict of Interest

None

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