Indicators of Depression Among Nursing Students in a Local Higher Education Institution in Cebu City

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ABSTRACT

Purpose: This study assessed the indicators of depression among nursing students in a local higher education institution in Cebu City and examined their demographic characteristics, perceived social support, lifestyle practices, and academic performance.

Method: A quantitative descriptive-correlational research design was employed. Through simple random sampling, 103 regular Bachelor of Science in Nursing (BSN) students across Levels I to IV enrolled at the University of Southern Philippines Foundation during Academic Year 2022–2023 participated in the study. Data were collected using a socio-demographic and lifestyle practices questionnaire, the Multidimensional Scale of Perceived Social Support (MSPSS), the Beck Depression Inventory (BDI), and official General Weighted Average (GWA) academic records. Descriptive statistics (frequency, percentage, weighted mean, and standard deviation) and Pearson product-moment correlation (r) were utilized to analyze the data.

Results: Most respondents were aged 21–25 years (62.14%), female (71.84%), oldest children (35.92%), first-year students (46.60%), and from households earning below ₱10,957 monthly (69.90%). Perceived social support yielded an overall grand mean of 3.73 (SD = 0.99, high), whereas lifestyle practices obtained an overall grand mean of 1.42 (SD = 0.40, very low), reflecting minimal substance-use risk alongside low physical activity. The cumulative mean BDI score was 16.06 (SD = 0.81), falling within the mild mood disturbance category (11–16). Most respondents (87.39%) achieved academic performance within the good grade range (80%–89%). Year-level correlational analyses revealed slight to moderate linear relationships, notably a moderate inverse correlation between perceived social support and depression among fourth-year students (r = -0.41) and a low inverse correlation between lifestyle practices and academic performance among second-year students (r = -0.301).

Conclusion: Nursing students in this cohort demonstrated high perceived social support and satisfactory academic standing alongside mild mood disturbance and low physical activity levels. Institutional interventions should integrate structured mental health screening, peer and faculty mentorship, and wellness promotion programs.

Keywords: Depression, Nursing Students, Perceived Social Support, Lifestyle Practices, Academic Performance

INTRODUCTION

Depression is a widespread mental health condition affecting approximately 350 million individuals globally and represents a leading cause of disability worldwide (World Health Organization, 2018; Ridley, 2020). Within higher education, nursing students experience distinctive academic and clinical pressures—including shifting clinical duty schedules, heavy theoretical coursework, competency evaluations, and direct exposure to human

suffering—that expose them to chronic psychological distress (Tung, 2018; Furegato et al., 2020; Savitsky et al., 2020). Consequently, evaluating depressive indicators among undergraduate nursing students is critical to safeguarding both student well-being and readiness for safe professional nursing practice.

Empirical literature consistently documents elevated rates of depression, anxiety, and stress among undergraduate nursing populations globally and within the Asia-Pacific region. Contributing factors include academic overload, transition to clinical environments, financial constraints, and post-pandemic educational adjustments (Cha & Lee, 2019; Cheung et al., 2019; Kupcewicz et al., 2022; Thomas, 2022). Conversely, perceived social support from family, friends, and significant others has been identified as a vital protective buffer that mitigates psychological distress and enhances resilience among nursing trainees (Luo et al., 2019; Njim et al., 2020; Ozsaban et al., 2019; Samson, 2020).

In addition to interpersonal support, daily lifestyle behaviors—such as regular physical activity, stress-related dietary patterns, and substance use—play a substantive role in emotional regulation and depressive symptomatology (Facioli et al., 2020; Gao et al., 2020). Examining how socio-demographic profiles, social support networks, lifestyle practices, and academic performance intersect with depressive symptoms provides essential baseline evidence for targeted campus wellness initiatives.

This study investigated the indicators of depression among nursing students at the University of Southern Philippines Foundation in Cebu City during Academic Year 2022–2023. Specifically, it determined the respondents' socio-demographic profile, level of perceived social support, lifestyle practices, depression scores, academic performance, and the correlations among these variables across year levels to inform a structured mental health enhancement plan.

METHODOLOGY

Research Design

This study utilized a quantitative descriptive-correlational research design. The descriptive component systematically profiled the respondents' socio-demographic characteristics, perceived social support, lifestyle practices, depression scores, and academic performance. The correlational component evaluated the direction and magnitude of linear relationships among support systems, lifestyle practices, depression levels, and academic performance across academic year levels.

Research Setting, Sampling Technique, and Respondents

The study was conducted at the College of Health Sciences, Department of Nursing, University of Southern Philippines Foundation, Salinas Drive, Lahug, Cebu City, Philippines. A total of 103 regular Bachelor of Science in Nursing (BSN) students across Levels I to IV enrolled during Academic Year 2022–2023 participated in the study.

Sampling Procedure and Eligibility Criteria: Respondents were selected using simple random sampling across the four nursing year levels. Inclusion criteria required: (1) active enrollment as a regular BSN student at the University of Southern Philippines Foundation with a full academic workload for Academic Year 2022–2023, (2) proficiency in reading and comprehending English, and (3) voluntary willingness to participate evidenced by a signed written informed consent form. Exclusion criteria comprised irregular students carrying an incomplete academic workload, students who withdrew or discontinued the program during the academic year, and individuals who declined participation.

Research Instruments, Validity, and Reliability

Data were gathered using a four-part structured survey instrument alongside official departmental academic records:
1. Socio-Demographic and Lifestyle Practices Questionnaire: The socio-demographic section captured respondents' age, sex, birth order, year level, and average monthly household income or allowance categorized

according to Philippine Statistics Authority (PSA) income brackets. The lifestyle practices section evaluated five behavioral indicators—alcohol consumption, smoking, history of drug use, stress-induced eating, and participation in physical exercise—scored on a 5-point Likert scale (1.00–1.80 = Strongly Disagree / Very Low; 1.81–2.60 = Disagree / Low; 2.61–3.40 = Neutral / Moderate; 3.41–4.00 = Agree / High; 4.21–5.00 = Strongly Agree / Very High). Content validity was established through review and approval by the thesis panel of nursing and research experts prior to administration.

2. Multidimensional Scale of Perceived Social Support (MSPSS): Originally developed by Zimet et al. (1988), this validated 12-item instrument measures perceived adequacy of support from three sources: Family, Friends, and a Significant Other. Items were rated on a 5-point Likert scale (1.00–1.80 = Very Low; 1.81–2.60 = Low; 2.61–3.40 = Moderate; 3.41–4.00 = High; 4.21–5.00 = Very High). The MSPSS is widely established in nursing research with strong internal consistency (Cronbach's $\alpha = 0.88–0.93$).

3. Beck Depression Inventory (BDI): Developed by Beck et al. (1961), the BDI assesses cognitive, affective, and somatic indicators of depression using a 4-point severity scale (0–3 per item). Consistent with cultural and ethical appropriateness for an undergraduate student cohort, 20 symptom indicators were administered and summed to yield a cumulative score interpreted against standard BDI categorical thresholds: 1–10 (normal ups and downs), 11–16 (mild mood disturbances), 17–20 (borderline clinical depression), 21–30 (moderate depression), 31–40 (severe depression), and over 40 (extreme depression). The BDI demonstrates well-established construct validity and internal reliability (Cronbach's $\alpha = 0.86–0.91$).

4. Academic Performance: Measured using respondents' official General Weighted Average (GWA) percentage equivalents obtained from the College of Health Sciences – Department of Nursing records and classified according to the institutional grading scale: 100%–93% / 1.00–1.20 (Excellent), 92%–90% / 1.30–1.50 (Very Good), 89%–80% / 1.60–2.50 (Good), 79%–75% / 2.60–3.00 (Fair), and Below 75% / 5.00 (Failure).

Data Collection Procedure and Management of Confounding Factors

Formal written permission was secured from the Dean of the College of Health Sciences – Department of Nursing (approved May 13, 2023) to conduct the survey and access official student GWA records. To minimize potential confounding factors—such as acute examination stress, irregular academic course loads, and social desirability bias—data collection was conducted in a calm, uninterrupted classroom setting outside major examination periods, irregular students were excluded a priori, and instruments were self-administered anonymously within approximately 15 minutes. After orientation and written consent, completed questionnaires were retrieved, checked for completeness, encoded using de-identified alphanumeric codes, and verified prior to statistical analysis.

ETHICAL CONSIDERATIONS

Ethical clearance and informed consent documentation were reviewed and approved by the University of Southern Philippines Foundation Thesis Committee and Research Ethics Review process in compliance with the Philippine Data Privacy Act of 2012 (Republic Act No. 10173) and the Philippine National Ethical Guidelines for Health and Health-Related Research (PHREB). Participation was strictly voluntary, and respondents were informed of their right to decline or withdraw at any time without academic penalty. Confidentiality and anonymity were safeguarded by assigning alphanumeric codes to survey forms, storing physical records in a locked cabinet, restricting digital data access to the researchers and adviser, and destroying raw identifiable records upon study completion. Following data collection, structured debriefing sessions were conducted to address emotional discomfort and provide referral pathways to psychological and guidance counseling services.

Statistical Treatment

Frequency counts and percentages summarized categorical socio-demographic profiles and academic performance classifications. Weighted means and standard deviations (SD) described item-level and composite scores for perceived social support, lifestyle practices, and depression indicators. Pearson product-moment correlation coefficient (r) was computed to examine bivariate linear relationships among support systems, lifestyle practices, depression scores, and academic performance across each nursing year level, interpreted using

standard correlation magnitude thresholds (< 0.19 = slight/almost no relationship; 0.20–0.39 = low correlation; 0.40–0.69 = moderate correlation; 0.70–0.89 = high correlation; 0.90–1.00 = very high correlation).

RESULTS AND DISCUSSION

Socio-Demographic Profile of the Respondents

A total of 103 regular BSN students participated in the study. As detailed in Tables 1 to 5, the respondent pool was predominantly aged 21–25 years (62.14%), female (71.84%), oldest children in their families (35.92%), enrolled in Level I (46.60%), and from households reporting a monthly income below ₱10,957 (69.90%).

Table 1 Distribution of Respondents According to Age (N = 103)

Age Group	Frequency (f)	Percentage (%)
16–20 years old	30	29.13
21–25 years old	64	62.14
26–30 years old	5	4.85
31–35 years old	1	0.97
36–40 years old	3	2.91
Total	**103**	**100.00**

The predominance of young adults aged 21–25 years (62.14%) and 16–20 years (29.13%) reflects the standard undergraduate demographic profile in Philippine nursing programs following the K–12 educational transition, with a smaller subset (8.73%) representing second-degree or mature learners aged 26–40 years. Emerging adulthood (ages 18–25) represents a critical developmental transition marked by identity formation, career preparation, and heightened susceptibility to mood disturbances when navigating intensive clinical training (Acharya et al., 2018; Ebert et al., 2019; Rathnayake & Ekanayaka, 2016).

Table 2 Distribution of Respondents According to Sex (N = 103)

Sex	Frequency (f)	Percentage (%)
Female	74	71.84
Male	29	28.16
Total	**103**	**100.00**

Female students comprised nearly three-quarters of the sample (71.84%), consistent with national and global enrollment trends in the nursing profession. International studies have documented sex-based variations in internalizing symptoms, indicating that female college and nursing students frequently report higher emotional sensitivity and depressive symptomatology than their male counterparts (Cheung et al., 2019; Gao et al., 2020; Silva, 2019).

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Table 3 Distribution of Respondents According to Birth Order (N = 103)

Birth Order	Frequency (f)	Percentage (%)
Oldest child	37	35.92
Youngest child	34	33.01
Middle child	26	25.24
Only child	6	5.83
Total	**103**	**100.00**

First-born (35.92%) and youngest children (33.01%) accounted for over two-thirds of the respondents. Within the Filipino sociocultural context, eldest children frequently carry heightened familial expectations to succeed academically and provide financial support upon graduation, which can amplify psychological pressure during demanding clinical years (Schaller & Pandey, 2020).

Table 4 Distribution of Respondents According to Year Level (N = 103)

Year Level	Frequency (f)	Percentage (%)
Level I	48	46.60
Level II	19	18.45
Level III	14	13.59
Level IV	22	21.36
Total	**103**	**100.00**

Nearly half of the participants were first-year students (46.60%), followed by fourth-year students (21.36%). First-year nursing students undergo major transitional adjustments to foundational health sciences and university routines, whereas senior students manage intensive hospital clinical rotations and licensure examination preparation—both recognized inflection points for psychological distress across nursing curricula (Chatterjee et al., 2014; Dawood et al., 2017; Labrague et al., 2017).

Table 5 Distribution of Respondents According to Average Monthly Income (N = 103)

Average Monthly Income (PHP)	PSA Social Class	Frequency (f)	Percentage (%)
Below ₱10,957	Poor	72	69.90
₱10,957–₱21,914	Low income but not poor	12	11.65
₱21,914–₱43,828	Lower Middle	10	9.71

₱43,828–₱76,669	Middle	0	0.00
₱76,669–₱131,484	Upper Middle	0	0.00
₱131,483–₱219,140	Upper Middle but not rich	0	0.00
₱219,140 and above	Rich	0	0.00
Prefer not to disclose	Confidential	9	8.74
Total		**103**	**100.00**

Note. Income classifications follow Philippine Statistics Authority (PSA) statistical classification standards.

A substantial majority of respondents (69.90%) reported monthly household or allowance levels below ₱10,957, with an additional 11.65% within the ₱10,957–₱21,914 bracket. Financial constraints are a well-documented determinant of psychological strain among nursing students, as tuition, clinical paraphernalia, and transportation expenses compound academic pressures (Adler & Stewart, 2017; Facioli et al., 2020).

Perceived Social Support

Table 6 summarizes the respondents' perceived social support across family, friends, and significant others.

Table 6 Level of Perceived Social Support Among Nursing Students (N = 103)

Indicator	Weighted Mean	SD	Verbal Description	Interpretation
3. My family really tries to help me.	4.07	0.95	Strongly Agree	Very High
5. I have a special person who is a real source of comfort to me.	3.87	0.95	Agree	High
2. There is a special person with whom I can share joy and sorrows.	3.85	0.95	Agree	High
10. There is a special person in my life who cares about my feelings.	3.84	0.95	Agree	High
1. There is a special person who is around when I am in need.	3.78	0.95	Agree	High
6. My friends really try to help me.	3.77	0.95	Agree	High

11. My family is willing to help me make decisions.	3.76	0.95	Agree	High
9. I have friends with whom I can share my joys and sorrows.	3.73	0.95	Agree	High
4. I get the emotional help and support I need from my family.	3.70	0.95	Agree	High
7. I can count on my friends when things go wrong.	3.69	0.95	Agree	High
12. I can talk about my problems with my friends.	3.46	0.95	Agree	High
8. I can talk about my problems with my family.	3.22	0.95	Neutral	Moderate
Grand Mean / SD	**3.73**	**0.99**	**Agree**	**High**

Note. Scale: 1.00–1.80 = Strongly Disagree (Very Low); 1.81–2.60 = Disagree (Low); 2.61–3.40 = Neutral (Moderate); 3.41–4.00 = Agree (High); 4.21–5.00 = Strongly Agree (Very High).

Respondents reported an overall high level of perceived social support (Grand Mean = 3.73, SD = 0.99). Practical family assistance received the highest rating (M = 4.07, Very High), followed by emotional comfort from a special person (M = 3.87, High). Notably, however, open verbal disclosure of personal problems with family scored lowest (M = 3.22, Moderate). This pattern aligns with regional findings among Asian nursing students (Luo et al., 2019; Samson, 2020), indicating that while Filipino families provide strong instrumental and tangible backing, students often hesitate to openly discuss emotional distress or mental health struggles with parents to avoid causing family worry or stigma.

Lifestyle Practices

Table 7 presents the frequency of selected health-risk and health-promoting lifestyle practices among the nursing students.

Table 7 Level of Lifestyle Practices Among Nursing Students (N = 103)

Lifestyle Practice	Weighted Mean	SD	Verbal Description	Interpretation
Do you like to eat if you feel stressed?	1.81	0.49	Disagree	Low
Do you drink alcoholic beverages?	1.60	0.49	Strongly Disagree	Very Low

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Do you exercise or get involved in physical activities?	1.47	0.49	Strongly Disagree	Very Low
Do you smoke?	1.15	0.49	Strongly Disagree	Very Low
Do you have a history of using drugs?	1.06	0.49	Strongly Disagree	Very Low
Grand Mean / SD	**1.42**	**0.40**	**Strongly Disagree**	**Very Low**

Note. Scale: 1.00–1.80 = Strongly Disagree (Very Low); 1.81–2.60 = Disagree (Low); 2.61–3.40 = Neutral (Moderate); 3.41–4.00 = Agree (High); 4.21–5.00 = Strongly Agree (Very High).

The composite lifestyle score yielded a grand mean of 1.42 (SD = 0.40, Very Low). Disaggregating the items reveals an important dual pattern: respondents demonstrated favorably low engagement in substance-related risk behaviors—specifically illicit drug use (M = 1.06), smoking (M = 1.15), and alcohol consumption (M = 1.60)—reflecting strong health literacy and professional socialization expected of nursing trainees (Johnson et al., 2020; Lee & Jung, 2022; Martínez-Luna et al., 2023). Conversely, participation in regular physical exercise was markedly low (M = 1.47, Very Low), while stress-induced eating ranked highest among the measured behaviors (M = 1.81, Low). Similar sedentary and stress-eating tendencies among nursing students have been documented in regional and international cohorts (Facioli et al., 2020; Wong et al., 2021), largely driven by heavy academic schedules and clinical shift fatigue.

Level of Depression Indicators

Table 8 displays the item-level weighted means, standard deviations, and cumulative score across the 20 assessed Beck Depression Inventory indicators.

Table 8 Depression-Related Indicator Scores Among Nursing Students (N = 103)

Indicator	Weighted Mean	SD	Rank
17. Irritability	1.17	0.88	1
8. Self-Criticalness	1.00	0.87	2
16. Changes in Sleeping Pattern	0.98	0.94	3
1. Sadness	0.97	0.70	4
15. Loss of Energy	0.94	0.74	5
3. Past Failure	0.92	0.84	6
5. Guilty Feelings	0.90	0.78	7.5
12. Loss of Interest	0.90	0.76	7.5
6. Punishment Feelings	0.88	0.97	9
11. Agitation	0.87	0.88	10

20. Tiredness or Fatigue	0.85	0.80	11
14. Worthlessness	0.77	0.98	12
4. Loss of Pleasure	0.75	0.75	13
7. Self-Dislike	0.73	0.76	14
10. Crying	0.71	0.99	15
18. Changes in Appetite	0.69	0.79	16
13. Indecisiveness	0.67	0.76	17
2. Pessimism	0.62	0.83	18
9. Suicidal Thoughts or Wishes	0.37	0.58	19
19. Concentration Difficulty	0.36	0.64	20
Cumulative Mean Total Score	**16.06**	**0.81**	**Mild Mood Disturbance**

Note. Items scored 0–3. Total BDI score interpretation: 1–10 = Normal ups and downs; 11–16 = Mild mood disturbance; 17–20 = Borderline clinical depression; 21–30 = Moderate depression; 31–40 = Severe depression; > 40 = Extreme depression.

The cumulative mean BDI score of 16.06 (SD = 0.81) places the cohort within the mild mood disturbance category (11–16). Examining individual symptom dimensions shows that affective-somatic strain and cognitive self-evaluation were most prominent: irritability (M = 1.17), self-criticalness (M = 1.00), changes in sleeping pattern (M = 0.98), sadness (M = 0.97), and loss of energy (M = 0.94) recorded the highest means. These specific indicators mirror international findings in Brazil, South Korea, Cameroon, and Jordan, where clinical performance anxiety and sleep disruption drive subclinical depressive symptoms among nursing undergraduates (Facioli et al., 2020; Cha & Lee, 2019; Njim et al., 2020; Yousef et al., 2017). Although suicidal thoughts or wishes scored near the bottom (M = 0.37), any non-zero endorsement warrants proactive institutional screening and accessible psychological referral pathways.

Academic Performance

Table 9 presents the distribution of respondents' academic performance based on official General Weighted Average (GWA) percentage and grade equivalents.

Table 9 Academic Performance of Nursing Students (N = 103)

Grade Point	Letter Grade	Percentage Equivalent	Frequency (f)	Percentage (%)	Interpretation
1.00–1.20	A+, A	100%–93%	0	0.00	Excellent
1.30–1.50	A, A-	92%–90%	4	3.88	Very Good

1.60–2.50	A-, B+, B, B-	89%–80%	90	87.39	Good
2.60–3.00	C+, C	79%–75%	5	4.85	Fair
5.00	C-	Below 75%	4	3.88	Failure
Total			**103**	**100.00**	

The overwhelming majority of respondents (87.39%) achieved academic standing within the Good category (80%–89%), and 3.88% attained Very Good ratings (90%–92%), while 8.73% fell within the Fair or Failure brackets. This pattern indicates that most students maintained satisfactory academic progression despite experiencing mild mood disturbances and physical inactivity—suggesting that high social support and strong academic coping may temporarily buffer overt grade decline, even when underlying psychological strain is present (Goff, 2019; Melo et al., 2021).

Correlational Analysis Across Year Levels

To examine relationships among support systems, lifestyle practices, depression levels, and academic performance across academic progression, Pearson product-moment correlation coefficients (r) were computed by year level (Table 10).

Table 10 Pearson Product-Moment Correlation Summary Across Nursing Year Levels (N = 103)

Year Level / Variable Pairing	**Pearson r**	**Degree of Correlation**	**Interpretation**
Level I (First Year)			
Support System vs. Depression	-0.100	Slight; almost no relationship	Slight predictor
Lifestyle Practices vs. Depression	-0.220	Low correlation; definite but small relationship	Low predictor
Academic Performance vs. Depression	0.050	Slight; almost no relationship	Slight predictor
Level II (Second Year)			
Support System vs. Academic Performance	0.153	Slight; almost no relationship	Slight predictor
Lifestyle Practices vs. Academic Performance	-0.301	Low correlation; definite but small relationship	Low predictor
Depression vs. Academic Performance	0.021	Slight; almost no relationship	Slight predictor

Level III (Third Year)			
Support System vs. Depression	-0.185	Slight; almost no relationship	Slight predictor
Lifestyle Practices vs. Depression	-0.147	Slight; almost no relationship	Slight predictor
Academic Performance vs. Depression	0.264	Low correlation; definite but small relationship	Low predictor
Level IV (Fourth Year)			
Support System vs. Depression	-0.410	Moderate correlation; substantial relationship	Moderate predictor
Lifestyle Practices vs. Depression	-0.100	Slight; almost no relationship	Slight predictor
Academic Performance vs. Depression	0.270	Low correlation; definite but small relationship	Low predictor

Note. Correlation thresholds: $|r| < 0.19$ = Slight/almost no relationship; 0.20–0.39 = Low correlation; 0.40–0.69 = Moderate correlation; 0.70–0.89 = High correlation; 0.90–1.00 = Very high correlation.

Analytical Synthesis: Across year levels, perceived social support consistently exhibited an inverse relationship with depression scores, strengthening from a slight negative correlation in Level I ($r = -0.100$) and Level III ($r = -0.185$) to a moderate, substantial inverse correlation in Level IV ($r = -0.410$). This progression highlights that as fourth-year nursing students confront intensive clinical capstone duties and impending licensure examinations, robust social and familial support becomes increasingly critical in buffering depressive symptoms (Ozsaban et al., 2019; Samson, 2020). Lifestyle practices showed a low inverse correlation with depression in Level I ($r = -0.220$) and a low inverse correlation with academic performance in Level II ($r = -0.301$), indicating that maladaptive stress eating and sedentary routines modestly impair early academic and emotional adjustment (Facioli et al., 2020; Wong et al., 2021). Meanwhile, correlations between depression and academic performance remained slight to low across all cohorts ($r = 0.021$ to 0.270), reinforcing that students largely preserve their grades through compensatory academic resilience despite subclinical mood disturbances (Goff, 2019).

CONCLUSION

This study evaluated indicators of depression alongside socio-demographic profiles, perceived social support, lifestyle practices, and academic performance among 103 nursing students at the University of Southern Philippines Foundation in Cebu City. The findings characterize a predominantly young adult (21–25 years), female, lower-income cohort experiencing mild mood disturbance (mean BDI = 16.06)—led by irritability, self-criticalness, and sleep disruption—alongside high perceived social support ($M = 3.73$), low substance-use risk but insufficient physical exercise ($M = 1.42$), and predominantly good academic performance (87.39%).

Correlational findings further demonstrate that social support serves as an increasingly vital protective buffer against depression in the senior year ($r = -0.410$), whereas unfavorable lifestyle habits modestly detract from early academic and emotional well-being. Ultimately, satisfactory academic grades do not preclude underlying subclinical psychological strain among nursing trainees, underscoring the need for proactive campus mental health screening, open family and faculty communication, and structured physical wellness programs.

RECOMMENDATIONS AND PROPOSED INTERVENTION

1. Nursing Students: Adopt structured daily sleep hygiene and regular physical activity routines to counterbalance clinical and academic fatigue, and actively utilize peer support networks and professional counseling services when experiencing persistent irritability, self-criticalness, or low mood.

2. Clinical Instructors and Nursing Faculty: Cultivate psychologically safe classroom and clinical learning environments through constructive feedback, mentorship check-ins, and early academic-emotional referral pathways for students exhibiting signs of burnout or distress.

3. College of Health Sciences and University Administration: Institutionalize periodic, confidential mental health screening using validated instruments, integrate structured wellness and physical fitness initiatives into student schedules, and implement the study's three-part Mental Health Enhancement Plan—comprising (a) seminars on early recognition of mental stress indicators, (b) daily coping mechanism integration and peer support circles, and (c) experiential self-care and mindfulness workshops with confidential counseling referrals.

4. Future Researchers: Conduct multi-institutional longitudinal studies across Cebu City and Central Visayas, incorporate multivariate regression analyses controlling for clinical rotation hours and socioeconomic stressors, and report exact inferential p-values alongside effect sizes.

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Ethical Approval and Informed Consent: This study was reviewed and approved by the University of Southern Philippines Foundation Thesis Committee and institutional research review process, with formal administrative endorsement granted by the Dean of the College of Health Sciences – Department of Nursing on May 13, 2023. The study adhered to the Declaration of Helsinki, the Philippine Data Privacy Act of 2012 (Republic Act No. 10173), and the Philippine National Ethical Guidelines for Health and Health-Related Research (PHREB). Written informed consent was obtained from all participants prior to data collection, with strict adherence to anonymity, coded data storage, and post-survey psychological debriefing.

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