

Academic Stress Among Nursing Students: Dominant Symptom Dimensions and Implications for Counseling Interventions

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	Nursing students are particularly vulnerable to academic stress due to the combined demands of academic coursework and clinical training. This study aimed to describe the academic stress profile of nursing students in Padang, Indonesia, by examining four symptom dimensions: cognitive (thought), behavioral, physical, and emotional (feeling) symptoms. A quantitative descriptive cross-sectional design was employed, involving 104 nursing students selected through total sampling. Data were collected using a self-developed 35-item Academic Stress Questionnaire based on a five-point Likert scale, which demonstrated excellent internal consistency (Cronbach's $\alpha = .954$). Descriptive statistical analysis showed that most students experienced moderate (34.6%) or high (30.8%) levels of academic stress, with 35.6% classified in the high-to-very-high categories. Among the four symptom dimensions, cognitive (thought) symptoms were the most dominant, followed by emotional (feeling), behavioral, and physical symptoms. These findings indicate that academic stress among nursing students is characterized primarily by cognitive and emotional manifestations rather than physical symptoms. The results provide an empirical basis for developing targeted guidance and counseling interventions, particularly those emphasizing cognitive restructuring and emotional regulation, to better support nursing students' psychological well-being and academic adjustment.

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INTRODUCTION

University students undergo a developmental transition from adolescence to early adulthood, a period characterized by significant cognitive and socio-emotional changes that increase their vulnerability to academic stress (Karneli et al., 2018). Academic stress arises when students are required to cope with demanding coursework, examinations, and expectations for academic achievement, which may adversely affect their learning outcomes and psychological well-being (Ardi et al., 2022; Córdova Olivera et al., 2023). These challenges are particularly pronounced among health-science students, especially those enrolled in nursing programs, whose educational experiences combine intensive academic requirements with clinical training, resulting in greater psychological, emotional, and operational demands than those encountered in many other disciplines (Mesk et al., 2025; Rahmawati et al., 2025).

Previous studies consistently indicate that nursing students experience higher levels of academic stress than students in many other fields of study (Jimenez et al., 2010; Simonelli Munoz et al., 2018). Academic stress among nursing students is associated with multiple sources, including academic workload, personal challenges, and particularly the demands of clinical practice, which has been identified as one of the most significant stressors during nursing education (Agustiniingsih, 2019; Smith & Yang, 2017; Wolf et al., 2015; Yildirim et al., 2016). International evidence likewise demonstrates a high prevalence of academic stress among nursing students, with studies reporting

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that most students experience moderate to high levels of stress throughout their education (El-Ashry et al., 2022; Zheng et al., 2022).

Evidence from Indonesia also confirms that academic stress is a substantial concern among nursing students. Hatmanti and Septianigrum (2019) reported that 62% of nursing students experienced severe levels of stress, while Suwartika et al. (2014) found that more than half of students (55.8%) reported severe stress. More recently, Ardi et al. (2025) showed that academic stress among university students in West Sumatra was predominantly at a moderate level. Collectively, these findings demonstrate that academic stress remains a persistent issue requiring continued attention from higher education institutions and student support services.

Academic stress has important implications for students' academic functioning and psychological well-being. Persistent stress may reduce academic motivation, impair cognitive functioning and emotion regulation, lower academic achievement, and increase the risk of dropout (O'Connor et al., 2021; Pascoe et al., 2020; Flórez-Rodríguez, 2020). Given the high prevalence and potential consequences of academic stress among nursing students, a comprehensive understanding of its manifestation is essential to support the development of effective counseling services and student well-being programs.

Literature Review

Conceptualization of Academic Stress in Nursing Students

Stress was defined by Lazarus and Folkman (1984) through Transactional Theory as the outcome of a transactional relationship between an individual and their environment. Stress occurs when an individual makes a primary appraisal that a demand threatens their well-being, followed by a secondary appraisal that their available coping resources are inadequate to meet that demand. Consistent with this perspective, Sarafino and Smith (2014) affirm that stress arises from a mismatch between situational demands and the capacity of an individual's biological, psychological, or social systems to respond. When this stress phenomenon shifts into an educational context, it is transformed into academic stress. Academic stress is defined as the mental and emotional pressure experienced by students as a result of the accumulation of learning demands that exceed their adaptive capacity (Lovibond & Lovibond, 1995; Mesk et al., 2025). Nursing students are required not only to demonstrate academic resilience in the classroom but also to show a high level of operational work readiness when providing real medical care to patients (Mohamed et al., 2024).

Sources and Risk Factors of Academic and Clinical Stress

Research has identified several interrelated sources of stress among nursing students, which can be broadly categorized into academic, clinical, and personal-social domains (Li et al., 2025). Academic stress commonly arises from heavy assignment workloads, demanding block examination schedules, competition for grades or GPA, and limited time management due to intensive course requirements (Nazari et al., 2025; Ullah et al., 2025). Clinical stress is primarily associated with anxiety when interacting with real patients, fear of committing medical errors (malpractice), extended clinical or laboratory duty hours, and challenging interpersonal relationships with senior nurses or clinical instructors during hospital placements (Mohamed et al., 2024; Rahmawati et al., 2025). In addition, personal and social factors, including financial difficulties, adjustment to the university environment, particularly among first-year students, and low self-confidence in clinical performance, further contribute to students' overall stress levels (Mesk et al., 2025; Nazari et al., 2025; Ullah et al., 2025).

Four Dimensions of Stress Symptoms

According to Nist-Olejnik and Holschuh (2016), stress experienced by students is reflected in four interrelated dimensions: cognitive (thought), emotional (feeling), physical, and behavioral symptoms. Cognitive symptoms include impaired attention, difficulty concentrating, reduced self-

confidence, excessive fear of examination failure, and distorted thinking about future uncertainty. Emotional symptoms are characterized by persistent restlessness, anxiety related to academic evaluation, feelings of sadness, heightened irritability, and fear of being unable to complete academic tasks on time. Physical symptoms arise from prolonged activation of the sympathetic nervous system and commonly include headaches, dry mouth, tremors, physical fatigue, and reduced immune function, increasing vulnerability to illness (Segerstrom & Miller, 2004). Behavioral symptoms are manifested through changes in daily functioning, such as sleep disturbances, irregular eating patterns, withdrawal from social interactions, episodes of crying, and maladaptive coping behaviors, including the misuse of substances or sedatives (Nevid et al., 2003).

Within the Indonesian higher education context, Barseli et al. (2017) reported that these four dimensions of stress are often interconnected and influenced by students' limited ability to develop effective coping strategies. When cognitive and emotional symptoms become more pronounced and remain unmanaged, students are more likely to experience substantial declines in academic performance, impaired learning engagement, and reduced psychological well-being. These findings highlight the importance of early identification of multidimensional stress symptoms and the implementation of appropriate interventions to strengthen adaptive coping and support students' academic success.

Rationale of the Study

Academic stress among nursing students is a multidimensional phenomenon resulting from the interaction of academic demands, clinical training requirements, and personal-social challenges (Li et al., 2025; Ullah et al., 2025). Although previous studies have consistently reported the prevalence and severity of academic stress among nursing and other health-science students, they have primarily focused on overall stress levels (e.g., low, moderate, and high) rather than examining how stress is manifested across specific symptom dimensions (Ardi et al., 2025; Basith et al., 2021; Manery et al., 2024). Theoretically, Nist-Olejník and Holschuh (2016) conceptualized academic stress as comprising four interrelated dimensions: cognitive (thought), emotional (feeling), physical, and behavioral symptoms; yet empirical evidence identifying which of these dimensions is most dominant among nursing students remains limited. This gap is important because the manifestation of stress varies across individuals and influences the type of coping strategies and psychological support required. Therefore, the present study aims to identify and map the dominant dimensions of academic stress symptoms among nursing students, providing evidence that can inform the development of more targeted guidance and counseling interventions as well as student support programs in nursing education.

Objectives and Hypothesis

The present study aims to describe the academic stress profile of nursing students by examining both the overall level of academic stress and its manifestation across four symptom dimensions: cognitive (thought), behavioral, physical, and emotional (feeling) symptoms. In addition, the study seeks to identify the dominant stress symptom dimension experienced by nursing students and to use this symptom profile as an empirical basis for developing evidence-informed recommendations for guidance and counseling interventions within nursing education.

Given its quantitative descriptive cross-sectional design, this study does not seek to test causal relationships but rather to provide a comprehensive description of the phenomenon under investigation. It is anticipated that nursing students will exhibit varying levels of academic stress and that the manifestation of stress will differ across the four symptom dimensions, reflecting heterogeneous patterns of cognitive, behavioral, physical, and emotional responses. Identifying the dominant symptom dimension is expected to contribute to a more nuanced understanding of

students' stress experiences and support the design of more targeted counseling and student support programs.

METHODS

Design

This study employed a quantitative descriptive cross-sectional design to describe the academic stress profile of nursing students and examine the distribution of stress symptoms across four dimensions: cognitive (thought), behavioral, physical, and emotional (feeling) symptoms. A quantitative descriptive design is appropriate for systematically describing the characteristics of a phenomenon based on numerical data without manipulating the variables under investigation, while the cross-sectional approach enables data to be collected from all participants at a single point in time (Creswell & Creswell, 2017; Loeb et al., 2017; Setia, 2016). The study was conducted at the Nursing Study Programs of Universitas Alifiah Padang and Universitas Negeri Padang, West Sumatra, Indonesia.

Participants and Procedure

The target population of this study consisted of 105 undergraduate nursing students enrolled in the Nursing Study Programs at Universitas Alifiah Padang and Universitas Negeri Padang. Because the population size was relatively small and accessible, a total sampling technique was employed, in which all eligible members of the population were invited to participate. Total sampling is recommended in quantitative research when the entire population can be reached, as it minimizes sampling error and enhances the representativeness of the findings (Creswell & Creswell, 2017; Cohen et al., 2002). Of the 105 eligible students, 104 completed the study and were included in the final analysis.

To ensure that the participants were appropriate for the research objectives, inclusion and exclusion criteria were established. The inclusion criteria required participants to be active undergraduate nursing students enrolled in 2024 and willing to participate voluntarily in the study. Students were excluded if they were on academic leave or under academic suspension during the data collection period, or if they declined to participate or did not complete the questionnaire.

Instruments

The study employed a self-developed Academic Stress Questionnaire based on the theoretical framework proposed by Nist-Olejnik and Holschuh (2016), which conceptualizes academic stress as comprising four dimensions: cognitive (thought), behavioral, physical, and emotional (feeling) symptoms. The instrument consisted of 35 items distributed across the four dimensions, including thought symptoms (6 items), behavioral symptoms (9 items), physical symptoms (15 items), and feeling symptoms (5 items). Responses were measured using a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating greater levels of academic stress symptoms.

Prior to data collection, the instrument underwent a rigorous validation and reliability assessment. Content validity was established through expert review by three specialists in Guidance and Counseling and research methodology from Universitas Negeri Padang, who evaluated the relevance, clarity, and representativeness of the questionnaire items. An empirical pilot study was subsequently conducted with nursing students between 23 and 27 February 2026. Construct validity was assessed using the Pearson Product-Moment correlation in IBM SPSS Statistics version 30, with a critical value of $r > .301$ ($\alpha = .05$). All 35 items exceeded the required threshold and were therefore retained. Internal consistency reliability was evaluated using Cronbach's alpha, yielding a coefficient of .954, which indicates excellent reliability and confirms that the instrument was appropriate for use in the main study.

Data Analysis

Data were analyzed using descriptive statistics to summarize the overall level of academic stress and the distribution of stress symptoms across the four dimensions. Individual academic stress scores were classified into five categories—very low, low, moderate, high, and very high—using the Norm-Referenced Assessment (NRA) approach based on the sample mean (M) and standard deviation (SD). The classification intervals were defined as follows: very high ($X \geq M + 1.5SD$), high ($M + 0.5SD \leq X < M + 1.5SD$), moderate ($M - 0.5SD \leq X < M + 0.5SD$), low ($M - 1.5SD \leq X < M - 0.5SD$), and very low ($X < M - 1.5SD$). The proportion of respondents in each category was calculated using the percentage formula, $P = (f/n) \times 100$, where f represents the frequency of respondents in each category and n denotes the total sample size. Finally, the mean scores of the four symptom dimensions were compared to identify the dominant manifestation of academic stress among nursing students.

RESULT AND DISCUSSION

Result

Overview of Academic Stress Levels

Descriptive analysis of the academic stress scores of 104 nursing students yielded a mean score of 109.41 ($SD = 26.44$), with observed scores ranging from 47 to 165 out of a possible maximum score of 175. Based on the Norm-Referenced Assessment (NRA) method, academic stress levels were classified into five categories, as presented in Table 1.

Table 1. Distribution of Academic Stress Levels Among Nursing Students ($N = 104$)

Category	Score Range	n	%
Very High	≥ 149	5	4.8
High	123–148	32	30.8
Moderate	96–122	36	34.6
Low	70–95	22	21.2
Very Low	≤ 69	9	8.7
Total	—	104	100.0

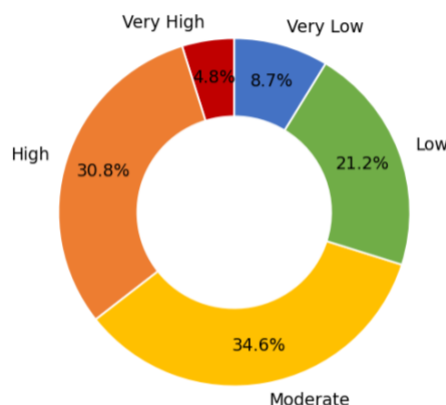


Figure 1. Distribution of Academic Stress Levels Among Nursing Students ($N=104$)

As shown in Table 1 and Figure 1, the largest proportion of respondents was classified in the moderate academic stress category (34.6%), followed by the high category (30.8%). Overall, 35.6% of respondents were categorized as having high to very high levels of academic stress, whereas 29.9% were classified in the low to very low categories.

Overview of Academic Stress Based on Symptoms

To provide a more detailed description of academic stress, the distribution of respondents across four symptom dimensions—thought, behavioral, physical, and feeling symptoms—was analyzed. The results are presented in Table 2.

Table 2. Distribution of Academic Stress Across Symptom Dimensions (N = 104)

Symptom Dimension	Category	n	%
Thought Symptoms	Very High	20	19.2
	High	31	29.8
	Moderate	33	31.7
	Low	15	14.4
	Very Low	5	4.8
Behavioral Symptoms	Very High	15	14.4
	High	29	27.9
	Moderate	16	15.4
	Low	23	22.1
	Very Low	21	20.2
Physical Symptoms	Very High	13	12.5
	High	30	28.8
	Moderate	26	25.0
	Low	24	23.1
	Very Low	11	10.6
Feeling Symptoms	Very High	0	0.0
	High	46	44.2
	Moderate	25	24.0
	Low	21	20.2
	Very Low	12	11.5

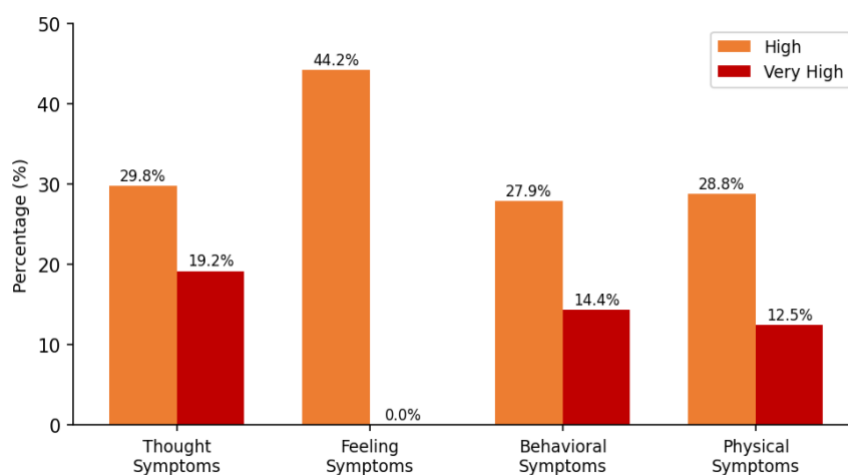


Figure 2. Comparison of the Proportion of High and Very High Categories on the Four Academic Stress Symptom Dimensions (N=104)

As presented in Table 2 and Figure 2, the distribution of academic stress symptoms varied across the four symptom dimensions. Thought symptoms showed the highest proportion of respondents in the combined high and very high categories (49.0%; $n = 51$), followed by feeling symptoms (44.2%; $n = 46$), behavioral symptoms (42.3%; $n = 44$), and physical symptoms (41.3%; $n = 43$). No respondent was classified in the very high category for the feeling symptom dimension.

Overall, the findings indicate that thought symptoms constituted the most prevalent dimension of academic stress among nursing students, followed sequentially by feeling, behavioral, and physical symptoms.

Discussion

Overall Level of Academic Stress Among Nursing Students

The present study found that the overall academic stress level among nursing students was predominantly moderate, although more than one-third of the respondents were classified in the high to very high stress categories. This finding is consistent with previous studies reporting that academic stress among nursing students generally falls within the moderate range (Ardi et al., 2025; Basith et al., 2021; Manery et al., 2024). The predominance of moderate stress suggests that while most students are still able to adapt to academic and clinical demands, a substantial proportion continue to experience elevated levels of stress that may interfere with their academic functioning.

One possible explanation for this pattern is the dual nature of nursing education, which requires students to simultaneously manage intensive academic coursework and clinical practice responsibilities. According to Lazarus and Folkman's (1984) transactional theory, stress arises when individuals perceive that environmental demands exceed their available coping resources. Within nursing education, continuous exposure to academic deadlines, clinical performance expectations, and patient-care responsibilities may increase students' vulnerability to prolonged stress (Prymachuk & Richards, 2007). If left unmanaged, persistent academic stress may reduce academic motivation, impair psychological well-being, and negatively affect learning outcomes (Calaguas, 2011). Therefore, higher education institutions should strengthen preventive and responsive student support services, including stress-management programs, academic guidance, and counseling interventions that promote adaptive coping strategies (Stallman, 2010).

Dominance of Academic Stress Symptoms Among Nursing Students (Thought Symptoms)

The present study identified thought symptoms as the most dominant dimension of academic stress, with nearly half of the respondents classified in the combined high and very high categories. This finding suggests that academic stress among nursing students is primarily manifested through cognitive responses rather than physical or behavioral reactions. Consistent with this finding, Basith et al. (2021) reported that cognitive symptoms including difficulty concentrating, forgetfulness, self-doubt, and hesitation to ask questions during class—were among the most common manifestations of academic stress in nursing students. Descriptive analysis at the item level further indicated that the most prominent cognitive symptom was persistent thoughts about unfinished academic assignments, followed by concerns about future career security, fear of failing examinations, forgetfulness of lecturers' explanations, reduced self-confidence, and difficulty maintaining attention during learning activities. These findings suggest that continuous academic demands impose a substantial cognitive burden that extends beyond formal learning contexts.

One possible explanation for the predominance of thought symptoms is that excessive academic demands overload students' cognitive resources. According to Baddeley (2007), sustained cognitive demands may exceed working memory capacity, making it difficult for individuals to disengage their attention from unresolved academic stressors. Furthermore, prolonged exposure to stress may elevate cortisol levels, impair hippocampal functioning, and subsequently reduce memory performance and attentional control (Lupien et al., 2009). As cognitive functioning deteriorates, students become increasingly preoccupied with academic concerns, creating a self-perpetuating cycle of stress and cognitive overload. These findings highlight the importance of counseling interventions that emphasize cognitive restructuring and adaptive cognitive coping strategies to reduce maladaptive academic thoughts among nursing students.

Feeling Symptoms

Feeling symptoms represented the second most dominant dimension of academic stress, although no respondents were classified in the very high category. Item-level analysis indicated that the most prominent emotional symptoms were fear of being unable to complete assignments on

time and fear of receiving low grades, reflecting the strong evaluative pressure experienced by nursing students. Rather than focusing solely on mastering academic content, students appeared to be increasingly concerned with the consequences of academic evaluation and performance. This finding is consistent with Zeidner's (1998) explanation that evaluative anxiety constitutes a central component of academic stress, arising when students perceive academic assessment as a threat to their self-esteem and future achievement, thereby eliciting persistent emotional distress.

Behavioral Symptoms

Behavioral symptoms ranked third among the four dimensions of academic stress. Item-level analysis showed that the most prominent behavioral manifestations included sudden crying, irregular sleep patterns, changes in eating habits, avoidance of social interaction, and, among a small proportion of students, the use of sedatives as a coping strategy. These findings suggest that unresolved cognitive and emotional stress may gradually be expressed through observable behavioral changes. Sarafino and Smith (2011) noted that behavioral symptoms typically emerge as downstream responses to prolonged psychological distress, while Greenberg (2006) highlighted that disturbances in sleep and eating patterns are common stress-related reactions resulting from autonomic nervous system activation. Furthermore, avoidant coping and substance use may reduce access to social support and indicate difficulties in managing stress adaptively, thereby increasing the need for timely counseling interventions (Lazarus & Folkman, 1984; Nevid et al., 2003).

Physical Symptoms

Physical symptoms showed the lowest prevalence among the four dimensions of academic stress, although a considerable proportion of students remained in the high and very high categories. Item-level analysis indicated that dizziness during assignment completion or examination preparation was the most frequently reported physical symptom, followed by increased susceptibility to illness during periods of intensive academic demands. These findings suggest that prolonged academic pressure may trigger physiological responses associated with stress. Sarafino and Smith (2011) explained that headaches and dizziness are common somatic manifestations resulting from sympathetic nervous system activation under psychological stress. Moreover, chronic stress has been shown to suppress immune functioning, increasing individuals' vulnerability to illness, particularly during sustained periods of academic pressure (Segerstrom & Miller, 2004). Although physical symptoms were less prominent than the cognitive and emotional dimensions, their presence indicates that prolonged academic stress may eventually manifest as physiological disturbances if left unmanaged.

Overall, the findings indicate that academic stress among nursing students is predominantly manifested through cognitive and emotional symptoms rather than physical or behavioral responses. This pattern suggests that academic stress primarily affects students' thinking processes and emotional well-being before progressing to observable behavioral or physiological manifestations. These findings highlight the importance of early identification and timely counseling support to strengthen students' adaptive coping and psychological resilience.

Implications

The findings of this study provide both theoretical and practical implications. Theoretically, they extend the multidimensional framework of academic stress proposed by Nist-Olejnik and Holschuh (2016) by demonstrating that cognitive (thought) symptoms constitute the most prominent manifestation of academic stress among nursing students, followed closely by emotional (feeling) symptoms. This symptom-based perspective enriches the existing literature, which has predominantly focused on overall stress levels. Practically, these findings offer an empirical basis for counselors, academic advisors, lecturers, and higher education institutions to develop more targeted

student support programs. Given the predominance of cognitive and emotional symptoms, counseling services should prioritize interventions that strengthen cognitive coping, emotion regulation, and adaptive stress-management skills, while symptom-specific assessment may facilitate the early identification of students at risk of academic stress and support more responsive counseling services.

Limitations

This study has several limitations that should be considered when interpreting its findings. First, the study was conducted using a relatively limited sample drawn from nursing students at two universities in Padang, which may restrict the generalizability of the findings to other institutional or regional contexts. Second, the cross-sectional design provides only a snapshot of students' academic stress and does not capture changes in stress patterns over time. Future research is therefore encouraged to include more diverse samples from different institutions and to employ longitudinal designs to examine the development of academic stress and its symptom dimensions throughout nursing education.

CONCLUSION

The findings of this study indicate that academic stress among nursing students was predominantly at a moderate level. Across the four symptom dimensions, cognitive (thought) symptoms emerged as the most dominant manifestation of academic stress, followed by emotional (feeling), behavioral, and physical symptoms, suggesting that academic stress is primarily expressed through cognitive and emotional responses rather than behavioral or physiological reactions. By identifying the dominant symptom dimensions, this study extends the understanding of academic stress beyond overall stress levels and provides empirical evidence to support the development of more targeted counseling services and student support programs in nursing education. Future research is encouraged to examine these symptom patterns in broader populations and to evaluate the effectiveness of interventions designed to address the predominant cognitive and emotional manifestations of academic stress.

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