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RESEARCH ARTICLE

A study of stress, stressors, and coping strategies among students of a newly established medical college in South Gujarat

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ABSTRACT

Background: The medical course is considered to be very stressful for the students because of its depth and competitiveness. A newly established institute is likely to be even more stressful. Prolonged stress can cause health problems, hamper academic achievements, and affect patient care. **Aims and Objectives:** To assess the prevalence of perceived stress, find out the sources of stress, and assess the coping mechanisms employed by students of a newly established medical college. **Materials and Methods:** A cross-sectional, descriptive questionnaire-based study was carried out among medical students. Stress was assessed using Perceived Stress Scale (PSS-14). The frequency of occurrence of stress inducing factors (stressors) from a list of 41 stressors and the frequency of usage of different coping strategies were recorded. Frequency distribution, logistic regression analysis, and Chi-square test were used for statistical analysis. **Results:** The overall prevalence of stress among study participants was 51.1%, mean PSS score in the study population was 27.20 ± 6.58. The most common reported stressors were: Quality of food in mess, poor road connectivity in campus, and performance in examinations. Commonly used coping strategies were: Active coping (50.2%), planning (46.0%), and positive reframing (42.2%). **Conclusion:** High levels of stress exist in students of a new medical college. In addition to the academic, health-related and psychosocial stressors which are experienced by medical students elsewhere also, these students face hardships due to under construction campus and lack of amenities. Regulatory bodies need to ensure that the basic permanent infrastructure is in place before permitting admission of students.

KEY WORDS: Stress; Stressors; Coping Strategies; Medical Student

INTRODUCTION

The medical course leading to award of the degree of MBBS in India is a very intensive and exhaustive course spread across 4½ years. It is considered to be very stressful for the students because of its depth, diversity, and competitive academic environment. Students come from different socio-cultural, economic, and academic backgrounds and are exposed to a new learning environment, making new social circles while adapting to a new and different world during their medical training at the institute. Various stress factors reported in studies among medical students are academic demands, frequent exams, inability to cope, helplessness, increased psychological pressure, mental tension, and too much workload.[1] Different studies conducted worldwide among medical students have reported the prevalence of stress ranging from 30% to 78%.[2,3] Prolonged or severe stress can cause physical and mental health problems, reduced student's self-esteem, learning ability and may affect student's academic achievements. Besides impairing

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academic performance, stress during medical education promotes cynicism, academic dishonesty, substance abuse and affects the patient care negatively.[4]

Studies have classified the sources of stress into three main areas: Academic pressures, social issues, and health-related problems.[5] In an effort to improve doctor-patient ratio in India, the number of available medical seats has increased by leaps and bound to 53,380 MBBS seats in July 2016, of which 43,230 are in recognized colleges.[6] A part of this increase has come from an increase in seats in existing medical colleges, but most of this is attributed to the establishment of new medical colleges, as evidenced by increase in number of colleges from 112 in 1980 to 426 in 2016.[6,7] Opening of new colleges\increase in seats is regulated by Medical Council of India (MCI). The MCI conducts an annual assessment for first 5 years to ensure fulfillment of minimum standard requirements in a phase-wise manner before granting recognition to the institute. This phase-wise requirement, although facilitating opening up of new colleges, might lead to the first few batches studying in less than adequate infrastructural facilities. As compared to established institutes with complete infrastructure and a stable environment, a newly founded institution may add to the stressors as the basic infrastructure, hostel facilities, mess, and recreational amenities as well as the academic protocols are still developing and undergoing frequent changes.

Coping strategies are defined as the person's constantly changing cognitive and behavioral efforts employed to manage, reduce, or control stress.[8] Coping styles are the broad categories that draw distinctions between coping methods. Active coping strategies involve an awareness of the stressor, followed by attempts to reduce the negative outcome. By contrast, avoidant coping is characterized by ignoring the issue, often resulting in activities that aid in the denial of the problem (e.g., drinking, sleeping, and isolating). Everyone employs one or more coping strategies to overcome stress, but it may not be effective and appropriate to deal with the situation.

The relative paucity of information about sources and severity of stress and coping strategies during the early years of medical undergraduate training in India, and especially in a newly established institution warranted this study. Knowledge of stressors and coping mechanisms employed by students will help in designing appropriate intervention strategies to relieve stress and enhance the students learning abilities. The objectives of our study are to assess the prevalence of perceived stress, find out the sources of stress (stressors), and assess the coping mechanisms employed to overcome stress by students of a newly established medical college.

MATERIALS AND METHODS

This cross-sectional descriptive study was conducted in GMERS Medical College, Valsad, after approval by the Institution's Ethics Committee. The estimated sample size for the study was 200 (prevalence of stress among Indian medical students in different studies is close to 50%, allowable error-15%, and taking non-response rate up to 10%).

All the students enrolled in first and second MBBS at GMERS Medical College, Valsad, were invited to participate in the study. An informed written consent was taken after explaining the purpose of the study and the procedures involved. The participants were assured of confidentiality of the information provided and had an option of refusal to participate in the study.

All the consenting subjects were asked to complete a guided, self-administered questionnaire in a lecture hall. The questionnaire was distributed among students, and the researchers collected the completed questionnaires after 1 hour. The questionnaire consisted of four parts namely: Demographic information, Perceived Stress Scale (PSS), a 41 item list of potential stressor, and a list of various coping strategies. Total 225 students returned complete, properly filled questionnaires.

Perceived stress was measured using the PSS-14,[9] which comprised 14 questions with responses varying from 0 to 4 for each item and ranging from never, almost never, sometimes, often, and very often, respectively, on the basis of their occurrence during 1 month before the survey. The PSS has an internal consistency of 0.85 (Cronbach α coefficient) and test-retest reliability during a short retest interval (several days) of 0.85.[9] It assesses the degree to which participants evaluate their lives as being stressful during the past month. The scale yielded a single score with high scores indicating higher levels of stress and lower levels indicating lower levels of stress. The PSS-14 has a possible range of scores from 0 to 56. The range of PSS scores was divided into stratified quartiles. The upper two and lower two quartiles were combined and were labeled as stressed and not stressed, respectively, with 28 being the operational cutoff value. This cutoff value was selected in accordance with similar studies.[10]

The list of potential stressors included in the questionnaire was derived by reviewing the literature and by holding informal discussion with some of the students. A total of 41 potential stressors were listed and grouped as academic, psychosocial, health-related, and environmental. The students were asked to indicate if any of the stressors had been affecting them. For each potential stressor, the scored frequency of occurrence was classified as never, rarely/sometimes, and often/always and is scored as 1, 2, and 3, respectively.

Data were entered in Microsoft Excel and analyzed using SPSS 16.0 software. The mean scores of perceived stress were calculated. The number and percentage of stressed cases were calculated according to the PSS scores. Percentage frequency of occurrence was calculated for each of the stressors from academic, psychosocial, health, and environment domains. Logistic regression analyses were carried out to assess determinants of stressed cases. We considered perceived stress (stressed cases) as the dependent variable, demographic variables, and groups of stressors (i.e., academic, psychosocial, health-related, and environmental) as the independent variables. Exp (B): The estimation of odds ratio in logistic regression analysis, 95% confidence intervals of Exp (B) were calculated. The $P < 0.05$ was considered as significant.

The coping behaviors included in questionnaire were derived from the Brief COPE[11] and assessed the following scales: Self-distraction - items 1 and 19; active coping - items 2 and 7; denial - items 3 and 8; substance use - items 4 and 11; use of emotional support - items 5 and 15; use of instrumental support - items 10 and 23; behavioral disengagement - items 6 and 16; venting - item 9; positive reframing - items 12 and 17; planning - items 14 and 25; humor - item 18; acceptance - items 20 and 24; religion - items 22 and 27; self-blame - items 13 and 26. The percentage frequency was calculated, and Chi-square test was applied to test for significance among stressed and non-stressed cases.

RESULTS

Out of 225 students, 123 students were from first MBBS and 102 were from second MBBS; 102 (45%) students were males, whereas 123 (55%) students were females. The mean age group of the study participants was 18.33 years (Table 1).

The overall prevalence of stress among study participants was found to be 51.1% (115 students out of 225). Female students reported a higher prevalence of stress (58.5%) as compared to males (42.2%). Mean PSS score in the study population was 27.20 (Table 1).

Total 41 stressors, divided into academic, health-related, psychosocial, and environmental domains, were assessed in the study. Students' responses to various stressors have been shown in Table 2.

Concerns about performance in examination and frequency of examination were reported as an important academic stressor. Quality of food in mess, poor road connectivity in the campus, under construction campus, unavailability of grocery products and eatables in the campus, unavailability of indoor and outdoor games facility were important environmental stressors reported from the students.

Results of logistic regression analysis (Table 3) showed a lack of guidance from senior students, nutrition, physical disability, lack of entertainment facilities in the campus, difficulty in the journey back home, unavailability of indoor and outdoor games facility as determinants (independent variables) of stress (dependent variable).

The coping strategies employed by students were assessed using a 26 point questionnaire. The commonly used coping strategies were (in decreasing order): Active coping with 50.2% students resorting to it often/always, planning (46.0%), positive reframing (42.2%), acceptance (40.9%), use of instrumental support (33.6%), religion (31.6%), self-distraction (27.8%), use of emotional support (24.7%), self-blame (21.6%), behavioral disengagement (20.2%), venting (17.3%), humor (13.3%), denial (9.6%), and substance use (1.1%).

Table 1: Profile of study participants (age and PSS score)

Study Variable	First MBBS		Second MBBS		Total
	Males	Females	Males	Females	
N (%)	53 (23)	70 (32)	49 (22)	53 (23)	225 (100)
Age (years)					
Mean±SD	17.92±0.51	17.84±0.58	19.06±0.62	18.71±0.71	18.33±0.79
95% CI for mean	17.78-18.05	17.7-17.9	18.86-19.23	18.51-18.9	18.22-18.43
PSS score					
Mean±SD	26.47±5.77	29.4±6.74	25.22±6.79	26.86±6.28	27.20±6.58
95% CI for mean	24.91-28.02	27.82-30.97	23.31-27.12	25.16-28.55	26.34-28.06
Median	26	30	25	27	28
Variance	33.36	45.46	46.17	39.46	43.32
Minimum	12	12	01	12	1
Maximum	44	45	41	43	45
Range	32	33	40	31	44

CI: Confidence interval, SD: Standard deviation, PSS: Perceived Stress Scale

Table 2: Students perception of frequency of occurrence of the different sources of stress

Sources of Stress	(%)		
	Never	Rarely/ sometimes	Often/ always
Academic stressors			
Frequency of examinations	26 (11.5)	127 (56.4)	72 (32)
Pattern of examinations	73 (32.4)	122 (54.2)	30 (13.3)
Performance in examinations	12 (5.3)	102 (45.3)	111 (49.3)
Academic curriculum	83 (36.8)	103 (45.7)	39 (17.3)
Dissatisfaction with class lectures	73 (32.4)	122 (54.2)	30 (13.3)
Dissatisfaction with practical briefings	95 (42.2)	96 (42.6)	34 (15.1)
Performance in practicals	75 (33.3)	112 (49.7)	38 (16.8)
Language problem	87 (38.6)	102 (45.3)	36 (16)
Difficulty reading and understanding text books	93 (41.3)	117 (52)	15 (6.6)
Non-availability of adequate learning materials	145 (64.4)	69 (30.6)	11 (4.8)
Becoming a doctor	151 (67.1)	49 (21.7)	25 (11.1)
Lack of time for recreation	51 (22.6)	112 (49.7)	62 (27.5)
Competition with peers	82 (36.4)	98 (43.5)	45 (20)
Lack of special guidance from faculty	114 (50.6)	85 (37.7)	26 (11.5)
Class attendance	96 (42.6)	80 (35.5)	49 (21.7)
Lack of guidance from senior students	92 (40.8)	63 (28.1)	70 (31.1)
Health-related stressors			
Sleeping difficulties	106 (47.1)	89 (39.5)	30 (13.3)
Nutrition	116 (51.7)	64 (28.4)	45 (20)
Exercise/sports	122 (54.2)	62 (27.5)	41 (18.2)
Physical disability	188 (83.5)	32 (14.2)	5 (2.2)
Alcohol/drug abuse/smoking	222 (98.6)	2 (0.8)	1 (0.4)
Any other chronic health-related problems	198 (88)	23 (10.2)	4 (1.7)
Psychosocial stressors			
High parental expectations	121 (53.7)	83 (36.8)	21 (9.3)
Loneliness/home sickness	84 (37.3)	100 (44.4)	41 (18.2)
Family problems	145 (64.4)	68 (30.2)	12 (5.3)
Accommodation away from home	88 (39.1)	104 (46.2)	33 (14.6)
Relations with the opposite gender	150 (66.6)	61 (27.1)	14 (6.22)
Lack of entertainment facilities in the campus	73 (32.4)	80 (35.5)	72 (32)
Dissatisfaction with life in Valsad city	91 (40.4)	89 (39.5)	45 (20)
Difficulty in the journey back home	102 (45.3)	71 (31.5)	52 (23.1)
Financial strain	131 (58.2)	68 (30.2)	26 (11.5)
Inability to socialize with peers	127 (56.4)	85 (37.7)	13 (5.7)
Lack of personal interest in medicine	181 (80.4)	38 (16.8)	6 (2.6)
Environmental stressors			
Under construction campus	46 (20.4)	81 (36)	98 (43.5)
Poor sanitary facilities in hostel and college	53 (23.5)	102 (45.3)	70 (31.1)
Poor road connectivity in the campus	30 (13.3)	81 (36)	114 (50.6)
Unavailability of grocery products and eatables in the campus	40 (17.7)	84 (37.3)	101 (44.8)
Unavailability of indoor and outdoor games facility	60 (26.6)	77 (34.2)	88 (39.1)
Living conditions in the hostel	65 (28.8)	105 (46.6)	55 (24.4)
Quality of food in mess	28 (12.4)	62 (27.5)	135 (60)
Adjustment with roommate/s	134 (59.5)	70 (31.1)	21 (9.3)

Substance use and denial were least popular mechanisms with 1.1% and 9.6% students using them. The percentage frequency for each item and the results of Chi-square test are provided in Table 4.

DISCUSSION

This study was carried out to assess perception of stress, stressors, and coping strategies employed by students of a newly established medical college. In this study, a high prevalence of stress was found, and in addition to the academic and psychosocial stressors, students reported being affected by many environmental factors unique to a new setup.

In this study, the overall prevalence of perceived stress came out to be 51.1% of which 37.4% were male and 62.6% female. This is comparable to other studies from India and abroad.[2,3] The mean PSS score was 27.20 ± 6.58 which is similar to the reported scores ranging from 26.6 to 30.84 in other medical schools.[3,10,12]

The five most commonly reported stressors in our study were: Quality of food in mess, poor road connectivity in campus, performance in examinations, unavailability of grocery products and eatables in the campus, frequency of examinations, and under development campus. Quality of food in the mess was reported as a stressor by 60% students in the present study, similar to other studies from Mangalore and Nepal.[1,10] Although the academic and psychosocial stressors also affect students in our study as in other studies, environmental stressors were most common culprits.

Table 3: Determinants of stress by logistic regression analysis (only significant association is shown)

Variables	B	SE	Wald	df	Significance	Exp (B)	95% CI	
							Lower limit	Upper limit
Lack of guidance from senior students	1.84	0.67	7.3	1	0.007	6.3	1.66	23.79
Lack of nutritious food	1.53	0.74	4.1	1	0.041	4.62	1.06	20.06
Physical disability	4.9	2.02	5.8	1	0.015	135.43	2.54	7.19
Lack of entertainment facilities in the campus	0.71	0.73	9.9	2	0.007	2.08	0.48	8.57
Difficulty in the journey back home	1.82	0.68	7.0	1	0.008	6.2	1.61	23.79
Unavailability of indoor and outdoor games facility	1.34	0.61	4.8	1	0.028	3.84	1.16	12.73

CI: Confidence interval

Table 4: Coping strategies employed by students

Coping strategy	(%)			
	Never	Rarely/sometimes	Often/always	*P* value
Turning to work or other activities to take mind off things				
Not stressed	11 (10) 44%	75 (68.2) 53.2%	24 (21.8) 40.7%	0.237
Stressed	14 (12.2) 56.0%	66 (57.4) 46.8%	35 (30.4) 59.3%	
Concentrating efforts on doing something about the situation				
Not stressed	11 (10) 64.7%	50 (45.5) 45.5%	49 (44.5) 50%	0.321
Stressed	6 (5.2) 35.3%	60 (52.2) 54.5%	49 (42.6) 50%	
"This isn't real"				
Not stressed	65 (59.1) 51.2%	39 (35.5) 50%	6 (5.5) 30%	0.206
Stressed	62 (53.9) 48.8%	39 (33.9) 50%	14 (12.2) 70%	
Using alcohol or other drugs to feel better				
Not stressed	105 (95.5) 48.8%	4 (3.6) 50%	1 (0.9) 50%	0.997
Stressed	110 (95.7) 51.2%	4 (3.5) 50%	1 (0.9) 50%	
Getting emotional support from others				
Not stressed	36 (32.7) 49.3%	57 (51.8) 54.3%	17 (15.5) 36.2%	0.118
Stressed	37 (32.2) 50.7%	48 (41.7) 45.7%	30 (26.1) 63.8%	
Giving up trying to deal with it				
Not stressed	47 (42.7) 57.3%	39 (35.5) 44.8%	24 (21.8) 42.9%	0.156
Stressed	35 (30.4) 42.7%	48 (41.7) 55.2%	32 (27.8) 57.1%	
Taking action to try to make the situation better				
Not stressed	9 (8.2) 60%	31 (28.2) 39.2%	70 (63.6) 53.4%	0.092
Stressed	6 (5.2) 40%	48 (41.7) 60.8%	61 (53) 46.6%	
Refusing to believe that it has happened				
Not stressed	54 (49.1) 50.9%	50 (45.5) 51.5%	6 (5.5) 27.3%	0.102

(Contd...)

Table 4: *(Continued)*

Coping strategy	(%)			
	Never	Rarely/sometimes	Often/always	*P* value
Stressed	52 (45.2) 49.1%	47 (40.9) 48.5%	16 (13.9) 72.7%	
Saying things to let unpleasant feelings escape				
Not stressed	40 (36.4) 52.6%	59 (53.6) 53.2%	11 (10) 28.9%	0.026
Stressed	36 (31.3) 47.4%	52 (45.2) 46.8%	27 (23.5) 71.1%	
Getting help and advice from other people				
Not stressed	13 (11.8) 48.1%	61 (55.5) 53.5%	36 (32.7) 42.9%	0.332
Stressed	14 (12.2) 51.9%	53 (46.1) 46.5%	48 (41.7) 57.1%	
Using alcohol or other drugs to help get through it				
Not stressed	101 (91.8) 47.6%	6 (5.5) 60%	3 (2.7) 100%	0.152
Stressed	111 (96.5) 52.4%	4 (3.5) 40%	0 (0) 0%	
Trying to see it in a different light, to make it seem more positive				
Not stressed	21 (19.1) 55.3%	42 (38.2) 41.6%	47 (42.7) 54.7%	0.141
Stressed	17 (14.8) 44.7%	59 (51.3) 58.4%	39 (33.9) 45.3%	
Criticizing oneself				
Not stressed	55 (50) 66.3%	47 (42.7) 46.5%	8 (7.3) 19.5%)	<0.01
Stressed	28 (24.3) 33.7%	54 (47) 53.5%	33 (28.7) 80.5%	
Trying to come up with a strategy about what to do				
Not stressed	15 (13.6) 50%	50 (45.5) 53.8%	45 (40.9) 44.1%	0.401
Stressed	15 (13) 50%	43 (37.4) 46.2%	57 (49.6) 55.9%	
Getting comfort and understanding from someone				
Not stressed	15 (13.6) 44.1%	57 (51.8) 44.5%	38 (34.5) 60.3%)	0.101
Stressed	19 (16.5) 55.9%	71 (61.7) 55.5%	25 (21.7) 39.7%	
Giving up the attempt to cope				
Not stressed	47 (42.7) 50%	46 (41.8) 47.4%	17 (14.8) 50%	0.929
Stressed	47 (40.9) 50%	51 (44.3) 52.6%	17 (14.8) 50%	
Looking for something good in what is happening				
Not stressed	11 (10) 42.3%	49 (44.5) 52.1%	50 (45.5) 47.6%	0.633
Stressed	15 (13) 57.7%	45 (39.1) 47.9%	55 (47.8) 52.4%	
Making jokes about it				
Not stressed	52 (47.3) 43.7%	41 (37.3) 53.2%	17 (15.5) 58.6%	0.227
Stressed	67 (58.3) 56.3%	36 (31.3) 46.8%	12 (10.4) 41.4%	

(Contd...)

Table 4: *(Continued)*

Coping strategy	(%)			
	Never	Rarely/sometimes	Often/always	*P* value
Doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping				
Not stressed	20 (18.2) 55.6%	67 (60.9) 54.5%	23 (20.9) 34.8%	0.025
Stressed	16 (13.9) 44.4%	56 (48.7) 45.5%	43 (37.4) 65.2%	
Accepting the reality of the fact that it has happened				
Not stressed	13 (11.8) 44.8%	43 (39.1) 49.4%	54 (49.1) 49.5%	0.896
Stressed	16 (13.9) 55.2%	44 (38.3) 50.6%	55 (47.8) 50.5%	
Trying to find comfort in religion or spiritual beliefs				
Not stressed	37 (33.6) 50.7%	45 (40.9) 50.6%	28 (25.5) 44.4%	0.708
Stressed	36 (31.3) 49.3%	44 (38.3) 49.4%	35 (30.4) 55.6%	
Trying to get advice or help from other people about what to do				
Not stressed	15 (13.6) 42.9%	60 (54.5) 49.2%	35 (31.8) 51.5%	0.706
Stressed	20 (17.4) 57.1%	62 (53.9) 50.8%	33 (28.7) 48.5%	
Learning to live with it				
Not stressed	21 (19.1) 50%	52 (47.3) 49.1%	37 (33.6) 48.1%	0.978
Stressed	21 (18.3) 50%	54 (47) 50.9%	40 (34.8) 51.9%	
Thinking hard about what steps to take				
Not stressed	20 (18.2) 62.5%	44 (40) 50.6%	46 (41.8) 43.4%	0.153
Stressed	12 (10.4) 37.5%	43 (37.4) 49.4%	60 (52.2) 56.6%	
Blaming oneself for things that happened				
Not stressed	50 (45.5) 74.6%	44 (40) 43.1%	16 (14.5) 28.6%	<0.01
Stressed	17 (14.8) 25.4%	58 (50.4) 56.9%	40 (34.8) 71.4%	
Praying or meditating				
Not stressed	25 (22.7) 48.1%	48 (43.6) 51.6%	37 (33.6) 46.2%	0.774
Stressed	27 (23.5) 51.9%	45 (39.1) 48.4%	43 (37.4) 53.8%	

Our study brings out the unique problems faced by students of a newly established medical college. In addition to the academic, health-related, and psychosocial stressors which are experienced by medical students elsewhere also, these students face hardships in day to day living due to under construction campus and lack of amenities. At the time of this study, the final designated college and hospital building and hostels were still under construction, classes were being held in temporary accommodation, and understandably, this can be a source of stress. These issues and "teething troubles" are transient in nature as they are sorted out over a period, but nevertheless, the teaching learning activities of first few batches are adversely affected due to environmental stressors. Regulatory bodies need to ensure that the basic permanent infrastructure is in place before the admission of students is allowed in an institution. Makeshift and temporary arrangements should not be permitted. The institute management should finalize the protocols at the earliest and make all possible efforts to provide a stable stress-free environment to the students.

In our study, the coping mechanisms reported to be used "often/always" were mostly healthy coping mechanisms such as active coping (50.2%), planning (46.0%), positive reframing (42.2%), acceptance (40.9%), and use of instrumental and emotional support (33.6%). Substance use has been reported as a common strategy in many studies, but in our study, it came out to be 1.1% only.[13,14] Likewise, denial was reported by 9.6% students. However, 21.6% students resorted to self-blame, which is likely to damage the students' confidence and self-esteem. Self blame,venting and self distraction were the coping strategies in which there were significant differences in stressed and nonstressed cases, providing avenues for intervention through counselling and stress management techniques.

Limitations of the Study

Lack of generalization of our results to other medical institutes in India, specifically the established ones is an important limitation of this study. Since the information was collected on self-administered questionnaire, information bias cannot be ruled out. The cross-sectional design of our study is yet another limitation. Longitudinal studies are necessary to study the associations among stress, stressors, coping strategies, and underlying variations as the environmental factors stabilize over a period.

CONCLUSION

High levels of perceived stress exist in the 1st and 2nd year undergraduate medical students. Environmental stressors were the most frequently occurring stressors among the students in a newly established college. There is a need to address these stressors by regulatory and administrative changes. The students should be taught different stress management techniques to improve their ability to cope with the demands in a healthy manner.

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