Research Paper

Perceived Stress and Coping Strategies Among the Students of University

Shruti Jain[1]*, Dr. Isha Chaudhary[2]

ABSTRACT

Entering adulthood is complex; individual gets introduced to different life challenges, life transition from the pressure of achieving, to choosing careers, relationship and the like. We hear about suicide, attempted suicide, depression, anxiety, dropping out, distress and much other deviant behaviour among the students, still, distress among students often goes unnoticed. The study emphasizes how students perceives stress and to deal with the stress what different coping strategies they use. We conducted a survey among graduate and post graduate students (N= 100) in Bhopal, in which majority of the student who participated were under the age of 23 years. We found that more than 80% of the students felt helpless and 53% perceived lack of self-efficacy. The result of coping showed students are using less emotion focused coping and high avoidant coping. Findings will help to underline the consequences of ineffective and effective coping and will help universities and colleges to get insight about the stress and coping in students of Bhopal.

S tress has become an everyday factor in today's world. It is a condition or feeling perceived by a person which disturbs the person's ability to work (Selye, 1956). Stress causes a change in our physical, psychological, and emotional health that requires attention (WHO, 2021). Entering adulthood and facing changes could be stressful, but it depends on how an individual perceives the stressful situation (Cohen, Kamarch, & Mermelstein, 1983). People perceive stress as a lack of control over the situation and not being able to manage their emotions or reactions termed as perceived helplessness. They may see stress as their inability to handle the problem termed a lack of self-efficacy (Taylor, 2015).

To meet the demands of daily stress, individuals give a set of responses called coping. Coping needs cognitive and behavioural efforts to meet external demands. (Endler & Parker, 1990; Lazarus & Folkman, 1984). Research suggests certain coping strategies reduce stress and promote beneficial psychological outcomes, whereas some others create more stress and increase the chances of negative outcomes (Endler & Parker, 1994; Parker & Endler, 1992). The coping strategy may depend upon various factors, such as how much control a person

[1]Jagran Lakecity University, Bhopal, Madhya Pradesh.
[2]Assistant Professor in Psychology, Jagran Lakecity University, Bhopal, Madhya Pradesh
*Corresponding Author

has over the situation, how resourceful he feels and desirable/undesirable outcomes (Folkman & Moskowitz, 2000; Lazarus & Folkman; Zeidner & Saklofske, 1996).

Types of coping strategies are problem-focused, emotion-focused and avoidant coping (Cohan, Jang, & Stein, 2006; Endler & Parker, 1990). In problem-focused coping, the person attempts to find solutions to the problem. Emotion-focused coping is characterized by strategies in which individuals attempt to regulate their emotions linked with stress by engaging in activities related to affective working (Austenfeld & Stanton, 2004). If a person is low on emotion-focused coping, it may lead to preoccupation with negative thoughts like suppression, and self-doubt (Parker & Endler, 1996). Avoidant coping is characterized by actions that divert people from stressful events like wishful thinking, denial, excessive shopping, and using substances (Endler, Parker, & Butcher, 1993).

The National Crime Records Bureau (NCRB), 2020 data shows that 10,159 students died by suicide in 2018, an increase from 9,905 in 2017, and 9,478 in 2016 which shows increasing mental health problems among students. Several studies (Schafer, 1996; Fisher, 1994; Altmaier, 1983; Greenberg & Valletutti, 1980), reported stress and stressors among students. A stressor could be anything that creates problems in an individual's adaptation (Feng 1992 and Volpe 2000). The research identified stress symptoms as low energy, taking excess medication, blood pressure problems, feeling emptiness, increase or decrease in appetite, lack of attention, restlessness, tension, and anxiety among others. (Malach Pines and Keinan, 2007; Ongori, 2007; Ongori and Agolla, 2008; Agolla, 2009).

Present research focuses on the level of stress among students, and the coping strategies used by them.

RESEARCH METHODOLOGY

The tool used for generating responses was a questionnaire-based survey of students at different universities (N= 100). The majority of participants (91 per cent) were in their under-graduation.

Objective
- To know the level of perceived stress among university students of Bhopal.
- To find what coping strategies are used by the university students of Bhopal.
- Factors leading to perceived stress in students.
- To know the detailed description of coping strategies used by students.

Research design
The sample is collected from young males and females from the area of Bhopal, Madhya Pradesh, India. The form was distributed among young people and 146 students got 100 responses.

Tools used for data collection. A questionnaire is designed with three sections. The first section is for demographic details, the second section perceived stress scale and the third section highlights the different coping strategies used by the students. The method used for collecting data was a snowball sampling survey.

Data collection
The Perceived Stress Scale (PSS-10; Cohen, Kamarch, & Mermelstein,1983) tool is used for measuring psychological stress. It is a self-reported questionnaire which contains 10 items (PSS-10). It is an 2-factor model. A) perceived helplessness and B) lack of self-efficacy.

Coping orientation to the problem experienced inventory (Brief COPE) is a 28-item self-report questionnaire, that measures effective and ineffective ways to cope. The scale helps to determine someone's primary coping styles. A) Problem-focused coping, B) Emotion-focused coping, C) Avoidant coping.

The respondents are from different universities in Bhopal, some of them are working + studying and some are studying. The table shows that the total numbers of respondent were 100. The maximum respondent belongs to the age group 17-20 years i.e. 69%, 21-22 represents 26%, 23yrs represents and 5% from > 25 years. The male respondents are 36 and the female is 64. The maximum respondent is from upper-middle family and then lower middle. The respondents are all students.

Demographic details

Table 1- Distribution according to age

Age	N
17-20 years	69
21-22 years	26
23-25 years	7
Total	100

Table 2- Distribution according to gender

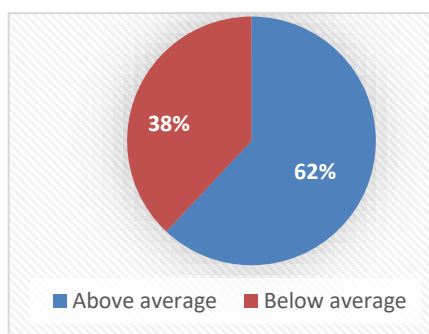| Gender	N
Male	36
Female	64
Total	100

RESULTS

Perceived stress and coping among university students

Table 3 – level of perceived stress in students
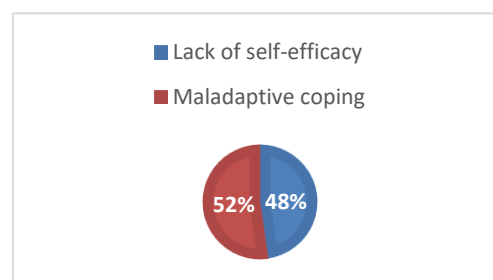
Perceived stress	N
Above average	62
Below average	38
Total	100

62% scored above average on perceived helplessness (high stress) and 38% scored below 50 percentiles.

Table 4- coping used by students

Coping strategies	N
Adaptive coping	42
Maladaptive coping	58
Total	100

More than 50% of the student use maladaptive coping. And only 42% use adaptive coping.

Table 5 -Descriptive Statistics of perceived stress

Perceived stress	N	Minimum	Maximum	Mean	Std. Deviation
Perceived helplessness	100	.00	4.00	2.2150	.98025
Lack of self-efficacy	100	.25	4.00	2.1325	.79013
Valid N (listwise)	100				

Table 6- Descriptive Statistics of coping strategies

Coping strategies	N	Minimum	Maximum	Mean	Std. Deviation
Avoidant coping	100	1.00	4.00	2.0537	.58096
Emotion focused coping	100	1.00	3.83	2.3908	.53937
Problem focused coping	100	1.00	4.00	2.5388	.61538
Valid N (listwise)	100				

Table 7- Distribution of subscales of perceived stress

perceived stress subscale	Above average N	Below average N	Total
Perceived helplessness	84	16	100
Lack of self-efficacy	53	47	100
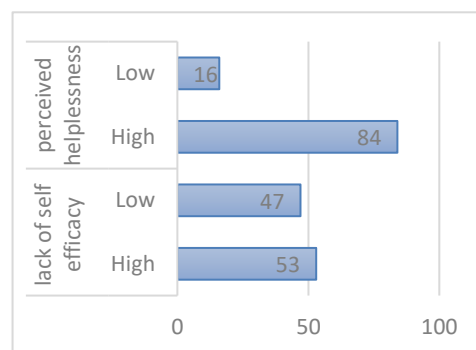
84% of the student perceive stress as helplessness and 53% of the student shows the inability to handle the problem (lack of self-efficacy).

Table 8- Distribution of subscales of coping strategies among university students

| Coping strategies Subscales	Above average	Below average	Total
Problem focused coping	71	39	100
Emotion focused coping	16	84	100
Avoidant coping	83	17	100
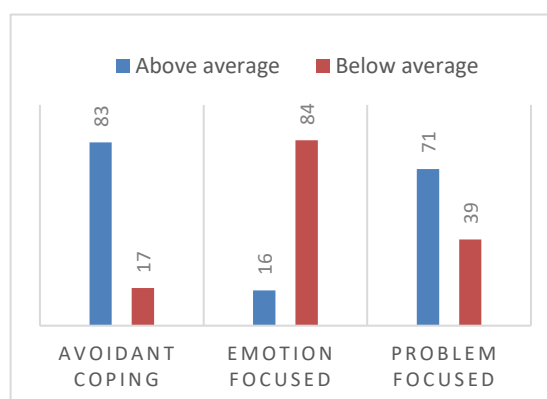
83% of students scored high on avoidant coping (substance abuse, behavioral disengagement, self-distraction). And 84% scored low on emotion-focused coping (self-blame, humor, acceptance, seeking support).

Table 9 - Division of sub scale of coping strategies among students

Coping strategies				
			Above average	**Below average**
Problem focused coping	Active coping		64	36
	Informational support		51	49
	positive reframing		66	34
	Planning items		72	28
Emotion focused coping	Emotional support		40	60
	venting		42	58
	Humour		47	53
	Acceptance		9	91
	religion		44	56
	self-blame		36	64
Avoidant coping	Self-distraction		80	20
	Denial		63	37
	Behavioural disengagement		59	41
	Substance abuse		37	63
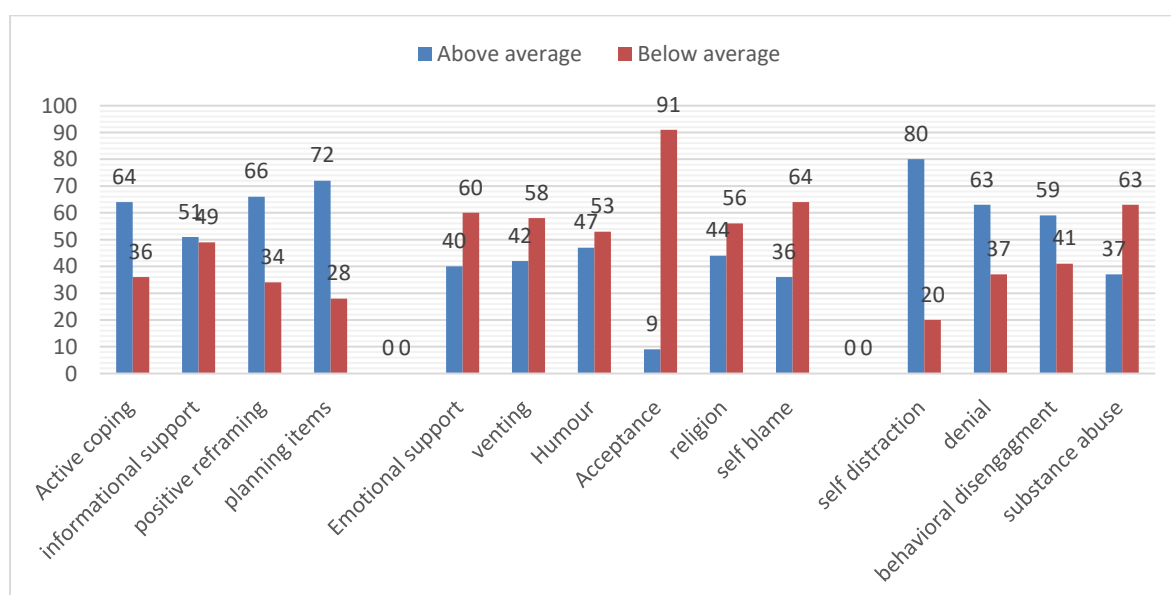
DISCUSSION AND INTERPRETATION

Students' perception contains various expectation, and to fulfil the expectation, they feel somewhat stressed. Students may not be able to control their circumstances or their own emotion or reaction. (Taylor,2015; cohen,1983) Higher level of stress are associated with a marker of more physical problems such as sleeping fewer hours, substance abuse and skipping food. They may have a poor health and immunity (Cohen &Williamson, 1988). The supported studies also state the link between loneliness and physiological reactivity in the state of stress. There is also some evidence indicating that higher levels of loneliness possibly lead to hypo reactivity in the form of blunted stress reactions. (Brown, E. G., Gallagher, S., & Creaven, A. M. 2018) being loved and esteemed and able to count on others must be an integral part of emotional well-being.

In the present study, Perceived Stress seems to reflect a 'mental workload' rather than a 'physical workload' (Blix, Cruise, & Mitchel, 1994). The way people think about stress is a

major factor in how stressful that stressor becomes (Lazarus, 1991, 1999; Lazarus & Folkman, 1984). How an individual perceives a situation, can e of stress. Acco predictor of stress. According to Lazarus, transactional theory of stress. The first step is called primary appraisal, which estimates the severity and classifies it as a threat (something that could be harmful in the future), a challenge (met or defeated), or a loss that has occurred. Perceiving a stress as a challenge instead of a threat makes adaptive coping. perceiving the stressor as an embarrassment, or imagining future failure or rejection, is more likely to lead to increased stress reactions, negative emotions, lead to maladaptive coping (Folkman, 1997; Lazarus, 1993). The second step is assessing a stressor, which estimates whether the coping strategies available to the person for coping with the threat are enough or not. Coping strategies might be regulation of emotion, energy, money, time etc. Eliminating the stress itself. When people try to eliminate the stress or reduce its impact through their own actions, is problem-focused coping (Folkman & Lazarus, 1980; Lazarus, 1993). Greater levels of loneliness and not being able to regulate emotion seem to be predictive of exaggerated responses to acute stress, particularly for sugar level and inflammation (Eoin G. Brown and Stephen Gallagher, 2017).

Mood can alter food choice, and food choice can alter mood, for a variety of reasons (Edward Leigh Gibson 2006). Results also show the relationship between stress, poorer diet, and health problems.

In support of the result above, greater use of problem-focused coping strategies (e.g., problem-solving, action planning), is associated with more adaptive outcomes (less depression, anxiety, stress and negative affect, and greater life satisfaction and positive affect (e.g., rumination, self-blame). The low score on emotion-focused coping is indicative that the participant doesn't know or is weak at regulating emotion (e.g., emotional support, humour, acceptance), associated with poorer outcomes (depression, anxiety, distress, and adverse effect, and lower life satisfaction). (McWilliams et al., 2003; Penley, Tomaka, & Wiebe, 2002). A high score on avoidant coping has maladaptive psychological outcomes. Specifically, the use of avoidant coping is associated with greater negative affect for individuals (e.g., denial, substance abuse, behavioral disengagement, self-distraction). Overall, 68.8%, 44.3%, and 47.8% of youth reported trying alcohol, tobacco, and marijuana. Among students, 42.2%, 73.4%, and 50.3% of youth reported excessive drinking, smoking cigarettes and marijuana use, respectively. That poses risks for short- and long-term health harm, particularly for youth with chronic medical conditions (Lauren E. Wisk, 2017; Elissa R. Weitzman,2017).

Symptoms of anxiety, were associated with poorer emotion regulation. there are number of studies states the network analysis to find out co-occurring anxiety and depression in adult, different population, data have proved that anxiety and depression symptoms are highly related (Beard et al., 2016; Cramer et al., 2010). Self-blame in depression is also linked with different complex emotions such as guilt, self-disgust, and shame (Harris, T., 2001).

Avoidant coping involve negative cognitive and negative behavioral efforts, toward denying, distraction, or otherwise avoid dealing with the stressful demands and also linked with distress and depression (Cronkite & Moos, 1995; Penley, Tomaka, & Wiebe, 2002)

CONCLUSION

From the findings, the results clearly show the high level of perceived stress among students of Bhopal. The reasons identified are perceived helplessness and lack of self-efficacy.

Student respondents were unable to identify some adaptive strategies to cope with stress such as regulation of emotion, behavioral and cognitive effort to cope with the situation. It is seen that the decrease in the quality of food, different living condition, and relationship status increases stress and maladaptive coping. All these create stress and maladaptive coping which increases the case of depression, and other deviant behavior. It is suggestion to students to make plans systematically and uses better regulation of emotion focused coping strategies.

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