Modern Journal of Health and Applied Sciences *(MJHAS)*

E-ISSN 3078-2791; P-ISSN 3078-2783

Journal homepage: https://mucjournals.muc.edu.ps/index.php/MJHAS

Stress, Sources, and Coping Strategies Among Nursing Students in the West Bank: A Cross-Sectional Study

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ARTICLE INFO

Received: 07th May 2025
Received in revised form: 05th July 2025
Accepted: 10th July 2025
Published: 15th September 2025

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Citation : Faqeeh, A., Salem, M., Sbieh, A., Hajjaj, W., Al Shareef, M., Shojaeia, B., & Alasbah, H. (2025). Stress, sources, and coping strategies among nursing students in the West Bank: A cross-sectional study. *Modern Journal of Health and Applied Sciences*, 2(2), 96-110.

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DOI: https://doi.org/10.70411/MJHAS.2.2.2025242

ABSTRACT

Nursing students in the West Bank face numerous stressors that affect their academic performance and mental health, ranging from academic workload to sociopolitical challenges unique to the region. This study aims to explore stress levels, identify sources of stress, and evaluate the coping strategies used by nursing students in the West Bank. A cross-sectional design was employed using a convenience sample of 385 nursing students enrolled in diploma and baccalaureate nursing programs across Palestinian universities and colleges in the West Bank. Data were collected through an online self-administered questionnaire composed of demographic data, the Perceived Stress Scale (PSS), a stressors checklist, and the Brief COPE inventory. Descriptive and inferential statistics were used for data analysis using SPSS version 27. The majority of students (93.4%) experienced moderate stress, with primary sources including academic workload, financial difficulties, and future uncertainties. The most utilised coping strategies were self-distraction, acceptance, and humour. Significant stress differences were observed based on gender, academic year, parental education, and employment status ($p<0.05$). Nursing students in the West Bank experience substantial stress, influenced by both academic and socio-political factors. Intervention programs tailored to student needs, including stress management training and financial support, are necessary to foster resilience and academic success.

Keywords: Stress, Nursing Students, Coping Strategies, West Bank Perceived.

1. Introduction

Globally, stress is recognised as a major public concern, impacting an estimated one-third of people while also leading to a myriad of bodily and health complications (Organization, 2022). Among university students, those studying in categorically demanding programs like nursing are even more at risk. They struggle with relentless academic pressure, emotionally draining clinical experience, and performance expectation workloads, which lead to significantly higher levels of stress than students in other fields (Bolarinwa & Ishola, 2023; Xu et al., 2023). If left unaddressed, chronic stress in nursing students may result in serious untreated health complications such as anxiety, burnout, and even dropping out from school (Boamah et al., 2024).

The rigour of nursing education involves not only mastering the theoretical knowledge and clinical skills but also considerable emotional labour. As nursing students engage in clinical placements, they regularly face human suffering while still navigating coursework and personal life at home (Sharif & Masoumi, 2005). Notably, many students develop positive coping skills, which are helpful for their overall health and educational successes; however, not all students have emotional coping resources or institutional support to develop them (Jimenez et al., 2010). This indicates that nursing programs must provide psychological support to nursing students in addition to skills-based knowledge and training.

Nursing students in the West Bank are especially encumbered by a higher register of stress in addition to the academic and clinical stress that all nursing students experience due to political strife and resource-poor environments. In addition to negotiating the emotional trouble that accompanies academic pressures, nursing students in the West Bank also contend with daily realities such as political conflict, economic instability, limited movement, and community-level trauma (Abu-Raiya & Pargament, 2015; Salameh et al., 2025; Thabet et al., 2008). These realities multiply their emotional burden and make it very hard to persist and thrive in their education. For many students, adjusting to the broader social and political environment and surviving are more important than keeping up academically.

Even with these complications, many students still use personal, social, and cultural resources to cope. Family support, religious faith, friends, and cultural values can protect against the ill effects of stress, while problem-solving ability and positive thinking may contribute to resilience (Agbaria & Abu-Mokh, 2023; Lazarus & Folkman, 1984; Loureiro et al., 2024). There are also unproductive coping strategies. Some students may engage in avoidant behaviour or denial that will ultimately contribute to increasing levels of stress (Seyedfatemi et al., 2007).

The purpose of this study is to examine the stress level, stressors of stress, and coping mechanisms of nursing students in the West Bank, where they are exposed to a unique combination of academic, clinical, and geopolitical influences that contribute to their psychological distress. These students often have the responsibility of providing safe and effective patient care while experiencing psychological discomfort. They are also expected to distinguish between anxiety caused by their academic responsibilities and that resulting from living and schooling in a politically unstable location (Li et al., 2024). Their limited support systems, combined with exposure to traumatic events, act as psychosocial potential health threats to their academic and emotional growth (Li et al., 2024). Prolonged exposure to stress is widely known to produce psychological distress, including anxiety, depression, and burnout, not to mention interfere with their academic performance (Pulido-Martos et al., 2012). Unfortunately, very few empirical studies have examined the lived experiences of nursing students, their stress responses, and factors impacting their distress (Hamaideh et al., 2024).

It is important to determine how nursing students view and cope with stress in order to promote academic resilience and mental health support. Without such information, nursing programs could be ineffective in preparing students for success, both in clinical practice and on a personal level, even in the safest environments. They need to understand these aspects of effective nursing education to ensure that students are utilizing best practices in a high-risk area, where stress is an environmental situation that is unavoidable and ongoing (Seyedfatemi et al., 2007). This research fills this gap in the literature by examining the stress

experienced by nursing students in the West Bank and identifying their levels of stress, sources of stress, and coping techniques employed (Bolarinwa & Ishola, 2023).

Based on the results of this research, it is anticipated that new culturally relevant interventions and institutional policies will emerge within institutions to foster student mental health in areas of conflict (Alzayyat & Al-Gamal, 2014). Increased awareness of psychological processes and the negative outcomes of stress on this student cohort will lead to the implementation of tailored intervention strategies at each institution, including appropriate adaptive learning environments, mentorship strategies, and emotional support systems (Gibbons et al., 2011). These will not only contribute to the academic success of students enrolled in coursework and programs with these challenges, but they will also contribute to students becoming clinically competent and students who will be emotionally and mentally ready to enter nursing roles in less than desirable healthcare situations.

In areas with limited resources and political instability, this study adds to the global discourse on nursing student stress and mental health by drawing attention to a population that has received little attention in the literature (Custer Jr, 2010; Organization, 2022). The findings of the research may assist education and health care policymakers, organisations, and institutions in considering interventions that directly respond to the particular needs of nursing students in the West Bank (Li et al., 2024). Ultimately, supporting those students' well-being and resilience is a step toward establishing a more sustainable, compassionate, and effective healthcare workforce for the region.

General Objective

To investigate the stress experiences level, sources of stress, and coping strategies among nursing students in the West Bank.

Specific Objectives

The specific objectives of this study are to:

1. Identify the types of stress experiences encountered by nursing students in the West Bank.
2. Examine the primary sources of stress that contribute to challenges among nursing students in the West Bank.
3. Explore the coping strategies employed by nursing students in the West Bank to manage and alleviate stress.
4. Investigate the differences between demographic characteristics (such as age, gender, academic year, and socioeconomic status) and the level of stress experienced by nursing students in the West Bank at alpha <0.05.

Research Questions

This study aims to answer the following research questions:

1. What is the level of stress reported by nursing students in the West Bank?
2. What are the main sources of stress contributing to the challenges faced by these students?
3. What coping strategies do nursing students in the West Bank use to manage stress?
4. Are there statistically significant differences between demographic characteristics and the level of stress experienced by nursing students?

Research Hypothesis

Null Hypothesis (H_0): There are no statistically significant differences in the level of stress experienced by nursing students in the West Bank based on demographic characteristics such as age, gender, and level of education at an alpha level ($\alpha \leq 0.05$).

Alternative Hypothesis (H_1): There are statistically significant differences in the level of stress experienced by nursing students in the West Bank based on demographic characteristics such as age, gender, and level of education at an alpha level ($\alpha > 0.05$).

2. Methodology

This chapter describes the study's methodology, which includes the population, setting, sampling strategy, inclusion and exclusion criteria, research design, data collection techniques, tool validity and reliability, ethical considerations, and data analysis plan.

2. 1. Study Design

A cross-sectional descriptive design was employed in this study to assess the stress levels, causes, and coping strategies of nursing students in the West Bank who were enrolled in bachelor's and diploma programs. This design is particularly well-suited for documenting participants' experiences at a specific point in time and is commonly employed for observational research within the social and health sciences (Polit & Beck, 2008).

2. 2. Study Setting

The research took place in several well-respected schools and universities across the West Bank that offer nursing bachelor's and diploma programs. Students from diverse socioeconomic and academic backgrounds had the opportunity to engage in a rich and inclusive environment.

2. 3. Study Time Frame

Data collection took place over a span of 20 days, from March 4 to March 24, 2024. This timeframe was chosen to ensure the collection of a representative sample and to maintain quality control throughout the data processing phase. It is noteworthy that this period coincided with localised unrest and increased political activity, which might have impacted students' stress levels.

2. 4. Study Population

The target group for this study was around 20,000 nursing students who were enrolled in diploma and bachelor's degree programs across the West Bank during the 2023–2024 academic year, according to the Palestinian Central Bureau of Statistics (PCBS, 2024). This figure includes students from both public and private higher education institutions.

2. 5. Sampling Technique and Sample Size

A convenience sampling method was employed to recruit participants based on their availability and willingness to participate. The sample size was calculated using G*Power 3.1 software (Faul et al., 2007) for a one-way ANOVA, with a medium effect size of 0.3, a 95% confidence interval (CI), and a significance level of $\alpha = 0.05$. Based on this calculation, a minimum of 380 participants was deemed sufficient. To account for potential non-response or attrition, an additional five students were included, bringing the final sample size to 385 nursing students.

2. 6. Inclusion and Exclusion Criteria

2. 6. 1. Inclusion Criteria

- Nursing students currently enrolled in accredited diploma or bachelor's nursing programs in the West Bank.
- Students who voluntarily consented to participate in the study.

2. 6. 2. Exclusion Criteria

- Students who were on leave or absent during the data collection period.
- Students enrolled in postgraduate programs (master's or PhD).

2. 7. Data Collection Tool

Data was collected using a structured self-administered questionnaire, adapted from previous studies (Bolarinwa & Ishola, 2023), and consisted of four main sections:

- ***Section 1:*** Socio-demographic characteristics (e.g., age, gender, academic year, and residence).
- ***Section 2:*** The Perceived Stress Scale (PSS-10) in Arabic, which measures the degree to which situations in one's life are appraised as stressful (Ali et al., 2021).
- ***Section 3:*** A list of potential sources of stress, where students marked whether they had experienced each stressor.
- ***Section 4:*** The Brief COPE inventory, which assessed the coping strategies used by the students.

2. 8. Cut-off Points for Stress Levels

Stress levels were categorised based on mean scores from the PSS:

- Low stress: 1.00 – 2.3
- Moderate stress: 2.34 – 3.67
- High stress: 3.68 – 5.00

2. 9. Data Collection Procedure

The questionnaire was distributed electronically via Google Forms to nursing students across various institutions. Participation was voluntary, and a convenience sampling technique was used to facilitate broad participation.

2. 10. Validity and Reliability of the Instrument

To ensure face validity, the questionnaire was reviewed by subject matter experts in nursing education and mental health. Reliability testing was conducted using Cronbach's alpha, which yielded a coefficient of 0.80 for the PSS—indicating good internal consistency. Additionally, a pilot study involving 40 students (10% of the total sample) was conducted to evaluate the clarity and feasibility of the instrument. Results indicated that the questionnaire was well understood and took approximately 15 minutes to complete.

2. 11. Data Analysis

Data were analysed using SPSS version 27. After ensuring data integrity and normality, both descriptive and inferential statistics were applied. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarised participant characteristics and variable distributions. Inferential tests such as the independent t-test and one-way ANOVA were used to assess differences in stress levels across demographic groups.

2. 12. Ethical Considerations

The study upheld high ethical standards throughout:

- Confidentiality was maintained by anonymizing responses and securely storing data.

- Anonymity was protected by avoiding the collection of identifying information; instead, coded data was used for analysis.
- Participants were informed of the study purpose, their right to withdraw, and that their responses would remain confidential and used solely for academic purposes.

2. 13. Ethical Approval

Ethical approval was obtained from the relevant Institutional Review Board (IRB) prior to data collection. The IRB reviewed the study's protocol to ensure alignment with ethical principles, including informed consent, participant welfare, and data privacy.

3. Results

A total of 385 participants were involved in the study. The gender distribution was almost evenly matched, with 50.8% male (n = 193) and 49.2% female (n = 187). The age distribution generally skewed toward younger respondents, with the majority of participants aged 18–20 years (43.9%) and 21–23 years (37.9%). Only 8.9% were in the 24–26 age category, and 9.2% were 27 years or older.

Concerning education, the majority of participants (66.8%) reported that they had a bachelor's degree, while 33.2% reported holding a diploma. Participants were evenly distributed across academic years: 25.0% reported being in their first year, 26.6% in their second year, 16.8% in their third year, and 31.6% in their fourth year. The household composition suggests that the majority of participants live in towns or villages (58.9%), while 29.7% reported living in cities and 11.3% in refugee camps.

In terms of marital status, 71.3% of participants were single; 16.1% were married; 7.4% were divorced or separated; and 5.3% were widowed. When participants indicated dependent children, 49.5% reported having 1–2 dependents, 32.6% reported having no dependent children and, 17.9% reported having three or more. In terms of parental education, 29.2% of fathers and 26.6% of mothers had no formal schooling, while 41.1% of fathers and 35.8% of mothers had completed high school. Employment status revealed that 60.5% of participants were unemployed, 24.2% were employed full-time and 15.3% part-time. With respect to household income, 35.5%, fell below 1800 NIS, 25.8% earned 1800–2700 NIS, 19.5% earned 2700–4000 NIS and 19.2% earned above 4000 NIS.

The majority of participants (78.9%) live at home with their parents. With respect to academic performance, the data indicated 42.9% of participants reported a cumulative average between 70–79.9%; 15.0% a cumulative average between 60–69.9%; 24.7% a cumulative average between 80–89.9%; and 8.7% reported a cumulative average over 90%. Lastly, most participants (62.6%) were enrolled in colleges and (37.4%) in universities. As shown in Table 1.

Table 1: Demographic Variables of the Participants (n=385)

Demographic variable		n	%
Gender	Male	193	50.8%
	Female	187	49.2%
Age	18-20 Years Old	167	43.9%
	21-23 Years Old	144	37.9%
	24-26 Years Old	34	8.9%
	27 Years Old and Above	35	9.2%
Level of Education	Diploma	126	33.2%
	Bachelor's Degree	254	66.8%
Years of the study	First Years	95	25.0%
	Second Years	101	26.6%
	Third Years	64	16.8%

	Fourth Years	120	31.6%
Location of Residence	Major City (e.g., Ramallah, Nablus)	113	29.7%
	Town/Village	224	58.9%
	Refugee Camp	43	11.3%
Marital Status	Single	271	71.3%
	Married	61	16.1%
	Divorced/Separated	28	7.4%
	Widowed	20	5.3%
Number of Dependents	None	124	32.6%
	1-2	188	49.5%
	Or More	68	17.9%
Highest Level of Education (father)	No Formal Education	111	29.2%
	High School	156	41.1%
	Diploma	35	9.2%
	Bachelor's Degree	60	15.8%
	Master's Degree or Higher	18	4.7%
Highest Level of Education (mother)	No Formal Education	101	26.6%
	High School	136	35.8%
	Diploma	76	20.0%
	Bachelor's Degree	52	13.7%
	Master's Degree or Higher	15	3.9%
Employment Status (If Applicable)	Employed Full-time	92	24.2%
	Employed Part-timer	58	15.3%
	Unemployed	230	60.5%
Monthly Household Income	Less Than 1800 NIS	135	35.5%
	1800-2700 NIS	98	25.8%
	2700-4000 NIS	74	19.5%
	More Than 4000 NIS	73	19.2%
Do You Live with Your Parents?	Yes	300	78.9%
	No	80	21.1%
Cumulative Average	Less Than 60%	33	8.7%
	60%-69.9%	57	15.0%
	70%-79.9%	163	42.9%
	80%-89.9%	94	24.7%
	90%-99.9%	33	8.7%
Type of the institution	College	238	62.6%
	University	142	37.4%

3. 1. Sources of Stresses

Among the 21 listed stressors, the most frequently reported by students was "Problems with Studies in General" (83.4%), followed by "Financial Difficulties" (81.6%) and "Sleeping Disorders" (78.9%). Other common sources included "Worries About the Future" (75.8%) and "Academic Workload" (67.4%). In contrast, less frequently reported stressors were "Conflicts with Roommates" (42.9%) and "Lack of Parental Support" (42.1%). The highest rates of non-experienced stressors were found in "Problems with Accommodation" (54.5%) and "Conflicts with Roommates" (57.1%), as detailed in **Table 2**.

Table 2: Sources of Stresses (n=385)

Item	Experienced		Not Experienced	
	n	%	n	%
1. Financial Difficulties	310	81.6%	70	18.4%
2. Family Problems	245	64.5%	135	35.5%
3. Sleeping Disorders	300	78.9%	80	21.1%
4. Worries About Future	288	75.8%	92	24.2%
5. Problems with Studies in General	317	83.4%	63	16.6%

6. Stress of Academic Workload	256	67.4%	124	32.6%
7. Trouble with My Parent(S)	201	52.9%	179	47.1%
8. Trouble with My Siblings	180	47.4%	200	52.6%
9. Trouble with My Lecturer(S)	211	55.5%	169	44.5%
10. Trouble with My Course Mates	187	49.2%	193	50.8%
11. Problems with Accommodation	173	45.5%	207	54.5%
12. Problems with Learning Environment	241	63.4%	139	36.6%
13. Conflicts with My Roommate(S)	163	42.9%	217	57.1%
14. Problems Staying Away from Home	192	50.5%	188	49.5%
15. Often Interpersonal Conflicts in School	184	48.4%	196	51.6%
16. Lack of Parental Supports	160	42.1%	220	57.9%
17. Bad News While in School	231	60.8%	149	39.2%
18. Appetite Change	246	64.7%	134	35.3%
19. Transportation Problems	270	71.1%	110	28.9%
20. Problems Getting Life Partner	197	51.8%	183	48.2%
21. Low Self-Esteem	183	48.2%	197	51.8%

3. 2. Levels of Stress among the Students

As shown in **Figure 1**, the pie chart presents the distribution of stress levels among a group of students. A striking 93.4% of the students report experiencing moderate levels of stress, indicating that the majority feel a noticeable but perhaps manageable degree of stress. Notably, a smaller proportion, 5%, report high levels of stress, which suggests a significant impact on their well-being and daily functioning. Only1.6% of the students report low levels of stress, indicating that stress is a common and significant factor for nearly all the students surveyed. The data underscores the prevalence of moderate stress in the student population, with high stress also being a concerning issue for a notable minority.

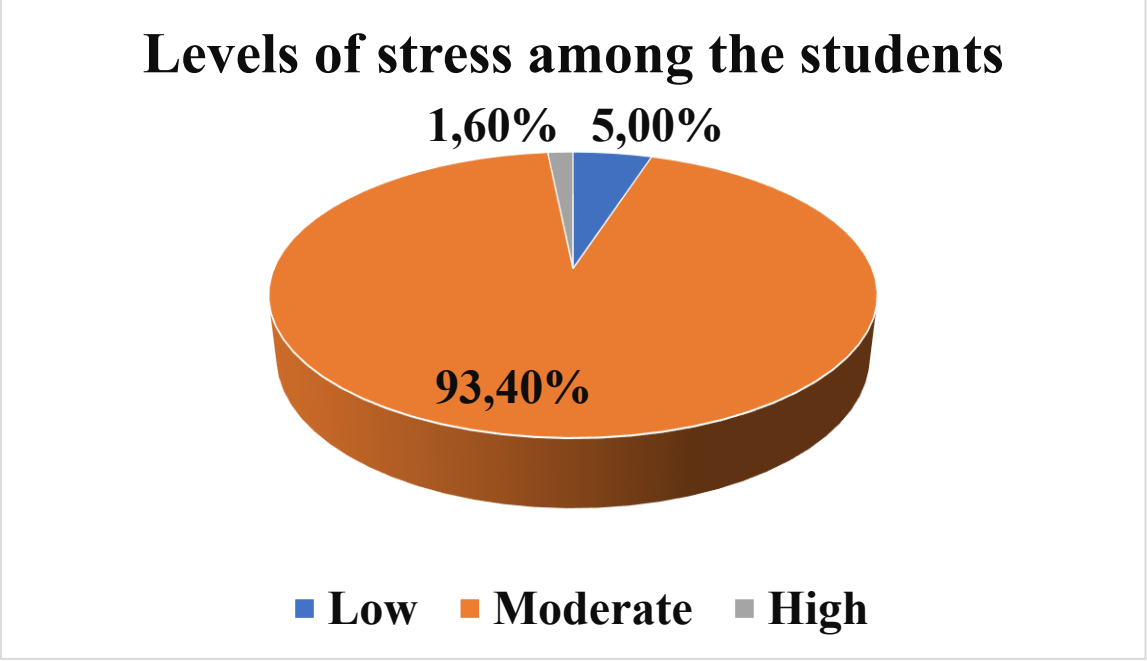

Figure 1. Level of Stress among the participants (n=385)

3. 3. Mean Score for Each Item of the Stress Scale

Among the stress scale items, “Feeling nervous and stressed” (M = 3.30) and “Feeling confident in handling personal problems” (M = 3.21) had the highest mean scores, indicating stronger perceptions of stress. In contrast, items such as “Being

upset due to unexpected events" (M = 2.89), "Being unable to control important things" (M = 2.84), and "Feeling unable to cope" (M = 2.91) showed lower stress perception. Similarly, items related to controlling irritations, feeling on top of things, and handling uncontrollable events had mean scores between 2.81 and 2.95, suggesting they were not commonly perceived as stressors. As shown in **Table3**.

Table 3: Perceived Stress Scale among Participants (n=385)

No.	Item	M	SD	Status
1	Being Upset Due to Unexpected Happenings	2.89	1.295	Not Perceived stress
2	Being Unable to Control Important Things in Your Life	2.84	1.136	Not Perceived stress
3	Feeling Nervous and Stressed	3.30	1.215	Perceived stress
4	Feeling Confident of Your Ability to Handle Personal Problems	3.21	1.201	Perceived stress
5	Feeling That Things Were Going Your Way	2.90	1.171	Not Perceived stress
6	Found Out That You Could Not Cope with All the Things That You Had to Do	2.91	1.125	Not Perceived stress
7	Being Able to Control Irritations in Your Life *	2.95	1.155	Not Perceived stress
8	Feeling That You Were on Top of Things *	2.93	1.142	Not Perceived stress
9	Being Angered Because Of Things That Were Beyond Your Control *	2.81	1.222	Not Perceived stress
10	Feeling That Difficulties Were Piling Up So High That You Could Not Overcome Them *	2.91	1.181	Not Perceived stress
	Total Mean Score (10 items)	**2.96**	**.359**	**Not Perceived stress**

**Reverse coded*

3. 4. Coping Strategies Used among Participants

The most frequently reported coping strategies were self-distraction and acceptance (77.6% each), followed by humour (75.3%) and planning (74.2%). Active coping and positive reframing were also commonly used, reported by 68.7% and 67.6% of participants, respectively.

Emotional support was used by 62.9%, and instrumental support by 54.2%. Denial and self-blame were reported by 49.5% and 60.5%, respectively. Substance use was less common, with 28.2% of participants reporting this strategy. As shown in **Table 4**.

Table 4: Coping Strategies Used among Participants (n=385)

No.	Coping Strategies Used	Yes		No	
1		**n**	**%**	**n**	**%**
2	Self-Distraction	295	77.6%	85	22.4%
3	Active Coping	261	68.7%	119	31.3%
4	Denial	188	49.5%	192	50.5%
5	Substance Use	107	28.2%	273	71.8%
6	Emotional Support Use	239	62.9%	141	37.1%
7	Instrumental Support Use	206	54.2%	174	45.8%
5	Behavioural Disengagement	220	57.9%	160	42.1%
9	Venting	248	65.3%	132	34.7%
10	Positive Reframing	257	67.6%	123	32.4%
11	Planning	282	74.2%	98	25.8%
12	Humour	286	75.3%	94	24.7%
13	Acceptance	295	77.6%	85	22.4%
14	Religion	284	74.7%	96	25.3%
18	Self– Blame	230	60.5%	150	39.5%

Stress levels significantly differed across several demographic variables. Females reported higher stress (M = 3.08, SD = 0.284) than males (M = 2.85, SD = 0.389; $p < .001$). Year of study was also significant ($p = .005$), with first-year students

reporting lower stress. Participants with fathers (p = .001) or mothers (p = .001) with no formal education had lower stress scores compared to those with higher parental education.

Employment status was associated with stress levels (p = .001), with unemployed participants reporting higher stress (M = 3.03, SD = 0.325) than those employed full-time. Cumulative academic average was also significant (p = .001), with higher stress reported among students with lower academic performance.

Table 5: Differences between demographic variables in terms of stress (n=385)

Demographic variable		n	M	SD	P-value
Gender	Male	193	2.85	.389	<.001*
	Female	187	3.08	.284	
Age	18-20 Years Old	167	2.96	.346	.974
	21-23 Years Old	144	2.97	.356	
	24-26 Years Old	34	2.98	.404	
	27 Years Old and Above	35	2.96	.394	
Level of Education	Diploma	126	3.00	.359	.220
	Bachelor's Degree	254	2.95	.358	
Years of the study	First Years	95	2.87	.345	.005*
	Second Years	101	3.00	.321	
	Third Years	64	3.07	.320	
	Fourth Years	120	2.95	.402	
Location of Residence	Major City (e.g., Ramallah, Nablus)	113	2.91	.383	.116
	Town/Village	224	3.00	.325	
	Refugee Camp	43	2.95	.441	
Marital Status	Single	271	2.97	.335	.238
	Married	61	2.94	.373	
	Divorced/Separated	28	2.86	.504	
	Widowed	20	3.06	.376	
Number of Dependents	None	124	2.90	.386	.064
	1-2	188	3.00	.338	
	Or More	68	2.98	.355	
Highest Levels of Education (father)	No Formal Education	111	2.79	.379	.001*
	High School	156	3.08	.299	
	Diploma	35	3.01	.366	
	Bachelor's Degree	60	2.95	.283	
	Master's Degree or Higher	18	2.98	.499	
Highest Levels of Education (mother)	No Formal Education	101	2.85	.373	.001*
	High School	136	3.06	.311	
	Diploma	76	2.93	.384	
	Bachelor's Degree	52	2.95	.314	
	Master's Degree or Higher	15	3.05	.458	
Employment Status (If Applicable)	Employed Fulltime	92	2.84	.377	.001*
	Employed Part-time	58	2.92	.404	
	Unemployed	230	3.03	.325	
Monthly Household Income	Less Than 1800 NIS	135	2.92	.332	.137
	1800-2700ils	98	3.03	.386	
	2700-4000ils	74	2.95	.354	
	More Than 4000ils	73	2.98	.366	
Do You Live with Your Parents?	Yes	300	2.96	.3387	.960
	No	80	2.97	.429	
Cumulative Average	Less Than 60%	33	2.75	.352	.001*
	60%-70%	57	3.03	.272	
	70%-80%	163	2.95	.377	
	80%-90%	94	3.00	.357	
	90%-99.9%	33	3.07	.334	
Type of the Institution	College	238	2.95	.338	.455
	University	142	2.98	.392	

*Independent t test and One-Way ANOVA tests, *Significant at p=<0.05.*

4. Discussion

The results of this study provide valuable insights into the stress levels, sources of stress, and coping strategies among nursing students in the West Bank. They highlight the psychological challenges these students face, shaped by academic demands, socio-economic conditions, and cultural aspects. These conclusions indicate a clear need for interventions and support for nursing students with the ability to minimize stress and promote overall well-being throughout their education.

4. 1. Stress Levels among Nursing Students

The study found that just 5% of students reported high stress and 1.6% reported low stress, while the vast majority (93.4%) reported moderate stress. The average item score on the PSS-10 was 2.96, placing it within the standardized moderate stress category (2.34–3.67). It is noteworthy that, while the scores of individual items were somewhat mild, the aggregate impact indicated sustained— that is, moderate— stress (Al-Gamal et al., 2018; Xu et al., 2023). The mean score of 2.96, although moderately stressful, lies closer to high-stress than it does low-stress in the moderate category. These results align with other studies that emphasize nursing students as a group at risk for stress because of clinical exposure, coursework, and emotional labor (Gibbons et al., 2011; Seyedfatemi et al., 2007). The high prevalence of moderate stress indicates that although most students are coping, ongoing pressures on their well-being necessitate proactive support mechanisms (Pulido-Martos et al., 2012). Remarkably, the sample is at the top end of the moderate range with an overall mean score of 2.96 on the PSS- 10. The socio-political complexity of living and studying on the West Bank is likely to make students' stress even more severe, even if they may not perceive individual stressors as overwhelming on their own (Salameh et al., 2025).

4. 2. Common Sources of Stress

Academic pressures were among the most commonly cited, with 81.6% reporting money difficulties and 83.4% indicating general study issues. These results are consistent with earlier research by Pulido-Martos et al. (2012) and Bolarinwa et al. (2023), which found that financial limitations and academic pressure were the main sources of stress in nursing education. The prevalence of sleep issues and future-focused concerns suggests that stress impacts students' everyday functioning and mental health outside of the classroom (Alsaqri, 2017; Sharif & Masoumi, 2005).

The high rate of stress associated with financial difficulties and future uncertainty highlights the region's larger socioeconomic problems (Chaabane et al., 2021). Conversely, interpersonal stresses, including disagreements between roommates and a lack of parental support, were less commonly mentioned, indicating that although social obstacles do exist, they could be subordinated to financial and scholastic issues in this way (Loureiro et al., 2024).

4. 3. Coping Strategies Used

The adaptive coping methods that the participants preferred were humour (75.3%), acceptance (77.6%), self-distraction (77.6%), and planning (74.2%). These strategies are an attempt to keep emotional equilibrium and control when dealing with continuous stress (Carver et al., 1989). Plans and humour are in line with research by Carver et al. (1989), which highlighted the need for systematic problem-solving and positive reframing in stress management.

As a positive measure of students' resilience and understanding of better coping techniques, maladaptive tactics including drug use (28.2%) and denial (49.5%) were less frequently reported (Lazarus & Folkman, 1984). But, given that it might eventually result in internalised misery and lowered self-esteem, the comparatively high utilisation of self-blame (60.5%) is cause for worry (Reeve et al., 2013; Seyedfatemi et al., 2007).

4. 4. Differences in Stress by Demographic Variables

There were notable variations in stress levels according to gender, academic year, parental education, work status, and cumulative average. In line with international studies showing that women frequently report higher levels of perceived stress due to both social and biological causes, female students reported higher stress levels than male students (Hamaideh et al., 2024; Reeve et al., 2013).

Students in their second and third yearsreported higher stress levels, likely due to tougher classes and more clinical work (Jimenez et al., 2010). In contrast, fourth-year nursing students reported lower stress levels compared to their second- and third-year peers, possibly due to adaptation over time. As students progress through the nursing program, they may gradually develop greater psychological resilience, improved time-management skills, and stronger coping mechanisms for handling academic and clinical demands. Additionally, the anticipation of graduation may foster a sense of purpose and motivation that helps buffer stress (Al-Gamal et al., 2018).

Additionally, students with well-educated parents often feel more stress, possibly because they feel pressured to achieve high grades (Li et al., 2024). Students with poorer academic averages and those without jobs also reported much greater levels of stress, indicating a connection between mental health and academic and economic instability (Bolarinwa & Ishola, 2023).

4. 5. Study Limitations

This study offers useful insights into the stress and coping strategies used by nursing students in the West Bank, but it has some limitations. One major issue is its cross-sectional design. This means the study only examines data at a single point in time, which makes it challenging to understand if and how specific stress factors directly impact students' ability to cope with stress or influence their academic performance (Polit & Beck, 2008). To monitor changes in stress over time, a longitudinal study would be more appropriate.

Second, self-reported questionnaires were used to obtain the data, which might lead to response bias. According to Tourangeau and Yan (2007), participants may exaggerate their usage of constructive coping mechanisms or underreport activities deemed socially unacceptable, such as substance abuse. Furthermore, mood at the moment of reaction might affect emotional subjects like stress (Tourangeau & Yan, 2007).

Third, this study included only students from institutions based in the West Bank, which limits comparative generalisability with regard to other geographic or political regions. The unique political climate, ongoing conflict, and movement restrictions in the West Bank create a highly specific environment that may not reflect the experiences of nursing students in more stable or differently structured settings. Additionally, variations between public and private institutions within the West Bank were not examined, despite possible differences in curriculum intensity, access to resources, clinical placement quality, and psychosocial support services. These institutional differences could significantly influence students' stress levels and coping mechanisms. Therefore, future research should include larger and more diverse samples, incorporating participants from multiple geographic areas.

Lastly, although the instruments have been standardised, it is possible that language and culture may affect how participants interpreted certain items on the stress and coping scales. In this study the questionnaire was disseminated in Arabic; however, the cultural concepts and meanings associated with stress, emotional expression, and coping, as described in the scale constructs, may not have fully captured the culturally specific meanings that emerged. So, future research should seek to use culturally adapted instruments or mixed methods to attain more meaningfully constrained enquiries from their context.

4. 6. Implications of the Study

The study's conclusions have significant implications for institutional policy, nursing education, and student mental health. First of all, stresses are clearly multifaceted, including anything from financial instability and future uncertainty to academic pressure. For pupils in underprivileged or high-risk groups in particular, interventions must be tailored to the individual and subject-specific (Bolarinwa & Ishola, 2023).

Secondly, this study shows that financial strain has consequences on students' emotional and cognitive health and is a persistent burden. In order to ease this burden, post-secondary institutions should consider implementing initiatives for financial literacy programming, scholarships, and part-time work (Pulido-Martos et al., 2012).

Thirdly, to address the range of both adaptive and maladaptive coping behaviours identified in this study, universities must address 'the gaps' by implementing programs that build resilience. 'The gaps' could include semester-long mental health education series, elective courses on stress management, and peer support groups. Additionally, counselling centres should reach out to students and build rapport and connection so nurses would know who to access. Orientation programs need to emphasise the same connections and outreach for engagement but also utilise electronic and multimodal options so that students are familiar and accustomed to seeking support once they identify or recognise the need for help.

When institutions implement this staged and systematic approach, they can not only ease immediate stressors but also develop both a culture of long-term, sustained psychological well-being and academic success for nursing students.

4. 7. Recommendations for Future Research and Practice

To capture stress patterns throughout students' academic experiences, future studies may consider using longitudinal research designs. This would help identify the causes and timing of periods of high stress and strategies that evolve over time.

Moreover, richer stories of students' lived experiences of stress can become exposed through qualitative research methodologies, such as focus groups and in-depth interviews, which typically remain hidden in quantitative surveys. These methods can uncover intricate patterns of stress guided by gender, social roles, and family expectations.

Evaluations of evidence-based interventions are also urgently needed. Universities ought to test and evaluate peer mentorship, financial counselling, and resilience training initiatives to see how they affect student outcomes like GPA, retention, and mental health.

Lastly, institutional integration should be the goal of policy initiatives, where social, psychological, and academic support services work together to provide all-encompassing programs for students' well-being. By cultivating this kind of collaboration, academic institutions may establish a more welcoming and encouraging atmosphere that promotes education and individual development.

5. Conclusion

The findings of this study highlight the importance of considering the academic level, gender, and socioeconomic status of nursing students when developing interventions. Institutions should be able to improve the well-being of students through resilience workshops, more financial aid funding, and access to mental health services. The study identifies three essential recommendations: (1) stress management programs, (2) targeted financial assistance, and (3) counselling outreach. The proposed recommendations could start an extended process that aims to build nursing students' psychological resilience that will ultimately lead to their success as students in the West Bank and equivalent areas.

Conflict of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Data Availability

No data was used for the research described in the article.

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