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EXPLORING QUALITY OF LIFE, STRESS, AND COPING STRATEGIES AMONG MARRIED FEMALE CLINICAL STUDENTS IN NNAMDI AZIKIWE UNIVERSITY: IMPLICATIONS FOR INTERVENTIONS

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ABSTRACT

Background: The rigor of achieving an advanced degree is commonly accompanied by feelings of stress, particularly in the ever-growing and changing field of health sciences. Stress can impact learning. How students manage stress depends on their personal coping strategies and self-care. There is a need to evaluate students' stress, coping methods, and quality of life to help identify issues negatively affecting students and strategize solutions and preventative methods.

Aim: To examine perceived stress, coping strategies, and quality of life in married female clinical students.

Material and methods: The Perceived Academic Stress Scale (PASS), Brief-COPE, and World Health Organization Quality of Life Brief Version (WHOQoL-Bref) were administered to students. Data was obtained through an electronic questionnaire (Google Form), and the link to the questionnaire was shared via students' WhatsApp groups. To analyze data, inferential statistics of Mann–Whitney U, Kruskal–Wallis, and Spearman's rank correlation coefficient tests were used at the 0.05 level of significance.

Results: Fifty-three married female clinical students participated in this study. The results showed a significant increase in PASS scores, adaptive coping behaviors, and moderate quality of life. The PASS scores of the students had a moderate to large positive correlation with coping behaviors but no correlation between PASS scores and quality of life.

Conclusions: No significant correlations was observed between quality of life and perceived academic stress and coping strategies of married female clinical students.

Keywords: *Married female clinical students, Stress, Quality of life, Coping strategies*

INTRODUCTION

Quality of life (QoL) represents overall physical, mental, social, and environmental satisfaction[1], and is defined by the World Health Organization as an individual's perception of their position in life regarding their cultural and value system, including their goals, perspectives, standards, and concerns. QoL can be impacted by many factors, including stress. Since the 70s, there has been a significant development in assessing QoL, with established methods and applications. Recently, assessing QoL has been useful in determining the impact of illnesses/diseases and interventions. However, research on the QoL of undergraduates is limited, which is a high-stress period.[2]

Clinical students are vulnerable to stress, anxiety, and depression, affecting their QoL.[3] Numerous stressors influence medical students' health and QoL, such as the transition from pre-clinical to the clinical years, academic competition, and the extensive medical knowledge to be learned, can impact the health and QoL of medical students.[4] Decreased QoL scores were observed among medical students during their undergraduate training.[5–7] The

decreased QoL is associated with long-term effects, including an unhealthy lifestyle, mental health issues, academic difficulties, and negative impacts on professional development.[5]

Stress occurs when demand exceeds an individual's capacity and can potentially have negative physical and psychological effects.[8] Stress involves the inability to meet demands or judgment made by the individual of being unable to meet the demands.[9] Globally, people experience stress, and it comes in several forms.[10] This implies that stress is a part of life and has many causative factors, and the degree of stress depends on the physical health of the individual, quality of interpersonal relationships, number of commitments and responsibilities, others' dependence on and expectations, amount of support from others, and number of traumatic events .[11] Undergraduates experience high stress levels related to concerns about academic success, time management, and engagement in patient care.[12] This stress can be attributed to academic workload, assignments, and adapting to a new setting. The prevalence of stress and depression among students in different academic fields is alarming.[13]

Clinical students study for hours and have inadequate time for extracurricular activities.[14] In addition, they spend a substantial time in the clinical, where they are entrusted with caring for patients.[15] Moreover, financial burdens, struggling to manage time, and using complex medical equipment further contribute to their stress levels in many cases.[16] Clinical practice trains students to be professionals and helps bridge the theory-practice gap.[17] Students undertake courses for clinical practice; therefore, they face the burden of managing their academic activities, which is inherently stressful.[15] Clinical students experience higher levels of stress than other students.[14,15,18] The key stressors experienced include high self and external expectations, a demanding learning environment, heavy academic tasks, and pressure to achieve high academic grades.[19] These stressors have a significant impact on students' well-being and academic success.[19] The stress is associated with limited study time and extended hours in hospitals and healthcare facilities .[20] Some students cannot cope with their stressors owing to a lack of effective study plans. In general, students cannot eliminate stress; however, they can manage it, which can have a positive impact on their psychological and social well-being.[21]

Coping theory is defined as the "constantly changing cognitive and behavioral efforts to manage external and internal demands appraised as taxing or exceeding the resources of the person.[8]" Coping theory is classified into focus-oriented and approach-oriented theories. While the first recognizes peoples' internal resources and mental capacities for evaluating how competently they can adapt to a situation, the latter is concerned with how concrete the coping mechanisms are.[8] One of the most frequently used focus-oriented approaches is provided by Ebata and Moos. Active (positive or functional) and avoidant (negative or dysfunctional) coping approaches are defined based on whether a

person's response is directed toward or away from the stressor.[8] Coping strategies depend on personality and perceptions about life experiences. However, the main aim is to reduce stress and reaching a balanced state of functioning. Women adopt a more emotion-focused approach and resort to negative avoidant coping strategies compared with men.[22]

Given this, there is a need to develop a better understanding of the different coping mechanisms used by married female clinical students. Marriage, being a significant event in one's life, affects QoL. Stress from marriage is more pronounced in women in developing countries, where the traditional concepts of family, household, and socially determined sex roles are more intense.[23] This study aimed to determine the coping strategies used by married female clinical students and their impact on QoL.

MATERIAL AND METHODS

Research design

This was a cross-sectional descriptive study.

Research population

This study comprised married female clinical students at the College of Health Sciences.

Inclusion criteria

Females (aged between 20 and 45 years) who are married, clinical phase students at the College of Health Sciences, and willing to participate in the study by providing the necessary information. All study participants provided informed consent.

Sampling technique

A purposive sampling technique was used.

Sample size

Fifty married female clinical students were recruited. A sample size of 50 has a 90% power to detect a moderate effect size of 0.3 at an alpha level of significance of 0.05. The sample size was calculated using G* Power 3.0.10.

Research instruments

Data were collected through an interview-administered questionnaire. The instruments used for data collection are as follows:

1. World Health Organization QoL Brief (WHOQOL-BREF): The health-related QoL was assessed using the WHOQOL-BREF, developed by the WHO to assess QoL across different cultures. The WHOQOL-BREF is a well-known international QoL assessment instrument, which is multilingual and available for developed and developing countries.[24] WHOQOL-BREF consists of 26 items with a response range from 1 (very poor/very dissatisfied/not at all) to 5 (very good/very satisfied/extremely satisfied). The English version of the questionnaire was used in this study. The questionnaires, covering four domains (physical, psychological, social relationships, and environmental health), were handed out to the students. The scores are transformed into a scale from 0 to 100, with 0 indicating the least favourable and 100 indicating the most favourable. The QoL analysis was

performed by measuring the score of each question item on a Likert scale. For each respondent, the raw score for each dimension was calculated.

2. Brief-COPE: To measure strategies for coping with stress, the Brief-COPE Inventory was used. Brief-COPE is a frequently used self-reported questionnaire developed to assess several coping strategies. It has 28 items that describe the coping responses in three domains (problem-, emotion-, and avoidant-focused). Each item in each domain is scored from possible options on an ordinal scale from one to four. There are 28 coping behaviors and thoughts (two items for each subscale) that are rated on the frequency of use by the participant with a scale of 1 (I have not been doing this at all) to (I have been doing this a lot). Internal reliability for the 14 subscales ranges from $\alpha = 0.57–0.90$. Each of the 14 scales comprises two items; total scores range from two (minimum) to eight (maximum). Higher scores are calculated by summing the appropriate items for each scale. No items are reverse-scored. There is no overall total score, only total scores for each subscale. The model conceptualized by Meyer (2001) was used in this study to analyze coping strategies according to two subscales (adaptive and maladaptive).[25] Adaptive coping comprises eight factors (emotional support, positive reframing, acceptance, religion, humour, active coping, planning, and use of instrumental support), and maladaptive coping comprises the remaining six factors (venting, denial, substance use, behavioural disengagement, self-distraction, and self-blame). Moreover, a total mean score ≤2 indicates ineffective coping strategies, while a mean score >2 indicates effective coping strategies.

3. Perceived Academic Stress Scale (PASS): PASS is an 18-item, five-point Likert-type scale used to measure perceptions of academic stress, and its causes.[26] This scale was standardized for undergraduates and postgraduates. The responses range from 1 (strongly disagree) to 5 (strongly agree), measuring four dimensions with internal consistency, including pressures to perform (0.6), perceptions of workload and examinations (0.6), self-perceptions (0.5), and time constraints (0.6). The overall internal consistency reliability was 0.7. A total mean score >53 shows high perceived stress, while <53 indicates a low perceived stress

Data collection

Ethical approval was obtained from the Ethics Review Committee of the Faculty of Health Sciences and Technology, Nnamdi Azikiwe University. All study participants provided informed consent. The participants' initials were used for privacy. The questionnaires were administered to the participants. Information was collected from lecture halls, study areas, and hostels. An electronic questionnaire (Google Form) was developed and shared via WhatsApp groups to collect data. The distribution of the questionnaire was mainly online.

Data analysis

The socio-demographic variables and scores on the questionnaire were summarized using descriptive statistics of mean ±standard deviation, charts, frequency distribution, and percentages. The inferential statistics of Spearman's rank correlation coefficient, Mann–Whitney U test, and Kruskal–Wallis test were used to test the hypotheses. Statistical significance was set at $P<0.05$.

RESULTS

Response rate and participants' demographic data

This study comprised married female clinical students from the College of Health Science, Nnamdi Azikiwe University. Fifty-three participants participated in this study. The participants were pursuing degrees in medical rehabilitation, medical laboratory science, radiography, nursing science, medicine, and environmental health science. Most participants were aged between 20 and 29 years and were in 300, 400, 500, and 600 levels. Most participants had been married for 1–5 years and were living with their spouses. Most participants had no previous degree, and among those who did, they held an Ordinary National Diploma/National Diploma (Table 1). Regarding the obstetrics profile, the highest proportions of the participants (43.4%) are Nulliparous (Table 2).

We assessed the participants' academic stress using PASS. The results showed a mean score of 65.84±9.6, indicating a high-stress level perceived by most participants (77.40%). While 75.5% of the participants had effective strategies for managing stress, with a mean score of 2.79±0.85 for problem-focused, 2.41±0.72 for emotional-focused, and 1.84±0.55 for avoidant strategies. The total mean score for the participants' QoL was 61.59±17.12 for physical, 64.22±18.35 for psychological, 68.08±29.58 for social, and 60.2±17.37 for environmental QoL; therefore, most participants had good QoL, with 'social health' obtaining the highest mean score among the domains (Tables 3 and 4).

Correlation among perceived academic stress, coping strategies, and QoL **scores among the participants using Spearman's rank correlation coefficient**

A significant negative correlation was observed between perceived academic stress and social health (rho= -0.299, p=0.030); however, no correlation was observed between physical, psychological, and environmental health. Moreover, a significant positive correlation was observed between problem-focused coping strategy and social health (rho=0.320, p=0.020); however, no correlation was observed between physical, psychological, and environmental health. Emotion- and avoidant strategies showed no correlation with social, physical, psychological, and environmental health (Table 5). Perceived academic stress showed significant correlations with problem-focused (rho=0.371, p=0.006) and avoidant coping strategies (rho=0.404, p=0.003) but no correlation with emotion-focused coping strategy (rho= -0.128, p=0.360) (Table 6).

Influence of age and marriage duration on perceived academic stress, coping strategies, and QoL scores among the

participants using the Kruskal–Wallis test

The result showed no significant influence of age and marriage duration on perceived academic stress, coping strategies, or QoL (Tables 7 and 8).

Influence of spouse and previous degree on perceived academic stress, coping strategies, and QoL scores among the participants using the Mann–Whitney U test

Table 7 shows that having a spouse or not has no significant influence on perceived academic stress, coping strategies, or QoL. Moreover, having a degree has no significant correlation with perceived academic stress, coping strategies, or QoL (Tables 9 and 10).

Table 1. Socio-demographic characteristics of the participants

Variable	Class	Frequency	Percent
Age (years)	20–29	41	77.4
	30–39	10	18.9
	40–49	2	3.8
Department	Medicine	6	11.3
	Nursing	17	32.1
	Medical rehabilitation	11	20.8
	Medical laboratory science	9	17.0
	Radiography	5	9.4
	Environmental health science	5	9.4
Level of study	300	6	11.3
	400	20	37.7
	500	26	49.1
	600	1	1.9
Marriage duration (years)	1–5	47	88.7
	6–10	4	7.5
	11–15	1	1.9
	16–20	1	1.9
Presence of spouse	Alone (without spouse)	18	34
	With spouse	35	66
Previous degree	Yes	15	28.3
	No	38	71.7
Degree	Bachelors	5	9.4
	Higher National Diploma	3	5.7
	Ordinary National Diploma National Diploma	6	11.3
	Nigeria Certificate in Education	1	1.9

Table 2. Socio-demographic profiles of the participants

Variable	Class	Frequency	Percent
Parity	Nulliparous	23	43.4
	Primiparous	17	32.1
	Multiparous	12	22.6
	Grandmultiparous	1	1.9
Gravidity	Nulligravida	17	32.1
	Primigravid	20	37.7
	Secundigravida	11	20.8
	Multigravida	5	9.4

Table 3. Mean perceived academic stress, coping strategies, and quality of life scores among the participants

Variable	Class	Mean±Standard deviation
Perceived Academic stress		65.84±10.57
Coping Strategy	Problem-focused	2.79±0.85
	Emotional-focused	2.41±0.72
	Avoidant	1.84±0.55
Quality of Life	Overall quality of life	3.98±0.89
	Physical health	61.59±17.12
	Psychological health	64.22±18.35
	Social health	68.08±29.58
	Environmental health	60.2±17.37

Table 4. Level of academic stress, coping strategies, and quality of life scores among the participants

Variable	Class	N (%)	X^2	p-value
Perceived academic stress	Low level of stress	12 (22.60)		
	High level of stress	41 (77.40)	7.849	0.023
Coping Strategy	Maladaptive	13 (24.5)		
	Adaptive	40 (75.5)	13.755	<0.01
Quality of Life	**Physical health**			
	Poor quality of life	1 (1.9)		
	Moderate quality of life	7 (13.2)	50.774	<0.01
	Good quality of life	10 (18.9)		
	Very good quality of life	35 (66)		
	Psychological health			
	Moderate quality of life	6 (11.3)		
	Good quality of life	12 (22.6)	26.528	<0.01
	Very good quality of life	35 (66)		
	Social health			
	Poor quality of life	1 (1.9)		
	Moderate quality of life	4 (7.5)		
	Good quality of life	21 (39.6)	36.585	<0.01
	Very good quality of life	27 (50.9)		
	Emotional health			
	Very poor quality of life	4 (7.5)		
	Poor quality of life	3 (5.7)		
	Moderate quality of life	3 (5.7)	71.811	<0.01
	Good quality of life	8 (15.1)		
	Very good quality of life	35 (66)		

Table 5. Correlation among stress, coping, and quality of life of participants using the Spearman's rank correlation coefficient

Variables	Quality of life				
		Physical health	Psychological health	Social health	Environmental health
Perception of academic stress	r-value	-0.216	-0.054	-0.299	-0.197
	P- value	0.121	0.702	0.030	0.158
Coping mechanism					
Problem-focused coping	r-value	0.081	0.205	0.320	0.124
	P- value	0.556	0.140	0.020	0.376
Emotion-focused coping	r-value	-0.254	-0.217	-0.074	-0.011
	P- value	0.067	0.118	0.600	0.935
Avoidant coping	r-value	-0.136	-0.099	0.090	-0.107
	P- value	0.330	0.481	0.521	0.446

Table 6. Spearman's rank correlation coefficient assessing the correlation between components of perceived academic stress, coping strategies, and quality of life scores among the participants

Variables		Perception of academic stress
Coping Mechanism		
Problem-focused coping	r-value	0.371
	P- value	0.006
Emotion-focused coping	r-value	-0.128
	P- value	0.360
Avoidant coping	r-value	0.404
	P- value	0.003

Table 7. Comparison of stress, coping, and quality of life among the different age categories of participants using the Kruskal–Wallis test

Variables	Age (years)	Mean rank	K-value	P- value
Perception of academic stress	20–29	27.83	1.367	0.505
	30–39	25.05		
	40–49	19.75		
Problem-focused coping	20–29	26.35	1.225	0.542
	30–39	31.10		
	40–49	19.75		
Emotional-focused coping	20–29	24.89	4.732	0.094
	30–39	31.90		
	40–49	45.75		
Avoidant coping	20–29	27.61	0.505	0.777
	30–39	25.85		
	40–49	20.25		
Physical health	20–29	29.06	3.258	0.196
	30–39	20.10		
	40–49	19.25		
Psychological health	20–29	27.20	0.502	0.778
	30–39	27.70		
	40–49	19.50		
Social health	20–29	28.79	2.935	0.230
	30–39	22.20		
	40–49	14.25		
Environmental health	20–29	28.15	1.074	0.585
	30–39	22.55		
	40–49	25.75		

Table 8. Comparison of stress, coping, and quality of life among the different marriage durations using the Kruskal–Wallis test

Variables	Marriage duration (years)	Mean Rank	K-value	P- value
Perception of academic stress	1–5	27.36	3.701	0.296
	6–10	26.38		
	11–15	6.50		
	16–20	33.00		
Problem-focused coping	1–5	27.23	3.227	0.358
	6–10	19.88		
	11–15	21.50		
	16–20	50.00		
Emotion-focused coping	1–5	26.73	2.459	0.483
	6–10	32.25		
	11–15	8.00		
	16–20	37.50		
Avoidant coping	1–5	27.91	3.774	0.287
	6–10	18.63		
	11–15	6.00		
	16–20	38.50		
Physical health	1–5	27.76	1.101	0.777
	6–10	20.25		
	11–15	20.00		
	16–20	25.50		
Psychological health	1–5	27.62	1.430	0.699
	6–10	22.25		
	11–15	31.50		
	16–20	12.50		
Social health	1–5	27.98	1.907	0.592
	6–10	18.50		
	11–15	25.50		
	16–20	16.50		
Environmental health	1–5	27.45	1.365	0.714
	6–10	25.75		
	11–15	28.50		
	16–20	9.50		

Table 9. Comparison of Stress, Coping, and Quality of life between the different categories of presence of spouse using the Mann-Whitney Test

Variables	Presence of Spouse	Mean Rank	U-value	P- value
Perception of academic stress	Without spouse	27.83	290.500	0.526
	With spouse	25.05		
Problem-focused coping	Without spouse	26.35	287.000	0.598
	With spouse	31.10		
Emotional-focused coping	Without spouse	24.89	295.500	0.714
	With spouse	31.90		
Avoidant coping	Without spouse	27.61	259.500	0.295
	With spouse	25.85		
Physical health	Without spouse	25.64	312.000	0.955
	With spouse	27.70		
Psychological health	Without spouse	25.44	248.000	0.207
	With spouse	27.80		
Social health	Without spouse	28.08	309.500	0.917
	With spouse	26.44		
Environmental health	Without spouse	23.92	299.000	0.763
	With spouse	28.59		

Table 10. Comparison of stress, coping, and quality of life between the different categories of previous degree using the Mann–Whitney Test

Variables	Previous degree	Mean rank	U-value	P-value
Perception of academic stress	Yes	24.17	242.500	0.247
	No	28.12		
Problem-focused coping	Yes	29.40	249.000	0.476
	No	26.05		
Emotional-focused coping	Yes	31.00	225.000	0.236
	No	25.42		
Avoidant coping	Yes	23.77	236.500	0.336
	No	28.28		
Physical health	Yes	24.77	251.500	0.506
	No	27.88		
Psychological health	Yes	27.20	282.000	0.953
	No	26.92		
Social health	Yes	24.70	250.500	0.492
	No	27.91		
Environmental health	Yes	30.87	227.000	0.251
	No	25.47		

DISCUSSION

This study aimed to explore the QoL, academic stress, and coping strategies among married female clinical students in the College of Health Sciences. The demographic variables considered were age, marriage duration, presence of spouse, and previous degree. This study focused on firstly establishing the level of perceived academic stress in the participants, coping strategies used, and QoL of the participants. Fifty-three students participated in this study.

Most participants reported having very good QoL. Similar to the total QoL score, most participants scored very well in each domain, with 'social relationships domain' having the highest mean score among the domains and environmental health obtaining the lowest mean score. This suggests the comprehensive effects of academic stress may affect the QoL of the students. This finding is similar to a study,[27] which reported that only 24.5% of pharmacy students reported a high QoL and married female students have significantly higher QOL scores in the social relationships domain.[28]

This study's findings illustrate that 77.4% of the participants experienced a high level of perceived academic stress, while 22.6% reported experiencing low levels of perceived academic stress. This finding is similar to previous studies that found varying levels of academic stress among undergraduates.[29–33] This high level of stress

can be attributed to various situations that impact the academic calendar, as most of the academic terms were mid-way with impending examinations, assessments, and graduation. Moreover, managing maternal and family affairs by married female undergraduates is challenging.

The coping strategies used by this study's participants were analyzed. Most participants used adaptive coping strategies to cope with academic stress, which included active coping, emotional support, and the use of informational support, planning, and acceptance. Few participants used maladaptive-focused coping, including self-distraction and venting. The findings of this study regarding adaptive coping present a shift in the perception that undergraduates mainly use maladaptive coping strategies. A common theme of adaptive coping in the form of problem-solving (planning, acceptance, and positive reinterpretation) was observed, which is similar to previous studies.[8,17,34,35] This study revealed high levels of perceived academic stress despite higher levels of adaptive coping. This may be indicative that the coping strategies used by the participants do not effectively manage perceived academic stress. Problem-focused coping strategies were identified as common coping strategies, with a mean score of 2.79±0.85, similar to previous studies.[17,36–40] This finding suggests that stress activates a cognitive appraisal process, which determines coping strategies. Therefore, the impact of stress on exams and relationship to stress implements an active coping behavior, which involves controlling the situation by adapting to the stressor.

This study found that perceived stress was negatively correlated to social health domains of QoL, indicating that better QOL is significantly related to lower perceived stress levels. This finding is similar to a study, which found negative correlations between QoL domains and perceived stress scores.[28] However, PASS scores had an independent and significant association with QOL scores in the physical and psychological health domains. Problem-focused coping scores showed a significantly positive correlation with social health QoL scores. This is similar to the findings of a study, which reported a relationship between QoL and coping strategies.[41] The study found that adaptive coping strategies were positively associated with psychological QoL, while maladaptive strategies were negatively associated with psychological QoL.

The results showed a significant relationship between perceived academic stress and coping strategies. This finding implies that although academic stress may be common among students, coping strategies are always developed to balance with the demands of academia, such as pressure and expectations from parents and teachers, academic workload and examinations, competitions with peers, financial difficulties, the loss of a loved one, and lack of leisure time. The result is similar to the findings of a study, which also showed significant correlations between perceived stress and coping strategies.[42] However, it contradicts previous studies, which found no significant relationship between perceived academic stress and adaptive-based coping strategies.[43] Coping strategies are not fixed

and can vary among individuals in managing stressors.[44]

This study reported no significant relationship between perceived academic stress and age. This result is supported by the findings of a study, which reported that age does not influence the experience of academic stress among undergraduates.[45] This may be because college students are exposed to the same academic conditions and stress-causing factors. This study also found no significant relationship between coping strategies and age, implying that age has no relationship with coping mechanisms. This study also found no significant relationship between QoL and age, implying that age does not influence coping mechanisms.

This study reported no significant relationship between perceived academic stress and marriage duration and parity. No significant relationship was observed between coping strategies and marriage duration and parity. Moreover, no significant relationship was observed between QoL and marriage duration and parity.

In a study about the impact of having a spouse on academic stress, coping strategies, and quality of life (QoL), researchers found that individuals with spouses had slightly higher mean scores in academic stress, coping strategies, and QoL than those without spouses. This suggests that individuals living with their spouse experience higher academic stress, use more coping strategies, and have better quality of life. The study also revealed a negative relationship between having a spouse and perceived academic stress, coping strategies, and QoL among the participants. It highlighted the need for a balance between marriage responsibilities and student responsibilities.

This study also explored the influence of having a previous degree on the perception of academic stress, coping strategies, and QoL. Individuals with a previous degree showed slightly higher mean scores in academic stress and coping strategies but a lower mean score in QoL than those without a degree. This indicates that individuals with a degree experience higher academic stress, and use more coping strategies, but have lower QoL. The study also found a negative relationship between having a degree and perceived academic stress, coping strategies, and QoL among the participants. These findings align with a study, which reported differences in coping between undergraduate and graduate-entry students, with the latter more likely to use active problem-focused coping strategies.

CONCLUSION

This study underscores the significance of adaptive coping strategies in enhancing QoL among married female clinical students. Interventions to promote adaptive coping strategies could help mitigate stress and improve their overall well-being. Future research should explore longitudinal impacts and include larger, more diverse samples to generalize findings.

Competing interests

The authors declare no competing interests.

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