

Perceived Effect of Academic Pressure on the Prevalence of Psychological Morbidities Among Health Sciences Students in Osun State University, Osogbo, Nigeria

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Abstract

Students are a unique group of people who are passing from most critical period of life in which they experience many stressful events. The major aim of this study is to assess the level of perceived effect of academic pressure on the prevalence of psychological morbidity among health sciences students in Osun State University, Osogbo, Osun state. A descriptive cross sectional design was adopted to assess the level of perceived effect of academic pressure on the prevalence of psychological morbidity among health sciences students. A semi- structured questionnaire with adapted questions from the Depression, Anxiety and Stress scale was used to obtain information on psychiatric morbidity and comorbid anxiety and depression. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 27. A total of 309 respondents participated, the findings revealed majority (33.7%) of students reported experiencing high levels of academic stress. Sources of this stress were primarily linked to examinations (97.4%), lack of sleep (62.3%), and heavy homework loads (58.6%). Furthermore, anxiety is the most (89.3%) prevalent psychological morbidity. The study also revealed statistically significant relationships between academic stress and levels of depression ($p < 0.001$), anxiety ($p < 0.001$), and stress ($p < 0.001$).

In conclusion, majority of the respondents' experience extreme levels of academic stress and moderate to severe level of psychological morbidities. Hence, these findings show the critical need for interventions to manage academic stress and its associated psychological effects among students.

Keyword: Academic, Effect, Morbidities, Prevalence, Psychological

Introduction

In contemporary academic settings, health sciences students often find themselves grappling with a myriad of challenges, and chief among them is the pervasive pressure to excel academically. The relentless pursuit of academic success, while integral to professional development, has been associated with adverse effects on students' mental well-being [1]. The

global demand for qualified healthcare professionals is continuously increasing, driven by population growth, aging populations, and the growing burden of chronic diseases [2], which has led to a significant expansion in health sciences education programs worldwide. However, this rapid growth has also brought with it concerns about the well-being of students enrolled in these demanding programs. Health sciences education is inherently demanding, characterized by a high workload, rigorous coursework, competitive environments, and high expectations for academic excellence. Studies consistently report high levels of stress, anxiety, and depression among health sciences students compared to students in other disciplines [3]. Academic pressure as a major contributor to psychological distress with high-stakes exams, heavy workloads, competitive environments, and fear of failure contribute to chronic stress and emotional exhaustion [3]. Psychological morbidity, a broad term encompassing psychiatric illnesses, finds its most prevalent forms in the co-morbid tango of depression and anxiety, together they are considered to belong to the broader category of internalizing disorders [4]. These two entities, while distinct, often present in a complex interplay, blurring the lines of diagnosis and treatment [5]. Additionally, chronic stress can have a profound impact on mental health, leading to a range of psychological morbidity such as anxiety disorders, depression, and substance abuse. In the context of health sciences education, these issues can negatively affect academic performance, professional development, and overall well-being [6]. An estimated 4% of the global population currently experience an anxiety disorder. In 2019, 301 million people in the world had an anxiety disorder, making it the most common of all mental disorders [2]. The constant battle against these intrusive thoughts and sensations significantly impairs daily life and quality of life. Globally, studies have reported high prevalence of psychiatric morbidity anxiety and depression among medical students. The global prevalence of depression amongst medical students was (28.0%) [7]. In the developed countries Becker found that (37%) of young adults between the ages of 15 to 24 years in the United States of America had a diagnosable mental disorder, and many of these individuals were college students [8].

In Nigeria, a study in Ibadan indicated that (12%) of pre-clinical students and (21%) of clinical students had psychiatric morbidity, a study in 2014 reported that (14.7%) of the medical students in Ilorin had psychiatric morbidity, while in 2012 another reported (42.2%) of medical students in Lagos to have psychiatric morbidity and in 2015 another research reported that (39.2%) of medical student in Calabar had poor mental health. Previous research has identified long hours of study, and the impositions of emotional burden, high workload and considerable financial pressure as the principal stressors [8]. A study conducted on the medical students in India reported high level of depression, anxiety and stress 51.3%, 66.9%, 53% respectively. Earlier research evidence on DAS among university students in Pakistan suggested high level of prevalence of depression and anxiety [9]. In a local study, Fuad et al. also reported a high prevalence of anxiety (76%), depression (60%), and stress (47%) among medical students. On the contrary, similar studies from developed countries such as the United States, United Kingdom, and Sweden reported lower levels of mental health symptoms among undergraduates [10]. A group of nursing researchers in Ohio, USA, found that a substantial number of graduate health sciences students in this study reported depression and anxiety shortly after entering

their professional health sciences programs. Seventeen percent of incoming students reported moderate-to-severe depressive symptoms, with 6% reporting suicidal ideation. In addition, 14% of the participating students reported moderate to-severe anxiety [11]. In the United Kingdom, Mohammad reported that medical, nursing, and health-related students have a higher prevalence of depression and anxiety compared to their non-medical peers. Medical and nursing students who have both theoretical duties and patient-related work usually have the highest level of workload among university students, consequently deal more with anxiety and depression. Conversely, both the number of students with mental health problem symptoms and the severity of students' SAD increase during exam time, reflecting a direct relationship between academic pressure and students' mental health states [12]. The aim of the study is to assess the level of perceived effect of academic pressure on the prevalence of psychological morbidity among health sciences students in Osun State University, Osogbo.

Purpose of the Study

The broad objective of this study is to assess the level of perceived effect of academic pressure on the prevalence of psychological morbidity among health sciences students in Osun State University, Osogbo.

Specific Purpose of the study

The specific purposes are to;

1. Determine the level of academic stress among health sciences students in Osun State University, Osogbo.
2. Identify the sources of academic stress faced by health sciences students in Osun State University.
3. Assess the prevalence of psychological morbidity among health sciences students in Osun State University.
4. Assess levels of perceived psychological distress related to academic and non-academic parameters.
5. Identify factors associated with academic stress among health sciences students in Osun State University, Osogbo.
6. Identify the most prevalent psychological morbidity in Osun State University.

Research Questions

1. What is the level of academic stress among health sciences students in Osun State University, Osogbo?
2. What are the sources of academic stress faced by health sciences students in Osun State University?
3. What is the prevalence of psychological morbidity among health sciences students in Osun State University?
4. What are the levels of perceived psychological distress related to academic and non-academic parameters?

5. What are the factors associated with academic stress among health sciences students in Osun State University, Osogbo?
6. What is the most prevalent psychological morbidity in Osun State University?

Methodology

This study is a descriptive cross-sectional study design of psychological morbidity (the prevalence of symptoms of depression, anxiety, stress) and associated factors carried out in a population of college students in Osun State University. It is fondly called UNIOSUN and it was created by the governor Prince Olagunsoye Oyinlola. The six campuses are located across six geo-political zones in the state. Osun State University college of Health Sciences is located in Isale-Osun, Osogbo. It consists of Faculty of Basic Medical Sciences, Faculty of Nursing Sciences and Faculty of Clinical Sciences. Using multi-stage sampling technique, the target population that was used to carry out this study are the undergraduate students of College of Health Sciences students – clinical years Medicine and Surgery, Nursing sciences and Medical Laboratory Science students in Osun State University, Osogbo. The total population of participants in these departments was 309 students. Each participant was approached in the college before the lecture hours or the hospital's Ground for the students in clinical postings to explain the purpose of the study, give assurance of confidentiality and to explain the benefits of the study. Therefore, the informed consent form and the self - administered questionnaire were given to each participant. Each questionnaire was checked by the researchers and trained research assistants for adequate completion. A few students were asked to fill identified blank spaces in the questionnaire before final submission.

Study Instruments

The socio-demographic schedule/proforma: This section contained information on the socio demographic profiles of respondents. It the following items: age, gender, religion, marital status, a self-rated academic performance based on current CGPA. The schedule also includes sources of finance, marital status of the parent, family type and parents' level of education and occupation.

Depression Anxiety Stress Scale-21 (DASS21): It is a 21-item self-report tool measuring attitudes and symptoms of SAD validated by Lovibond S.H and Lovibond P.F. There are 21 items with 7 items each for SAD. DASS-21 is a simplified version of the original DASS-42 which can measure all the psychometric properties to determine the state of SAD. For stress, the subscale focuses on persistent arousal and tension. As for anxiety, the items assess fear response and psychological arousal, whereas depression includes low mood, low self-esteem, and a poor outlook for the future. Participants answered on a four-point Likert scale (0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree, or a good part of the time, and 3 = Applied to me very much or most of the time). Based on the DASS-42 manual, scores from each sub scale were summed up and then multiplied by two to allow its interpretation. Each subscale score ranges between

0 and 42 in which higher scores indicate greater levels of distress. The levels of SAD were categorized as “normal”, “mild”, “moderate”, “severe”, and “extremely severe” which is shown in Table 3.2. For this study, a modified Lovibond scoring scale was used in data analysis. The scores of SAD were categorized as dichotomous responses of normal or abnormal. The cut-off scores of ≤ 9 in depression, ≤ 7 in anxiety, and ≤ 14 in stress were considered normal and a score of ≥ 10 in depression, ≥ 8 in anxiety, and ≥ 15 in stress were considered abnormal.

Ethical consideration: An ethical consideration clearance certificate was requested and obtained from Health Research and Ethical Committee of the College of health Sciences (CHS HREC) UNIOSUN to carry out the study. Permission was requested from the Deans of the Faculties, Head of departments and the respondents. Voluntariness and Confidentiality of information was strictly adhered to without disrespect to their cultural belief and religion.

Data Analysis: The Statistical Package for Social Sciences (SPSS version 27) was used for Data analysis. The socio-demographic details of respondents were reported using descriptive statistics. Categorical variables were summarized using frequencies and percentages while continuous variables were summarized using means and standard deviation. Pearson’s chi square test was used to determine the relationship between comorbid anxiety and depression, psychiatric morbidity and socio variables. The independent variables entered into the binary logistic regression model were those that were significant at 5% ($p < 0.05$) on bivariate analysis and other factors that have been found to be significant predictors from literature (e.g. age and sex). Confidence interval was set at (95%) and all tests were two-tailed. Statistical significance was considered at p-value less than 0.05.

Results

Table 1: Socio-demographic data of the undergraduates

Table 1: Socio-demographic data of the undergraduates			
	Valid	Frequency	Percent (%)
Age as at last birthday Mean age= 20.8±2.2	16-20 years	165	53.4
	21-25 years	140	45.3
	26-30 years	3	1.0
	Above 30 years	1	0.3
	Total	309	100.0
Gender	Male	86	27.8
	Female	223	72.2
	Total	309	100.0
Religion	Christianity	218	70.6
	Islam	91	29.4
	Total	309	100.0
Marital status	Single	308	99.7
	Married	1	0.3
	Total	309	100.0
Ethnicity	Yoruba	292	94.5
	Igbo	13	4.2
	Hausa	2	0.6

	Others	2	0.6
	Total	309	100.0
Family type	Monogamous	275	89.0
	Polygamous	34	11.0
	Total	309	100.0
Parents marital status	Single parent	14	4.5
	Married	273	88.3
	Divorced/Separated	16	5.2
	Widow/widower	6	1.9
	Total	309	100.0
Satisfied with monthly allowance	Yes	69	22.3
	No	240	77.7
	Total	309	100.0

Table 1 presents the socio-demographic data of the respondents, the majority (53.4%) of respondents are aged 16-20 years with a mean age of 20.8 years. Also, majority (72.2%) of the students are females. In terms of religion, the predominant group is Christians (70.6%). Similarly, the vast majority of participants are single (99.7%), with only one respondent married. Ethnically, the Yoruba group represents the majority (94.5%) of the respondents. Regarding family structure, most respondents (89.0%) come from monogamous families. When assessing parental marital status, the majority of the respondent's parents are married (88.3%). Furthermore, the majority (77.7%) of respondents expressed dissatisfaction with their monthly allowance.

Table 2. Academics related characteristics

	Valid	Frequency	Percent (%)
Course of study	Medicine & surgery	76	24.6
	Medical laboratory science	68	22.0
	Nursing science	165	53.4
	Total	309	100.0
Level of study	100 level	19	6.1
	200 level	44	14.2
	300 level	81	26.2
	400 level	104	33.7
	500 level	60	19.4
	600 level	1	0.6
Current CGPA	2.5-2.9	2	5.8
	3.0-3.4	18	47.2
	3.5-3.9	146	39.8
	4.0-4.5	123	6.5
	4.5-5.0	20	100.0
	Total	309	24.9
Clinical year	Pre-clinical	77	75.1
	Clinical	232	100.0
	Total	309	92.2
Source of academic funds	Parents	285	7.1
	Guardian/ Extended family members	22	0.6
	Self-funded	2	100.0
	Total	309	

Table 2 presents the academic-related characteristics of the undergraduates. The majority (53.4%) of the students are studying Nursing Science with most of them (33.7%) in their 400 level of study. In terms of current CGPA, the majority (47.2%) fall within the 3.5-3.9 range. Also, majority (75.1%) of the respondents are in the clinical phase of their studies. Furthermore, the primary source of academic funding for most students (92.2%) is their parents.

Research Question 1: What are the levels of perceived psychological distress related to academic and non-academic parameters?

Research Question 2: What are the sources of academic stress faced by health sciences students in Osun State University?

Table 3: Perceived level of academic stress

Variables	Frequency	Percent (%)
On a scale of 1 to 5, how stressed do you feel academically?		
Not stressed (1)	2	.6
Mildly stressed (2)	13	4.2
Moderately stressed (3)	82	26.5
Very stressed (4)	104	33.7
Extremely stressed (5)	108	35.0
What are the sources of academic stress for you? (Multiple response)		
Exams	294	97.4
Homework	177	58.6
Peer Pressure	111	36.8
Lack of Sleep	188	62.3
Relationships	63	20.9
Other	81	26.8
Do you feel that your academic performance has been affected by stress?		
Yes	249	80.6
No	60	19.4
Do you seek help or support when you are feeling overwhelmed by academic stress?		

Yes	104	33.7
No	205	66.3
Do you feel that academic stress has affected your motivation to study?		
Yes	254	82.2
No	55	17.8
In what ways do you think academic stress impacts your academic performance? (Multiple response)		
Difficulty concentrating	206	66.7
Procrastination	214	69.3
Lower grades	161	52.1
Negative impact on mental health	208	67.3
Impaired decision making	146	47.2
Other	48	15.5
Have you ever felt physically ill due to academic stress?		
Yes	215	69.6
No	94	30.4
Do you participate in extracurricular activities or hobbies to relieve academic stress?		
Yes	183	59.2
No	126	40.8
Have you ever sought professional help for academic stress (e.g., therapist, counselor)?		
Yes	16	5.2
No	293	94.8

Table 3 presents the perceived level of academic stress among respondents; the findings shows that a majority (35.0%) feel extremely stressed academically. Exams are identified as the primary source of stress by (97.4%) of students, followed by a lack of sleep (62.3%). Most respondents believe that academic stress negatively affects their performance (80.6%), yet only 33.7% seek help or support when overwhelmed. Furthermore, a significant portion feels that stress impacts their motivation to study (82.2%). Key impacts of academic stress on performance include procrastination (69.3%) and difficulty concentrating (66.7%).

Furthermore, majority (69.6%) of the respondents' report experiencing physical illness due to academic stress, while (59.2%) participated in extracurricular activities to alleviate stress. However, few students have sought professional help for academic stress (5.2%).

Research Question 3: What is the prevalence of psychological morbidity among health sciences students in Osun State University?

Table 4: Prevalence of psychological morbidity

Levels of psychological morbidity	Depression		Anxiety		Stress	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Normal	137	44.3	33	10.7	158	51.1
Mild	25	8.1	28	9.1	45	14.6
Moderate	72	23.3	101	32.7	52	16.8
Severe	24	7.8	48	15.5	48	15.5
Extremely severe	51	16.5	99	32.0	6	1.9
Total	309	100.0	309	100.0	309	100.0

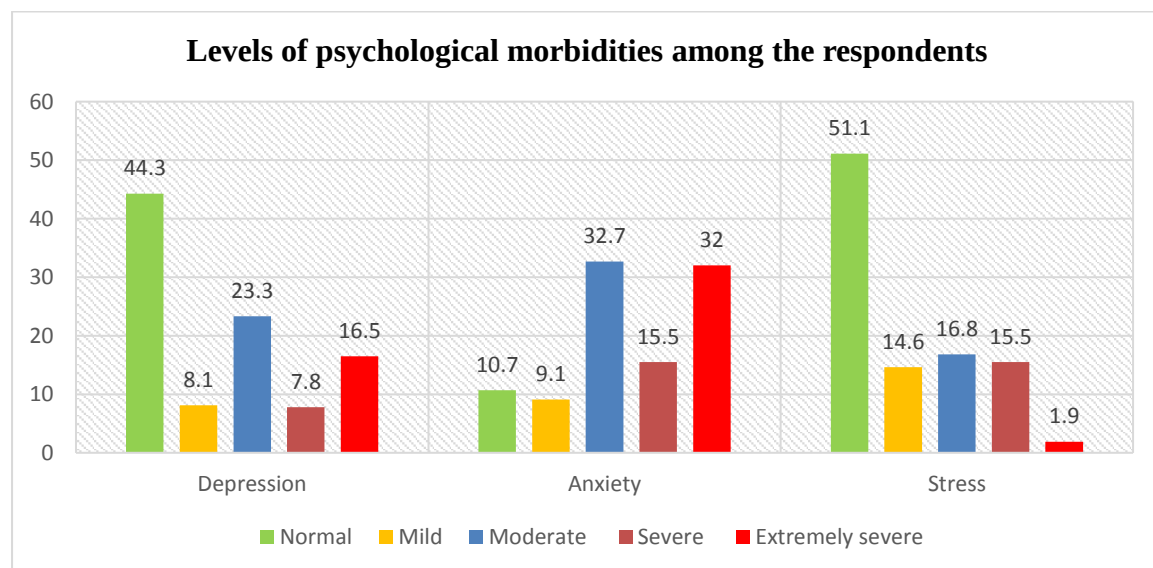


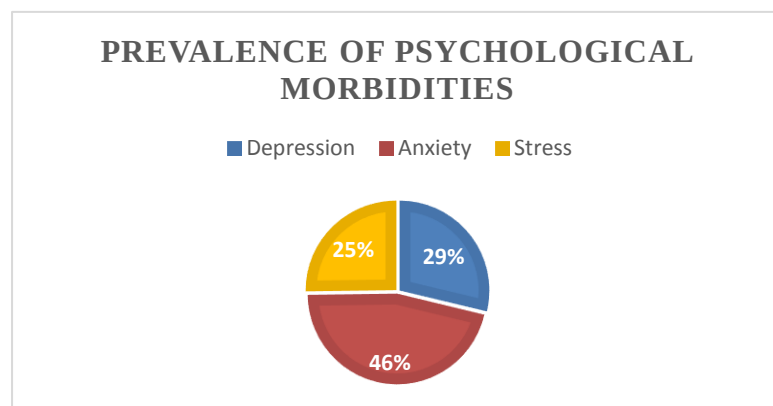
Figure 1: Levels of psychological morbidities among the respondents

Table 4 presents the prevalence of psychological morbidities among the respondents with varying levels of depression, anxiety, and stress. In terms of depression, majority (44.3%) of the respondents are classified as normal, while (16.5%) experience extreme severity. For anxiety, a significantly lower percentage are normal (10.7%), with majority (32.7%) reporting moderate anxiety. Regarding stress levels, majority (51.1%) of the respondents fall within the normal range, with (15.5%) experiencing severe stress.

Research Question 4: What is the most prevalent psychological morbidity in Osun State University?

Table 5: Most prevalent of psychological morbidities Psychosocial morbidities

Variables	Frequency	Percentage (%)
Depression	172	55.7
Anxiety	276	89.3
Stress	151	48.9



Pie chart showing the prevalence of psychological morbidities

Table 5 presents the most prevalent psychological morbidities among the respondents. Anxiety emerged as the most prevalent issue, affecting 276 (89.3%) of the respondents. Also, depression was reported in 172 (55.7%) of the participants. Furthermore, stress was reported by less than half (48.9%) of the participants.

Research Question 5: What are the factors associated with academic stress among health sciences students in Osun State University, Osogbo?

Table 6: Factors associated with academic stress

Variables	SA		D		N		A		SD	
	F	%	F	%	F	%	F	%	F	%
I lack time management skills	29	9.4	60	19.4	60	19.4	107	34.6	53	17.2
I have high workload and close deadlines	14	4.5	23	7.4	43	13.9	100	32.4	129	41.7
I have this strong fear of failure	22	7.1	30	9.7	33	10.7	59	19.1	165	53.4
I lack strong social support	18	5.8	82	26.5	65	21.0	95	30.7	49	15.9
There is competition and comparison among my peers	6	1.9	44	14.2	62	20.1	140	45.3	57	18.4
I have personal relationship issues	61	19.7	102	33.0	58	18.8	70	22.7	18	5.8
I have developed poor sleeping habits	13	4.2	42	13.6	47	15.2	129	41.7	78	25.2
I always worry about financial funding for my education	49	15.9	42	13.6	77	24.9	92	29.8	49	15.9

Table 6 presents factors associated with academic stress among respondents with majority (41.7%) of students agrees that they have a high workload and close deadlines. Also, a strong fear of failure is prevalent, with majority (53.4%) of respondents expressing strong agreement regarding this fear. In terms of time management skills, majority (34.6%) agree that they lack these skills. Furthermore, competition and comparison among peers is acknowledged by majority (45.3%) of the students. Although (41.7%) report poor sleeping habits, the issue of lacking strong social support is viewed less critically, with only (30.7%) agreeing. Personal relationship issues also contribute to academic stress; though fewer respondents strongly agree with this factor (5.8%). Also, financial concerns about education funding are a worry for (29.8%) of students. The strongest factor is the fear of failure, with a mean score of 4.02. This is closely followed by high workload and close deadlines, ranked second with a mean score of 3.99. Poor sleeping habits are also a major concern, ranking third with a mean score of 3.70. Competition and comparison among peers rank fourth with a mean score of 3.64. Lack of time management skills follows in fifth place with a mean score of 3.31. Meanwhile, the lack of strong social support is ranked sixth with a mean score of 3.24, while worries about financial funding for education come in seventh at 3.16. Personal relationship issues rank lowest with a mean score of 2.62.

Discussion of Findings

Sociodemographic and academic characteristics

In the present study, the majority of the respondents fall between age 16 to 25 years, with a predominant representation of females. The students were primarily Christians and mostly identified as Yoruba. Most participants came from monogamous family structures, and a vast majority reported having their parents as their primary source of financial support. Regarding academic characteristics, the students were enrolled in various courses, with majority studying nursing science. The majority were in their fourth year of study. The students demonstrated varying academic performances, with majority achieving a CGPA of 3.5-3.9. Furthermore, most students were in the clinical phase of their education, which is often associated with increased academic demands.

Level of perceived academic stress.

In this study, the finding reported that the majority of respondents experienced a high level of academic stress. However, this finding is not in tandem with two studies conducted in Nepal and India [13], where it was revealed that high levels of stress were not prevalent. One possible reason for this difference could be related to difference in educational system. In Nepal and India, students may receive more structured academic support or have different coping mechanisms ingrained in their educational environments, which may alleviate academic stress levels. In contrast, a Nigerian study conducted in Osun state [14] took a different turn, as the majority of the undergraduates in that study exhibited a moderate level of stress. This difference could be attributed to factors such as the socio-economic status of students in the region, access to resources, or the type of academic workload faced by students in Osun state compared to those in the present study. Furthermore, the academic discipline of respondents across these studies could vary significantly. Programs with intensive coursework or high competition such as medical courses may naturally cause higher stress levels, while more flexible or less demanding programs might lead to moderate or low levels of stress.

Sources of academic stress among the undergraduates

In this study, it was found that stress arising from examinations is the greatest stressor reported by the study participants, followed by lack of sleep. However, stress from relationships was reported as the least source of stress. This finding aligns with a Nigerian study conducted by [15], where time management was perceived by undergraduates as the least source of stress, while stresses like workload and examinations were revealed to be the major stressors. The prevalence of examination-related stress can be attributed to the high academic expectations and pressure placed on medical students to perform well, which often increases as exams approach. Examinations are typically seen as an evaluation means that determine academic progress, leading students to experience heightened anxiety and pressure to succeed. The lack of sleep, which ranked second in the current study, could be a byproduct of academic pressures. Many students may sacrifice sleep to meet academic deadlines, prepare for exams, or manage other school-related responsibilities. Sleep deprivation, in turn, exacerbates stress and hinders students' ability to cope with their workload, creating a cycle of stress and

exhaustion. On the other hand, the finding that relationship-related stress was the least reported may suggest that students prioritize academic concerns over personal challenges during periods of academic intensity.

Prevalence of psychological morbidity

In this present study, regarding the level of depression among respondents, it was revealed that the majority were not depressed, followed by those experiencing a moderate level of depression. This finding aligns with studies conducted in Ethiopia and Italy [16] and [17] respectively, where only a very small percentage of students exhibited severe depression symptoms. The similarities in these findings may be attributed to the availability of mental health support systems in these studies, which could prevent severe depressive symptoms. Also, students in these regions might have better coping mechanisms, such as stronger social networks or less academic pressure, compared to other settings. However, a study conducted in Bangladesh presents a contrasting picture, where severe depression was the most prevalent level of depression. This could be due to differences in socio-economic factors, academic pressures, or even cultural stigmas around mental health in Bangladesh, where students may face more significant challenges without adequate support. High levels of economic stress, political instability, or lack of mental health resources could also contribute to the elevated rates of severe depression observed in that study.

In terms of anxiety, this present study found that the majority of respondents experienced moderate levels of anxiety, a finding that is in tandem with a Saudi Arabian study [18], which reported that most students experienced moderate to extreme levels of anxiety. This consistency could be due to similarities in the academic environments of both studies, where high academic demands and expectations from family or society may lead to elevated anxiety levels. However, this finding contrasts with an Indian study [19], where the majority of respondents experienced mild levels of anxiety. One possible explanation for this difference might be the variance in academic workload or support structures available to students. In some Indian institutions, there may be more initiatives promoting mental well-being, or the academic pressures may be less intense compared to those in Saudi Arabia or the present study.

Regarding stress levels, this present study found that most respondents experienced mild to severe levels of stress, which is similar to the findings of [20], where the majority of students reported mild or moderate levels of stress. This similarity might reflect common academic challenges and life pressures faced by students, such as balancing schoolwork with personal responsibilities. However, the variation in stress intensity across different studies could also be influenced by individual resilience, social support, or the presence of stress-relief mechanisms in educational institutions.

Most prevalent psychological morbidities among the undergraduates

Regarding the most prevalent psychological morbidities among the undergraduates, the findings of this study revealed that the majority of respondents reported experiencing anxiety, making it the most common mental health issue. Depression was also notable, affecting over

half of the participants, while a significant portion reported experiencing stress. This pattern is consistent with the findings of a Nigerian study [8], where anxiety was also the most prevalent psycho-morbidity among respondents. Similarly, a study in Pakistan [9], found anxiety to be the highest psychosocial morbidity experienced by students. The high prevalence of anxiety among undergraduates may be attributed to several factors. The academic environment is often characterized by intense competition, high expectations, and demanding workloads, all of which contribute to feelings of anxiety. Also, students may experience anxiety due to concerns about their future, financial pressures, or uncertainties about career prospects. Depression, affecting over half of the participants, may also stem from the cumulative effects of academic stress, social isolation, and the pressure to meet personal and family expectations. Depression can manifest when students are unable to cope with the overwhelming demands placed on them, leading to feelings of hopelessness or a lack of motivation. The findings from both the Nigerian and Pakistani studies support the notion that anxiety is a widespread issue among students across various countries.

Factors associated with academic stress among the undergraduates

Regarding the factors associated with academic stress among the undergraduates, the findings reported that a strong fear of failure was identified as the most significant factor. This fear likely stems from the high academic expectations placed on students, where failure is perceived as not just an academic setback but also a personal one, affecting future prospects and family pride. Following this, high workload and tight deadlines were also significant contributors to stress. The pressure to complete large amounts of work in medical courses can overwhelm students. These findings are consistent with a Sudanese study [21], where the most common factors associated with academic stress were difficulties in remembering all that was studied and worries about exams. These factors point to cognitive overload and anxiety about performance, both of which are closely linked to fear of failure.

Poor sleeping habits were ranked third as a factor contributing to stress. Insufficient sleep, often caused by long study hours and deadlines, impairs cognitive function and the ability to manage stress effectively. Lack of rest also disrupts emotional regulation, making students more vulnerable to anxiety and pressure. The finding that competition and comparison among peers contribute to stress highlights the social aspect of academic life, where students constantly measure their performance against that of their peers. This competitive atmosphere can heighten feelings of inadequacy or increase the pressure to succeed. Similarly, another study reported that major stressors among students included personal inadequacy, fear of failure, and interpersonal difficulties with teachers. The theme of fear of failure as a major source of stress runs through these studies, indicating that students' concerns about not meeting expectations, whether academic or personal, are universal across different region [22].

Conclusion

In conclusion, the prevalence of psychological morbidities, particularly stress, anxiety, and depression, is notable, with many students falling into moderate to severe categories. The

majority of the respondents' experience extreme levels of academic stress. The primary sources of this stress are exams, lack of sleep, and homework. Also, key factors contributing to academic stress include a strong fear of failure, high workload, poor sleeping habits, and peer competition, while time management challenges and financial concerns also play a role. Hence, these findings show the critical need for interventions to manage academic stress and its associated psychological effects among students.

Recommendations

1. Government should increase funding for educational institutions to support mental health programs and services. This includes providing resources for stress management workshops, counseling services, and academic support centers to help students cope with academic stress and reduce the prevalence of psychological morbidities.
2. School administrators should implement structured time management and stress reduction programs within the curriculum. Schools should offer workshops on effective study habits, time management, and coping strategies, particularly targeting students in health sciences, where academic stress is highest.
3. Mental health advocates should promote mental health awareness campaigns within universities to destigmatize seeking help for academic-related stress and psychological challenges. This can include peer support programs and encouraging students to seek professional help when overwhelmed by stress.
4. Healthcare providers such as nurses should offer accessible mental health services tailored to the needs of students, including screening for depression, anxiety, and stress. Healthcare providers should collaborate with schools to create targeted interventions for students experiencing moderate to severe psychological morbidities.

Policy makers should develop and enforce policies that require universities to integrate mental health services into student health programs. This includes mandating periodic mental health assessments, promoting a balanced workload, and ensuring students have access to professional counseling services without financial barriers

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