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Academic stress and coping strategies among radiography students in the University of Benin, Benin City

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ABSTRACT

Background: Radiography education combines theoretical knowledge with clinical practice, posting unique challenges and stressors for the students. This study assessed the level of academic stress, identified key stressors, and explored coping strategies among radiography students at the University of Benin, Benin City.

Methodology: A descriptive cross-sectional design was employed using a structured questionnaire to collect data from 266 students through a multi-stage sampling technique. The instrument, validated by expert review and pilot-tested for reliability (Cronbach's alpha ≥0.7), comprised sections on sociodemographic characteristics, academic stress levels, specific stressors, and coping strategies.

Results The results revealed an overall mean academic stress score of 3.86 (SD = 0.82) on a 5-point scale. Exam-related anxiety emerged as the most significant stressor (mean = 4.14, SD = 1.03), while heavy workload, including the volume of assignments, was also prominent (mean = 4.03, SD = 1.01). The predominant coping strategy employed by radiography students to combat academic stress was goal-setting, with students reporting "I set specific goals to manage my academic tasks." Notably, female students reported higher stress levels (mean = 4.01, SD = 0.83) compared to their male counterparts (mean = 3.72, SD = 0.79) ($p<0.01$), and stress intensity increased with academic progression.

Conclusion The study concludes that radiography students are subject to considerable academic stress, which may impede their academic and clinical performance. Targeted stress management interventions, enhanced institutional support, and curriculum adjustments are recommended to mitigate stress and promote overall student well-being.

Key words: Academic stress, Radiography Education, Stress management, Students, Stress coping strategies

INTRODUCTION

Stress is a state of mental or emotional tension or suspense and it impacts individuals irrespective of the developmental level (1). Stress is a natural phenomenon that individuals encounter throughout their lives. Academic stress involves impressions of an individual's academic displeasure, academic conflict, academic pressure and academic anxiety (2). Academic stress is a significant concern in higher education, particularly in demanding programs like radiography. It arises from numerous demands placed on students, including examinations, balancing personal and academic lives, and fulfilling academic expectations (1, 3).

Radiography students face unique challenges, including acquiring theoretical knowledge and practical skills in a medical setting. This can lead to significant stress from various sources, such as academic workload, clinical placements, and high expectations from faculty and the healthcare industry. Students in healthcare courses (and the radiography program, with its rigorous structure, is no exception) often suffer higher levels of stress compared to those in non-healthcare courses due to the particular demands of their curriculum, including clinical obligations and patient care. (4, 5).

High levels of academic stress can affect not only academic performance but also students' mental health and well-being. It has been linked to anxiety, depression, burnout, and even dropout rates among students in health-related courses. (6, 7). Thus, Understanding the factors that contribute to academic stress is crucial, as it allows educational institutions to implement interventions aimed at reducing the stress levels of students. Coping strategies, such as time management, social support, and relaxation techniques, have been shown to mitigate the effects of stress (8).

Despite the established impacts of academic stress on students, there is limited research that particularly addresses the experiences of radiography students in the University of Benin. Without appropriate data on the prevalence and sources of stress in this group, it becomes difficult for stakeholders to provide effective support systems. Furthermore,

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while coping techniques for academic stress are well-documented, the extent to which these strategies are adopted by radiography students remains unclear.

This study seeks to assess the level of academic stress among radiography students in the University of Benin, identifying the primary stressors they encounter, and examine the coping strategies they use to manage academic stress, ultimately informing targeted interventions to enhance the academic experience and ensure students' mental well-being.

MATERIALS AND METHOD

Ethical Consideration

Ethical approval (CMS/REC/2024/757) was obtained from the College of Medical Sciences' Ethics and Research Committee. Informed consent was obtained from all participants, ensuring confidentiality and voluntary participation in the study.

Research Setting

The study was conducted at the University of Benin, Benin City, within the Department of Radiography. The university is one of the leading institutions in Nigeria, offering a comprehensive radiography program that combines both theoretical and practical components. Radiography programme is a five-year course with presently students in year 1 to year 5.

Study Design

This study employed a descriptive cross-sectional design, which allows for the assessment of academic stress, identification of stressors, and exploration of coping strategies among radiography students at a specific point in time.

Target Population

The target population for this study included all radiography students currently enrolled in the University of Benin, Benin City. These students were exposed to both academic and clinical components of the radiography program. As at the time of the study, there were 643 students in the department.

The sample size comprised of Two hundred and Sixty-Six (266) radiography students between the ages of 18 – 50years in the University of Benin. Of this population, there was a gender distribution of 137 males and 139 females. The sample size was estimated using the formulae below;

$n = \frac{N}{(1+Ne^2)}$ (Taro Yamen, 1967)

Where;

n = sample size
N = population size
e = level of precision (confidence interval)

e = 0.05
N = 613

Thus;

$$n = \frac{613}{(1 + 613(0.05)^2)} = 242.1$$

n ~242.

Applying a 10% attrition, we have 24

The minimum expected sample size = 242+24 = 266

Multi-stage sampling technique was used. This technique is a method where sampling is carried out in stages, often starting from larger units down to smaller units.

Stage one

Stratified random sampling was used to allocate students in the different selected levels

Table 1: Allocation of students in the different levels

Academic Level	Total Students (N)	Sample Size (n)
Year 1	91	39
Year 2	145	62
Year 3	154	67
Year 4	130	56
Year 5	92	41
Total	**613**	**266**

Stage Two: Students in each year is administered the questionnaire using convenient sampling technique. In this technique, every student in the department was administered the questionnaire till the sample size for that level is completed.

Instrument for Data Collection

Data collection was conducted using a structured questionnaire comprising four distinct sections. Section A captured the sociodemographic characteristics of respondents, while Section B utilized an Academic Stress Scale to assess stress levels among participants. Section C examined various academic stressors experienced by students, and Section D explored the coping strategies employed by radiography students in managing academic pressures. All scale items in Sections B, C, and D were measured using a 5-point Likert scale format, with responses ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), consistent with established methodology for academic stress assessment instruments (9). Higher scores indicated greater perceived stress levels and more frequent use of coping strategies respectively.

Validity of the Instrument

The validity of the questionnaire was established through face and content validity. A medical educationist and a radiographer reviewed the items to ensure they are appropriate for the study's objectives.

Reliability of the Instrument

The reliability of the instrument was tested through a pilot study involving 27 physiotherapy students. Cronbach's alpha was calculated to determine the internal consistency of the questionnaire, with a threshold of 0.7 being considered acceptable.

Method of Data Collection

Data was collected through self-administered questionnaires, which was distributed to the students in their respective lecture halls during their break periods. The questionnaires were anonymous, and students were encouraged to complete them independently.

Method of Data Analysis

Descriptive statistics, including frequencies, percentages, mean, and standard deviation was used to summarize the data. Inferential statistics, such as t-test, ANOVA and Post Hoc test was used to compare variables and also assess relationships between variables. The IBM Statistical Package for the Social Sciences (SPSS) version 28.0 software was employed for data analysis.

RESULTS

Demographic Characteristics of Respondents

The demographic information of the respondents is summarized in Table 2. Majority of respondents (72.6%) were between 20-30 years old, with slightly more males (51.5%) than females (48.5%). The distribution across academic levels reflected the sampling strategy, with the highest representation from year 3 students (25.2%). Most respondents were Christians (83.8%), and the ethnic distribution showed predominance of Igbo (31.2%), followed by Yoruba (28.2%) and Benin (23.3%). A larger proportion of students (64.7%) resided off-campus.

Level of Academic Stress among Radiography Students

Table 3 presents the findings on the level of academic stress experienced by the respondents. A high level of academic stress among radiography students with an overall mean score of 3.86 (SD=0.82) on a 5-point scale. The highest stressor was "anxiety before or during exams" with a mean score of 4.14 (SD=1.03), followed by "worry about meeting academic deadlines" (mean=4.06, SD=1.02). The lowest, though still considerable, was "grades affected by stress" (mean=3.56, SD=1.18). The majority of students (73.7%) agreed or strongly agreed that they feel overwhelmed by academic responsibilities. Similarly, 67.0% reported experiencing physical symptoms due to academic demands, while 70.7% indicated that their academic workload is too heavy. A significant proportion (79.7%) of students experienced anxiety before or during exams, and 72.9% reported losing sleep due to academic-related stress.

Academic Stressors among Radiography Students

Table 4 presents the findings on the academic stressors experienced by the respondents. The results show that the most significant academic stressor was "volume of assignments" with a mean score of 4.03 (SD=1.01), closely followed by "balancing practical (clinical) and theoretical requirements" (mean=4.02, SD=1.04). Financial concerns were also a notable stressor (mean=3.94, SD=1.14). The least significant stressor, though still moderate, was "interactions with peers" (mean=3.39, SD=1.22). A large proportion (78.2%) of students agreed or strongly agreed that the volume of assignments contributes to their stress. Similarly, 76.7% found balancing practical and theoretical requirements challenging. Financial concerns contributed to academic stress for 74.4% of respondents. It is noteworthy that 65.4% of students reported stress due to uncertainty about their future careers.

Coping Strategies among Radiography Students

Table 5 presents the findings on coping strategies used by the respondents. It reveals that the most commonly used coping strategy was "setting specific goals to manage academic tasks" (mean=3.80, SD=1.06), followed by "maintaining a positive outlook despite academic challenges" (mean=3.76, SD=1.06), and "taking breaks during study sessions" (mean=3.75, SD=1.05). The least utilized strategy was "seeking help from faculty or academic advisors" (mean=2.96, SD=1.24), and "regular exercise" (mean=3.02, SD=1.23). More than half (68.4%) of students agreed or strongly agreed that they set specific goals to manage academic tasks. Similarly, 65.0% maintained a positive outlook despite academic challenges, and 68.8% took breaks during study sessions to relieve stress. However, only 36.1% sought help from faculty or academic advisors when stressed, and only 39.5% exercised regularly to manage stress.

Table 6 presents the mean comparison of academic stress based on level of study. Analysis of variance (ANOVA) revealed significant differences in academic stress levels across different years of study ($F=6.32$, $p<0.001$). Tukey HSD (Honestly Significant Difference) *Post-hoc* analysis showed that students in Year 3 (mean=4.12, SD=0.71) and Year 4 (mean=4.05, SD=0.76) experienced significantly higher levels of academic stress compared to Year 1 students (mean=3.51, SD=0.83).

Table 7 shows gender differences in academic stress. The results show that female radiography students (Mean=4.01, SD=0.83) reported significantly higher levels of academic stress compared to male students (Mean=3.72, SD=0.79), with $t(264)=-2.87$, $p=0.004$.

Table 2: Demographic Characteristics of Respondents (N=266)

Characteristic	Category	Frequency (n)	Percentage (%)
Age (years)	Below 20	52	19.5
	20-30	193	72.6
	31-40	19	7.1
	41-50	2	0.8
Gender	Male	137	51.5
	Female	129	48.5
Level	100	39	14.7
	200	62	23.3
	300	67	25.2
	400	56	21.0
	500	42	15.8
Religion	Christian	223	83.8
	Muslim	41	15.4
	Others	2	0.8
Ethnicity	Hausa	17	6.4
	Igbo	83	31.2
	Yoruba	75	28.2
	Benin	62	23.3
	Others	29	10.9
Residence	On-campus	94	35.3
	Off-campus	172	64.7

Table 3: Level of Academic Stress among Radiography Students (N=266)

Item	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean	SD
I often feel overwhelmed by academic responsibilities.	9 (3.4)	27 (10.2)	34 (12.8)	103 (38.7)	93 (35.0)	3.92	1.09
I experience physical symptoms due to academic demands.	15 (5.6)	36 (13.5)	37 (13.9)	97 (36.5)	81 (30.5)	3.73	1.19
I feel that my academic workload is too heavy.	10 (3.8)	30 (11.3)	38 (14.3)	93 (35.0)	95 (35.7)	3.88	1.13
I have difficulty balancing my studies with other life responsibilities.	12 (4.5)	38 (14.3)	41 (15.4)	85 (32.0)	90 (33.8)	3.77	1.19
I worry about meeting academic deadlines.	8 (3.0)	19 (7.1)	27 (10.2)	107 (40.2)	105 (39.5)	4.06	1.02
I feel that I have insufficient time to complete all my assignments.	11 (4.1)	28 (10.5)	29 (10.9)	112 (42.1)	86 (32.3)	3.88	1.10
I experience anxiety before or during exams.	6 (2.3)	21 (7.9)	26 (9.8)	91 (34.2)	122 (45.9)	4.14	1.03
My grades are affected by the stress I feel.	15 (5.6)	43 (16.2)	51 (19.2)	93 (35.0)	64 (24.1)	3.56	1.18
I lose sleep due to academic-related stress.	10 (3.8)	32 (12.0)	30 (11.3)	102 (38.3)	92 (34.6)	3.88	1.13
I find it challenging to relax because of academic pressures.	12 (4.5)	36 (13.5)	33 (12.4)	95 (35.7)	90 (33.8)	3.81	1.17
Overall Mean Score						3.86	0.82

Table 4: Academic Stressors among Radiography Students (N=266)

Item	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean	SD
The volume of assignments contributes to my stress.	7 (2.6)	21 (7.9)	30 (11.3)	107 (40.2)	101 (38.0)	4.03	1.01
The complexity of course materials makes me feel stressed.	9 (3.4)	32(12.0)	36 (13.5)	103 (38.7)	86 (32.3)	3.85	1.11
I feel stressed due to high expectations from family or faculty.	15 (5.6)	29 (10.9)	47 (17.7)	89 (33.5)	86 (32.3)	3.76	1.18
Financial concerns contribute to my academic stress.	13 (4.9)	24 (9.0)	31 (11.7)	96 (36.1)	102 (38.3)	3.94	1.14
Lack of access to academic resources is stressful.	10 (3.8)	35 (13.2)	42 (15.8)	93 (35.0)	86 (32.3)	3.79	1.15
Interactions with peers sometimes increase my stress levels.	22 (8.3)	45 (16.9)	61 (22.9)	83 (31.2)	55 (20.7)	3.39	1.22
Lack of support from faculty or advisors adds to my stress.	18 (6.8)	41 (15.4)	52 (19.5)	85 (32.0)	70 (26.3)	3.56	1.22
Uncertainty about my future career adds to my stress.	16 (6.0)	31 (11.7)	45 (16.9)	87 (32.7)	87 (32.7)	3.75	1.20
Balancing practical (clinical) and theoretical requirements is challenging.	7 (2.6)	22 (8.3)	33 (12.4)	100 (37.6)	104 (39.1)	4.02	1.04
Personal health issues interfere with my academic performance.	20 (7.5)	46 (17.3)	50 (18.8)	81 (30.5)	69 (25.9)	3.50	1.25
Overall Mean Score						3.76	0.75

Table 5: Coping Strategies among Radiography Students (N=266)

Item	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean	SD
I set specific goals to manage my academic tasks.	8 (3.0)	29 (10.9)	47(17.7)	07(40.2)	75 (28.2)	3.80	0 .06
I use relaxation techniques to relieve stress.	25 (9.4)	58 (21.8)	67 (25.2)	77 (28.9)	39 (14.7)	3.18	1.20
I discuss my stress with friends or family for support.	19 (7.1)	48 (18.0)	53 (19.9)	91 (34.2)	55 (20.7)	3.43	1.20
I exercise regularly to manage my academic stress.	32 (12.0)	69 (25.9)	60 (22.6)	71 (26.7)	34 (12.8)	3.02	1.23
I prioritize and schedule my tasks to stay organized.	12 (4.5)	37 (13.9)	51 (19.2)	108(40.6)	58 (21.8)	3.61	1.10
I seek help from faculty or academic advisors when stressed.	33 (12.4)	76 (28.6)	61 (22.9)	62 (23.3)	34 (12.8)	2.96	1.24
I avoid procrastination to manage my academic workload better.	21 (7.9)	53 (19.9)	70 (26.3)	82 (30.8)	40 (15.0)	3.25	1.17
I take breaks during study sessions to relieve stress.	10 (3.8)	27 (10.2)	46 (17.3)	119(44.7)	64 (24.1)	3.75	1.05
I try to maintain a positive outlook despite academic challenges.	7 (2.6)	30 (11.3)	56 (21.1)	100(37.6)	73 (27.4)	3.76	1.06
I use time management tools to reduce stress.	20 (7.5)	56 (21.1)	67 (25.2)	83 (31.2)	40 (15.0)	3.25	1.17
Overall Mean Score						3.40	0.67

Table 6: Mean Academic Stress Scores by Level of Study

Level	n	Mean Stress Score	Standard Deviation	F	p-value
100	39	3.51	0.83	6.321	<0.001
200	62	3.68	0.78		
300	67	4.12	0.71		
400	56	4.05	0.76		
500	42	3.75	0.90		
Total	**266**	**3.86**	**0.82**		

Table 7: Independent Samples t-test for Gender Differences in Academic Stress

Gender	n	Mean± SD	t	df	p-value
Male	137	3.72±0.79	-2.87	264	0.004*
Female	129	4.01±0.83			

**Significant at p<0.05*

DISCUSSION

The present study found that radiography students experience a high level of academic stress, with an overall mean score of 3.86 (SD = 0.82) on a 5-point scale. This level of stress is consistent with findings in the literature, such as those reported by Ali *et al*. in their comparative study across Egypt, UAE, and Jordan, which identified high stress levels particularly linked to exam anxiety and academic workload. (10)

A closer examination of the stress components reveals that anxiety before or during examinations is particularly pronounced, with a mean score of 4.14 (SD = 1.03). This mirrors the trend observed by researchers like Generalao *et al*. and Jeyandrabalan *et al*. who noted that high-stakes assessments and the pressure to perform in clinical settings are significant stressors for radiography students (11, 12). The intense exam-related anxiety likely reflects the pressure students feel to meet both theoretical and practical performance standards—a dual demand that intensifies stress, as also suggested by findings in the attached literature.

Moreover, the study's data indicate that the workload—evidenced by the high mean scores for the volume of assignments (4.03, SD = 1.01) and balancing practical and theoretical requirements (4.02, SD = 1.04)—plays a central role in generating stress. These findings are in line with prior research, including that of Mohamed *et al*. and Cruz *et al*., which pointed out that the cumulative burden of academic assignments and the challenge of integrating clinical practice with academic learning are major contributors to student stress (13, 14). The persistent pressure of meeting deadlines, reflected in a mean score of 4.06 (SD = 1.02) for worrying about academic deadlines, further underscores the heavy demands placed on students.

Differences in stress levels across academic years also emerged in this study. Notably, students at year 3 and Year 4 reported significantly higher stress—mean scores of 4.12 (SD = 0.71) and 4.05 (SD = 0.76), respectively—compared to 100-level students, who had a mean score of 3.51 (SD = 0.83). This pattern is supported by literature such as that by Mawson *et al*., which explains that as students advance in their training, the increasing complexity and integration of clinical responsibilities with academic requirements contribute to elevated stress levels (15).

Gender differences in stress perceptions were also significant. Female students reported a higher mean stress score (4.01, SD = 0.83) compared to male students (3.72, SD = 0.79). This disparity aligns with previous findings, including those of Ali *et al*. and Graves *et al*., which document that female students are more likely to experience higher levels of stress. Possible explanations include differences in stress appraisal and coping strategies, as well as the added pressure of managing multiple roles, which have been well documented in the literature (9, 15).

In terms of coping strategies, the students predominantly relied on self-initiated measures. Strategies such as setting specific goals (mean = 3.80, SD = 1.06), maintaining a positive outlook (mean = 3.76, SD = 1.06), and taking breaks during study sessions (mean = 3.75, SD = 1.05) were frequently reported. However, a notable finding was the underutilization of formal support, with seeking help from faculty or academic advisors receiving a lower mean score (2.96, SD = 1.24). This reluctance to engage with available institutional resources has also been highlighted by Cruz *et al*. and Joseph *et al*., who argue that although students are aware of stress management techniques, they often prefer individual coping strategies over formal support mechanisms (14, 17).

Conclusion: Radiography students at the University of Benin experience significant academic stress, particularly due to exam-related anxiety and heavy workloads, with stress levels increasing as they progress through their academic years. Female students tend to experience higher stress levels than male students. To address this, the study recommends implementing stress management programs, enhancing institutional support, reviewing the curriculum, and fostering open communication between students and faculty.

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