

A cross-sectional study to assess the level of stress and procrastination among B.Sc. Nursing Students at CIMSR, Dehradun, Uttarakhand

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Cite this paper as: Malvi, Suman Vashist, Jyoti, Nafees Ahmed, Ekjot Kaur Nanda, Anas Khalid, Gaurav Kumar, Jyoti, Farha Usmani (2025) A cross-sectional study to assess the level of stress and procrastination among B.Sc. Nursing Students at CIMSR, Dehradun, Uttarakhand., *Journal of Neonatal Surgery*, 14 (22s), 350-358

ABSTRACT

Background of the study: Academic stress and procrastination are prevalent challenges among university students, particularly those enrolled in Bachelor of Science (B.Sc.) programs. The rigorous demands of scientific curricula often contribute to heightened stress levels, which can, in turn, lead to procrastination—a behaviour characterized by the intentional delay of tasks despite potential negative consequences.

Aim: The aim of this cross-sectional study is to assess the level of stress and procrastination among B.Sc. Nursing students and to identify patterns that could inform interventions to improve their mental well-being and academic performance.

Materials and Methods: A cross-sectional research design was used to conduct the present study. A purposive sampling technique was employed to select 110 B.Sc. Nursing students from CIMSR, Dehradun, Uttarakhand, to assess their levels of stress and procrastination. Data were collected using a socio-demographic profile, a self-structured 3-point Likert scale on stress, and a self-structured 3-point Likert scale on procrastination.

Results: The study found that most students (58.2%) experienced mild stress, with 33.6% reporting moderate and 8.2% severe stress (mean = 33.76±13.85). Regarding procrastination, 61.8% showed low levels, 30.0% medium, and 8.2% high levels (mean = 22.11±9.29). A highly significant positive relationship was observed between stress and procrastination among the nursing students.

Conclusion: The study concluded that by addressing the causes of stress and procrastination, institutions can enhance the overall well-being and academic performance of their students. The findings highlight the importance of integrating stress management programs and procrastination mitigation strategies into the nursing curriculum, potentially through workshops, counselling services, and peer support systems

Keywords: Stress, procrastination, nursing students

1. INTRODUCTION

Hyperlipidemia Nursing education is known for its demanding nature, combining rigorous academic coursework with.

practical clinical experience. These pressures often lead to increased stress levels and procrastination behaviours among nursing students. Stress can arise from various factors, including academic workload, clinical responsibilities, and personal life challenges. Procrastination, on the other hand, is the tendency to delay tasks, often as a coping mechanism in response to stress. Research suggests that stress and procrastination are linked, with one often exacerbating the other, which can negatively impact students' academic performance and overall well-being. A recent study conducted on nursing students revealed that nearly 70% reported experiencing moderate to high levels of stress, while procrastination was found to be a common issue, with 63% of students reporting engaging in procrastination behaviours regularly (Kumar et al., 2023). The combination of these factors can create a cycle of decreased productivity, poor mental health, and reduced academic success, emphasizing the need for targeted interventions. This study aims to assess the levels of stress and procrastination among B.Sc. Nursing students at CIMSR, Dehradun, Uttarakhand, in order to identify patterns and suggest strategies for better stress management and improved academic outcomes

BACKGROUND OF THE STUDY

Nursing education is renowned for its rigorous academic and clinical demands, which can significantly impact students' mental health. In India, studies indicate that a substantial proportion of nursing students experience high levels of stress. For instance, a study in Western Rajasthan reported that 82.4% of nursing students experienced stress during clinical practice. Similarly, a study conducted in Eastern India found that 55.2% of nursing students reported mild stress level.

Globally, the prevalence of stress among nursing students varies. A meta-analysis of 27 cross-sectional studies revealed that 35% of nursing students experienced moderate stress, with 10% reporting high levels of stress. These findings underscore the universal nature of stress in nursing education.

Procrastination is another prevalent issue among nursing students, often exacerbated by stress. A study involving 750 nursing students found that 88.1% exhibited moderate levels of procrastination, with 11.9% demonstrating mild procrastination. Another study reported that 82% of nursing students had moderate procrastination levels, and 16% had high level

Internationally, the prevalence of academic procrastination among nursing students ranges from 50% to 95%. This widespread behavior can negatively affect academic performance and overall well-being. Understanding the levels of stress and procrastination among B.Sc. Nursing students is crucial for developing targeted interventions. Such interventions can enhance students' mental health, academic performance, and the quality of patient care they provide. This study aims to assess these factors among B.Sc. Nursing students at CIMSR, Dehradun, Uttarakhand, to inform strategies that support their academic and psychological well-being.

NEED OF THE STUDY

Nursing education is highly demanding, leading to stress and procrastination among students. In India, studies have shown that a significant number of nursing students experience stress due to academic workload and clinical practice (Singh & Sharma, 2023). A study by Kumar et al. (2024) found that over 80% of nursing students reported engaging in procrastination, which is often linked to stress. Globally, nursing students face similar challenges. A systematic review by Smith et al. (2022) found that approximately 35% of nursing students experience moderate stress, and procrastination remains prevalent across diverse educational systems (Jones & Adams, 2021). These issues affect students' academic performance and mental wellbeing. Identifying the extent of stress and procrastination can help design targeted interventions to improve students' health and academic success.

PROBLEM STATEMENT

A cross-sectional study to assess the level of stress and procrastination among B.Sc. Nursing Students at CIMSR, Dehradun, Uttarakhand

OBJECTIVES

1. To assess the level of stress and procrastination among B.Sc. Nursing Students
2. To find out association between the level of stress and procrastination among B.Sc. Nursing Students with their selected demographic variables.

VARIABLES

These are the variables that you are trying to explain or predict, i.e., stress and procrastination in this case.

Depended variables

- Stress
- procrastination

Demographic Variables

It consists of items for obtaining information from nursing students which were age, gender, habitat, class, type of family, family income

2. MATERIALS AND METHODS:

Study design and setting

This is a cross-sectional Research Design conducted at CIMS&R, Dehradun Uttarakhand India. In the present study 110 Nursing students were selected from I and II Semesters of B.Sc. Nursing Programme at CIMS&R, Dehradun using non-probability purposive sampling Technique.

Participants

A sample of 110 nursing students were selected from I and II Semesters of B.Sc. Nursing Programme at CIMS&R Dehradun Uttarakhand were selected by Purposive sampling technique. A Self-structured Socio-demographic Profile tool, Like rt scale to assess the level of stress and the level of Procrastination was used in the study.

Exclusive criteria

The student who was absent at the time of the study and who refused to participate at the time of study were not included in the study.

Data Collection

Prior to data collection Permission was obtained from concerned institutional ethical committee of Combined (P.G.) Institute of Medical Sciences and Research (CIMS&R), Dehradun, Uttarakhand. Permission was obtained from the Principal, Combined (P.G.) Institute of Medical Sciences and Research (CIMS&R), Dehradun, Uttarakhand.

Data collection carried out from July to August 2023 at CIMS&R in Dehradun. A group of 110 first and second semester B.Sc. nursing students was selected for the study using a non-random, purposive sampling method. Before data collection began, informed consent was obtained from the participating students. The research instrument included demographic variables and a self-developed Likert scale questionnaire. micelles.

3. MEASURES

The tool consists of 3 parts

Socio Demographic Profile

It consists of items for obtaining information from nursing students which were age, gender, habitat, class, type of family, family income. This is three-point like rt scale consist of 30 items. Further its categories three point agree 1, disagree 2 and strongly disagree 3. Self- structured Likert Scale to assess the level stress. This is three-point like rt scale consist of 30 items. Further its categories three point agree 1, disagree 2 and strongly disagree 3. Self-structured Like rt scale to assess the level of Procrastination. This is three-point like rt scale consist of 30 items. Further its categories three point rarely 1, sometimes 2 and often 3. Interpretation Conclusion: In the present study, lovastatin oral micelles were developed using the solvent evaporation method with a hydrophilic polymer and a surfactant. The polymer-drug ratio was also an important factor affecting the particle size of the LOM and the drug release rate. Elucidation of drug release mechanism using surfactant, particle size measurement showed the effectiveness of the established formulations in enhancing the skin absorption of lovastatin by altering the drug particle size and drug crystallinity without any molecular interaction changes. The study introduced a new technique by modifying the LOM structure using formulation to combine the advantages of LOM to promote potential applications of poorly water- soluble drugs in skin products.

Data analysis

Data analysis was carried out in SPSS-20. In data analysis frequency and percentage, mean and standard deviation were calculated. Paired 't' test to test mean difference in knowledge score. Statistical significance of the data was evaluated at $p < 0.05$ level.

Table1: Socio-Demographic Profile among B.Sc. Nursing students. N=110

S.No.	Variables	F	%
1.	Age(years)		
	17-19	95	86.4
	20-22	15	13.6
2.	Gender		
	Female	94	85.5

	Male	16	14.5
3.	Habitat		
	Urban	89	80.9
	Rural	21	19.1
4.	Class/course		
	B.Sc. Nursing Semester-I	55	50.0
	B.Sc. Nursing Semester- II	55	50.0
5.	Type of family		
	Nuclear	72	65.5
	Joint	38	34.5
6.	Family income (Rs/Month)		
	<20000	17	15.5
	20000-30000	30	27.3
	30001-40000	40	36.4
	>40000	23	20.9

Table-1 –presents the socio-demographic profile of the B.Sc. nursing students. Interns of age distribution, the majority of the participants (86.4%) fell into the age range of 17-19 years, while a smaller proportion (13.6%) were aged between 20-22 years. The mean age of the participants was 19.07 years with a standard deviation of 0.84, indicating that the majority of the students were in the early stages of their undergraduate nursing program.

Gender distribution among the participants revealed a predominance of females, with 85.5% of the sample identifying as female, and the remaining 14.5% as male. This gender imbalance is consistent with the broader gender distribution trends in the nursing Profession, which has historically been characterized by a higher representation of females. Regarding habitat, a significant majority (80.9%) of the participants hailed from urban areas, while a smaller proportion (19.1%) resided in rural areas. This disparity in habitat distribution may have implications for the students' exposure to healthcare facilities, educational resources, and lifestyle factors, which could potentially influence their nursing education and experiences.

The participants were evenly distributed across two class/course categories, with 50% enrolled in B.Sc. Nursing Semester-I and the remaining 50% in B.Sc. Nursing Semester-II. This balanced distribution is important for ensuring that the study captures a representative sample of students at different stages of their nursing education, which may have varying needs and experiences. In terms of family structure, 65.5% of the participants came from nuclear families, while 34.5% belonged to joint families. This distinction may have implications for the support systems available to the students and their overall family dynamics, which can influence their academic and professional pursuits.

Finally, the participants' family income levels were categorized into four groups. A small proportion (15.5%) reported a monthly family income of less than Rs 20,000, while larger segments reported incomes ranging from Rs20,000 to Rs40,000. Notably, 36.4% of the participants had a family income between Rs30,001 and Rs 40,000, and 20.9% reported family incomes exceeding Rs 40,000 per month. These income categories provide insights into the economic background of the students and may be relevant when exploring the financial factors that could impact their education and career aspirations.

Table 2: level of stress among B.Sc. Nursing students. N=110

S.No.	Level of stress	F	%	Mean SD
1	Mild	64	58.2	33.76±13.85
2	Moderate	33	33.6	

3	Severe	9 9	8. 8. 2
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Table 2 and figure 3 illustrate levels of stress among a sample of 110 B.Sc. Nursing students. The majority of students, 58.2%, reported experiencing mild levels of stress, while 33.6% indicated moderate stress levels. A smaller portion of the participants, 8.2%, reported severe stress levels. These findings suggest that a significant proportion of B.Sc. Nursing students in the study population are dealing with some degree of stress, with the majority falling into the mild stress category. The mean score of stress was 33.76 ± 13.85

Table 3: Level of procrastination among B.Sc. Nursing students. N=110

S.No.	Level of procrastination	f	%	Mean SD
1.	Low	68	61.8	22.11±9.29
2.	Medium	33	30.0	
3.	High	9	8.2	

Table 3– and figure 4 demonstrate levels of procrastination observed among a sample of 110 B.Sc. Nursing students. The results indicate that a significant majority of students, comprising 61.8%, reported low levels of procrastination, while 30.0% fell into the medium procrastination category. A smaller portion of participants, 8.2%, reported high levels of procrastination. The mean score of procrastination was 22.11 ± 9.29 .

Table 4: The relationship between stress and procrastination among B.Sc. Nursing Students. N=110

Variables	r value	P value
Stress	.981**	.001
Procrastination		
NB:**. Correlation is significant at the 0.01 level (2-tailed).		

Table 4 and figure 5 present the results of a Spearman's correlation analysis examining the relationship between stress and procrastination among 110 B.Sc. Nursing students. The analysis yielded a strong positive correlation with an r value of .981, which is statistically significant at the 0.01 level (2-tailed) with a p-value of .001. This indicates a highly significant positive relationship between stress and procrastination among the nursing students, suggesting that as stress levels increase, so does the tendency to procrastinate.

Table 5: Association between levels of stress with their demographic variables. N=110

S.No.	Variables	Level of stress			χ ² value	df	P value
		Mild	Mode rate	Severe			
1.	Age(years)						
	17-19	56	32	7	.634	2	.753 ^{NS†}
	20-22	8	5	2			
2.	Gender						
	Female	50	36	8	7.026	2	.017 ^{S†}
	Male	14	1	1			
3.	Habitat						

	Urban	52	29	8	.529	2	.871 ^{NS†}
	Rural	12	8	1			
4.	Class/course						
	B.Sc. Nursing Semester-I	30	21	4	1.037	2	.645 ^{NS†}
	B.Sc. Nursing Semester-II	34	16	5			
5.	Type of family						
	Nuclear	40	25	7	.925	2	.678 ^{NS†}
	Joint	24	12	2			
6.	Family income (Rs/Month)						
	<20000	12	5	0	10.652	6	.093 ^{NS†}
	20000-30000	16	13	1			
	30001-40000	20	16	4			
	>40000	16	3	4			
NB: †=Fisher exact p value, NS=Non-significant, S=significant at 0.05 level.							

Table 5 depicts that the association between the level of stress and demographic variables among B.Sc. Nursing students was examined, and the results indicate that gender (p=.017) was found significant at 0.05 level while other variables age, habitat, class/course, type of family, and family income were non-significant at 0.05 level

Table 6: Association of between levels of procrastination with their demographic variables. N=110

S.No.	Variables	Level of procrastination			χ ² value	df	P value
		Low	Medium	High			
1.	Age(years)						
	17-19	59	29	7	.637	2	.693 ^{NS†}
	20-22	9	4	2			
2.	Gender						
	Female	55	31	8	3.140	2	.220 ^{NS†}
	Male	13	2	1			
3.	Habitat						
	Urban	56	25	8	1.030	2	.639 ^{NS†}

	Rural	12	8	1			
4.	Class/course						
	B.Sc. Nursing Semester-I	35	16	4	.200	2	.915 ^{NS†}
	B.Sc. Nursing Semester-II	33	17	5			
5.	Type of family						
	Nuclear	40	25	7	3.476	2	.191 ^{NS†}
	Joint	28	8	2			
6.	Family income (Rs/Month)						
	<20000	12	5	0	5.378	6	.599 ^{NS†}
	20000-30000	19	10	1			
	30001-40000	24	12	4			
	>40000	13	6	4			
NB:†=Fisher exact p value , NS=Non-significant, S=significantat0.05 level.							

Table 6 depicts that the association between the level of procrastination and demographic variables among B.Sc. Nursing students was examined, and the results indicate that age, gender, habitat, class/course, type of family, and family income were non- significant at 0.05 level.

4. DISCUSSION

The current study showed the levels of stress among a sample of 110 B.Sc. Nursing students. The majority of students, 58.2%, reported experiencing mild levels of stress, while 33.6% indicated moderate stress levels. A smaller portion of the participants, 8.2%, reported severe stress levels. These findings suggest that a significant proportion of B.Sc. Nursing students in the study population are dealing with some degree of stress, with the majority falling into the mild stress category. The mean score of stress was 33.76 ± 13.85 . The current study showed the levels of procrastination observed among a sample of 110 B.Sc. Nursing students. The results indicate that a significant majority of students, comprising 61.8%, reported low levels of procrastination, while 30.0% fell into the medium procrastination category. A smaller portion of participants, 8.2%, reported high levels of procrastination. The mean score of procrastination was 22.11 ± 9.29 . supported study by Goicochea Palomino A E et al.(2023)⁴indicated that revealed that 72.3% of nursing students exhibited higher levels of procrastination, particularly among women (62.5%) and younger students (59.8%). On a global scale, 70.3% of students achieved a remarkable grade, and among them, 51.8% also exhibited a high level of procrastination. Another study by Moya-Salazar Jetal.(2023)⁵reported that 72.3% of nursing students exhibited heightened levels of academic procrastination, with a particularly pronounced prevalence among the female contingent at 62.5% and among Younger students at 59.8%. On a global scale, a remarkable academic performance was achieved by 70.3% of the students, and intriguingly, a noteworthy 51.8% of this group also manifested a heightened propensity for academic procrastination. Another study by Talebian F et al. (2022)⁶ reported that study showed that the mean and standard deviation (SD) of the scores for academic procrastination 26.05 ± 6.10 . Additionally, Babaie M et al. (2022)⁷stated that 37% of the participants exhibited high levels of procrastination, with the highest proportion. The present study's results indicated that relationship between stress and procrastination among 110 B.Sc. Nursing students. The analysis yielded a strong positive correlation with an r value of .981, which is statistically significant at the 0.01 level (2-tailed) with a p-value of .001. Similar study by Kuftyak E(2022)⁸ found that students with lower academic performance levels exhibited a higher propensity for procrastination, impulsive decision-making in managing their time, and reported experiencing feelings of laziness, frustration, stress, and anger more frequently. Correlation analyses further indicated that heightened procrastination was associated with increased stress levels and poorer

academic outcomes. Huang H et al. (2022)⁹ showed that correlation coefficients ranged between -0.290 and 0.584, signifying significant relationships between each pair of variables. Furthermore, Roshan et al. (2021)¹⁰ found that there was a significant positive correlation between test anxiety and academic procrastination, suggesting that higher levels of test anxiety were linked to increased procrastination tendencies.

The present study showed the association between the level of stress and demographic variables among B.Sc. Nursing students was examined, and the results indicate that gender ($p=0.017$) was found significant at 0.05 level while other variables such as age, habitat, class/course, type of family, and family income were non-significant at 0.05 level. The present study showed the association between the level of procrastination and demographic variables among B.Sc. Nursing students was examined, and the results indicate that age, gender, habitat, class/course, type of family, and family income were non-significant at 0.05 level. Similar study by Moya-Salazar J et al. (2023)¹¹ reported that no statistically significant disparities were detected in terms of academic performance predicated on the varying degrees of academic procrastination. In contrast Babaie M et al. (2022)¹² stated that significant associations between the mean total procrastination score and several demographic factors. Age ($p=0.013$), work experience ($p=0.006$), and marital status ($p=0.02$) were found to have a significant relationship with procrastination tendencies among the nurses. Specifically, nurses with permanent employment ($p=0.014$), lower levels of education ($p=0.009$), and those who were female ($p=0.023$) were more likely to procrastinate.

Future Scope :-

The future scope of this research is broad and can lead to several significant contributions in the field of nursing education, student well-being, and academic performance. By expanding on the initial findings, future research can guide targeted interventions, improve mental health outcomes for nursing students, and enhance their educational experience and professional development.

Data Availability Statement:

The data for this study can be made available upon request to the corresponding author.

Funding Statement: This manuscript and research paper was prepared without any financial support or funding.

Conflicts of Interest Statement:

The authors have no conflicts of interest to declare. Ethics and Consent Statement: This research adheres to ethical guidelines, obtaining informed consent from all participants

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