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Perceived Stress and Coping Mechanisms Among Medical Undergraduates students

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Abstract

Background: *Stress is a common experience for medical students in general. Coping mechanisms employed by medical students during their studies are critical for efficient stress management.*

Aim: *to assess perceived stress and coping mechanisms among medical undergraduates' students in the Gaza.*

Methods: *A cross-sectional descriptive analytical design study involving 250 medical students from two large universities in Gaza Strip.*

Results: *the study result revealed that the prevalence of perceived stress among medical students was found to be 48.25% (1.93± Standard deviation 0.6), classified as moderate stress. Academic stress was the first one among medical students with an average of 63% (2.52 ± 0.63) which was rated as high stress, followed by teaching and learning stress of 55.75% (2.23 ± 0.8). Furthermore, the first coping adopted most of the time among student was Problem-Focused coping strategies that occupied the highest percentage 39.6%. The second was Emotion-Focused Coping by 37.6% of students. In contrast, only 5.6% of students adopted an avoidant strategy.*

Conclusion: *The study concluded that the prevalence of perceived stress among medical students was moderate level. Academic-related problems were the major stressor. This study recommended the need of stress management training to be an essential component in study academic curriculum, beside an psychological counseling to be integrated.*

Keywords: Stress, Coping strategies, Medical students, Stressors.

Introduction

Living in area of continuous armed conflict over many years ago and the widespread destruction of higher education infrastructure like Gaza area, medical students have been transformed into a vulnerable ci-

vilian subgroup; they must balance personal insecurity, forced displacement, and secondary trauma with continuous academic and clinical duties (Abuzaiter et al., 2025; El Kishawi & Al-Zard, 2025). As a 20th century stress has been recognized as illness and is seen as a complex exchange between people and their situations (John & Naik, 2020). Stress will be one of the primary causes of disability in the future. It was proved that, students who experience anxiety or insecurity are more likely to suffer from mental health problems (Gavali & Deore 2018 ; Gul et al., 2026; Kumari et al., 2025).

Stress is currently understood as a lifestyle crisis affecting anyone. An academic life of students is one of major psychological challenges especially in first year of study. Besides that, the faculty of medicine environment is motivating psychological problems experienced and perceived stress during the period of online learning and social isolation due to the pandemic situation (Battula et al., 2021; Salazar-Granizo et al., 2024; Reddy et al., 2018; Kevin & Wenger, 2026).

Globally, Medical school is one of the most demanding academic programs in the world. Fear of academic performance and the learning environment, a lack of free time, financial concerns are all known contributing to the development of stress among undergraduate medical students and it has significant impact on the mental and physical well-being of medical students (Damiano et al., 2020; sattar et al., 2022). If persistent stress is not resolved through coping or adaptation for long time , it cause physical and mental health (Melaku & Bulcha, 2021; Montgomery & Gouvea 2024).

Materials and Methods

A descriptive, cross-sectional quantitative design was applied in this study. The study was conducted in faculties of medicine in the Gaza Strip. The Population of this study involves all medical students who are learning at the faculties of medicine from first to sixth year, (2000) students from (Al-Azhar & Islamic university in the Gaza Strip). The study was approved by the Islamic University of Gaza Ethics Committee. All the medical students gave their informed written consent prior to being enrolled in this study. Stratified random sampling was used in this study as it is a technique used to obtain representative samples from populations that can be divided into sub-populations or strata. Stratified random sampling allows for more accurate and efficient estimation by considering the characteristics of different sub-populations. The study sample was consisted of 250 students as 138 students from AL-Azhar University and 112 students from Islamic University of both sexes. A self-administered online questionnaire was used to collect the data. The questionnaire included three parts. First, personal characteristics questionnaire, Second, the stressor questionnaire by using adopted modified medical student stressor questionnaire and third part, coping strategies by using adopted brief cope questionnaire. Personal Characteristics Data include information about gender (male, female), medical school in the Gaza Strip (Islamic University, Al-Azhar), the sample included medical student all the academic years (first to last year). The Medical Student Stressor Questionnaire (MSSQ), validated instrument which covers six dimensions with a total 40 items was used to determine the stressors and the level of stress among medical students. MSSQ was developed by Yusoff (2011) to assess stressors faced by medical students and to measure the intensity of stress caused by stressors. These

areas include Academic stressors, Interpersonal, Intrapersonal Stressors, Teaching and learning stressors, Social related stressors, Desire-related stressors and Group activity stressors. MSSQ of 40 items was scored on a 5-point Likert scale Coping Strategies were assessed using the Brief COPE scale to assess the types of coping mechanisms used in stressful situations. The Short-Term COPE Scale is a 28-item questionnaire used to assess effective and ineffective stress coping strategies, It consists of 28 items, and each item is rated on a 4- point Likert scale.

Results

Table 1: Socio-demographic characteristics of the participants (n=250)

Character	Frequency	Percent
Faculty of Medicine at		
AL-Azhar University-Gaza	138	55.2
Islamic University-Gaza	112	44.8
Gender		
Female	132	52.8
Male	118	47.2
Year of Studying		
First	77	30.8
Second	37	14.8
Third	51	20.4
Fourth	28	11.2
Fifth	30	12.0
Sixth	27	10.8

Table 1. shows that, more than the half of the respondents were from AL-Azhar University 138 (55.2%) and 112 (44.8%) from Islamic university. The majority of participants 132 (52.8%) were females from both university and 118 (47.2%) were males.

Table 2: Distribution of all domains of the stressors (n=250)

Stress Causing Stressors	Mild stress n (%)	Mod. stress n (%)	High stress n (%)	Severe stress n (%)	Mean (SD)	Relative mean %	Class.	Rank
Academic related stressor (SRS)	5 (2)	50 (20)	150 (60)	45 (18)	2.52 (0.63)	63	High stress	1
Teaching and Learning Related Stressor (TLRS)	17 (6.8)	90 (36)	104 (41.6)	39 (15.6)	2.23 (0.80)	55.7	High stress	2
Group Activities Related Stressor (GARS)	61 (24.4)	103 (41.2)	71 (28.4)	15 (6)	1.77 (0.84)	44.25	Mod. stress	4
Drive & Desire Related Stressor (DRS)	111 (44.4)	57 (22)	50 (20)	32 (12.8)	1.56 (1.3)	39	Mod. stress	5
Interpersonal & Intrapersonal Related Stressor (IRS)	94 (37.6)	84 (33.6)	58 (23.2)	14 (5.6)	1.5 (0.96)	37.5	Mod. stress	6
Social Related Stressor (SRS)	37 (14.8)	100 (40)	92 (36.8)	21 (8.4)	1.99 (0.82)	49.75	Mod. stress	3
Mean of responses	**23 (9.2)**	**103 (41.2)**	**114 (45.6)**	**10 (4)**	1.93 (0.65)	48.25	Mod. stress	-

The table shows that, the mean of all stressors in general was 1.9 ± 0.65 and the relative mean was 48.25% which was classified as moderate stress. Academic stressor was ranked in the first rank as the first stressor facing medical students, the mean was 2.52 ± 0.63 which was classified as high stress, followed by teaching and learning-related stressors with mean 2.23 ± 0.80 which considered also high. While, group activities the mean was1.77 ± 0.84 , drive & desire 1.56 ± 1.3, interpersonal & intrapersonal 1.5 ± 0.96, and social-related stressors 1.99 ± 0.82, all were classified as moderate stressors.

Table 3: Distribution of Coping Strategies

Strategy have been done	A little bit n (%) Mean (SD)	A medium amount n (%) Mean (SD)	A lot n (%) Mean (SD)	Mean (SD)	Relative mean	Rank
Problem-Focused Coping	10 (4) 0.81 (0.21)	141 (56.4) 1.64 (0.27)	99 (39.6) 2.37 (0.26)	1.91 (0.48)	**63.3**	1
Avoidant Coping	126 (50) 0.75 (0.25)	110 (44) 1.5 (0.27)	14 (5.6) 2.41 (0.24)	1.18 (0.54)	**39.3**	3
Emotion-Focused Coping	13 (5.2) 0.85 (0.23)	143 (57.2) 1.67 (0.25)	94 (37.6) 2.3 (0.19)	1.87 (0.45)	**62.3**	2
Mean of responses	**8 (3.2)**	**212 (84.8)**	**30 (12)**	**1.61(0.35)**	**53.3**	*

Table 3 shows that, the problem-Focused Coping was ranked as the first coping strategy with mean 1.9 (SD= 0.48) which as more than third of the participants 39.6% had adopted this strategy most of the time. The second rank was Emotion-Focused Coping which had been done in a medium amount with a general mean of 1.87 (SD=0.45) and the strategy had been adopted most of the time by 37.6% of participants. Although the general mean of the avoidant coping strategy was 1.18 and classified as done in medium amount, more than half of participants (50.4%) adopted this strategy a little bit and only 5.6% adopted it most of the time.

Table 4: Mean difference of stressors in relation to students' characteristics

Stressors		ARS	GARS	TLRS	DRS	IRS	SRS
Character	**Group**	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Faculty of Medicine	**AUG**	2.4 (0.65)	2.26 (0.76)	1.76 (0.84)	1.61 (1.2)	1.60 (0.92)	1.940 (0.78)
	IUG	2.66 (0.59)	2.19 (0.86)	1.79 (0.83)	1.51 (1.3)	1.39 (0.99)	2.053 (0.84)
	T	3.1	0.694	0.254	0.590	1.66	1.09
	P	0.002*	0.489	0.800	0.555	0.098	0.277
Gender	**Male**	2.46 (0.63)	2.26 (0.76)	1.82 (1.1)	1.40 (.97)	1.52 (1.1)	1.99 (0.80)
	Female	2.58 (0.63)	2.19 (0.86)	1.79 (0.9)	1.75 (0.84)	1.49 (0.9)	1.99 (0.83)
	T	1.51	0.694	0.91	2.11	0.291	0.013
	P	0.132	0.489	0.321	0.03*	0.771	0.990

Year of Studying	**Pre-clinical (n=165)**	2.44 (0.59)	2.20 (0.75)	1.72 (0.82)	1.4 (1.3)	1.48 (0.95)	1.96 (0.81)
	Clinical (n=85)	2.68 (0.68)	2.3 (0.89)	1.88 (0.87)	1.88 (1.4)	1.56 (0.99)	2.06 (0.83
	T	2.84	1.01	1.44	2.76	0.638	0.912
	P	0.005*	0.312	0.149	0.006*	0.524	0.363
Year of Studying	**1st[a]**	2.42 (0.58)	2.20 (.69)	1.92 (.87)	1.3 (1.3)	1.42 (0.92)	1.8 (0.76)
	2nd[b]	2.26 (.54)	1.89 (.68)	1.57 (.87)	1.7 (1.4)	1.42 (1.01)	1.8 (0.85)
	3rd[c]	2.72 (0.58)	2.58 (.78)	1.51 (.53)	1.7 (1.2)	1.67 (0.92)	2.2 (0.81)
	4th[d]	2.55 (0.65)	1.99 (.84)	1.80 (.88)	1.73 (1.2)	1.54 (0.96)	1.894 (0.85)
	5th[e]	2.68 (0.61)	2.45 (.74)	1.82 (.81)	2.23 (1.3)	1.51 (0.93)	2.189 (0.76)
	6th[f]	2.82 (0.77)	2.48 (1.03)	2.03 (.88)	1.69 (1.3)	1.63 (0.1.1)	2.1 (0.88)
	F	4.689	5.11	2.367	2.938	0.511	1.798
	P	0.001*	0.001*	0.040*	0.01*	0.768	0.114
	Post hoc	**b *vs* c**	**b *vs* c**	-	**a *vs* e**	-	-
	P	0.009	0.001	-	0.020	-	-
		b *vs* f	**b *vs* f**				
		0.003	0.022				
			c *vs* d				
			0.030				

ARS: Academic Resilience Scale

GARS: Global Assessment of Recent Stress Scale

TLRS: Total Life Resiliency Scale

SRS: Student Stress Rating Scale

IRS: Impact of Relocation Stress Scale

Table 4 shows that the only statistical difference was found in the means of ARS. Thus, the mean of ARS among Al-Azhar University (AUG) students (2.4±0.65) was lower than what it was among IUG students (2.66±0.59) with a significant statistical difference (p=0.002). However, no other significant statistical difference in all other stressor domains between the two universities. Similarly, the situation in gender character has no significant statistical difference in all other stressor domains except DRS which represent that the mean of DRS among males was 1.40 ±0.97 and 1.75±0.84 among females (p=0.03). Both ARS and DRS indicate significant statistical difference in means of year of studying comparing pre-clinical years (from 1st to 3rd year) to clinical years (from 4th to 6th). Thus, the mean of pre-clinical years students was 2.44±0.59 for ARS and 1.4±1.3 for DRS compared to 2.68±0.68 and 1.88±1.4 among students in clinical years respectively, with significant statistical differences (p=0.005, 0.006). The table represents that the difference in means was between students in the second years and those who were in the 6th years and 3rd years (2.26 ±.54 versus 2.82 ±0.77) and (2.26 ±.54 versus 2.72 ±0.58) respectively. Similarly, finding in GARS domain which represents that the difference in means was between students in the second years and those who were in the 6th years and 3rd years (1.89±0.68 versus 2.48 ±1.03) and (1.89±0.68 versus 2.58 ±0.78) respectively, in addition to difference between those in 3rd and 4th year

(2.58 ±0.78 versus 1.99±0.84). Furthermore, finding in DRS domain represents that the difference in means was between students in the first year and 5th year (1.3±1.3 versus 1.7 ±1.3).

Discussion

The present study revealed that, the prevalence of stress among under graduated medical students in Gaza was 48.25% which considered moderate stress. Academic stress was the first stress faced by medical students with an average of 63% which was rated as high stress, followed by teaching and learning stress of 55.75% also high. Whereas, other domains rated as moderate stress. These findings agree with other studies of Asfaw et al. (2021); Amanya et al. (2018); Melaku and Bulcha (2021); Ragab et al. (2020); Radwan, A., et al. (2024); Seedhom et al. (2019); (Puig Lagunes et al. (2020) these studies indicated that academic stressors is the primary cause of stress.

In conflict settings, resemble Gaza such as Sudan & Syria countries documented that personal and familial trauma diminished healthcare workers' capacities to report to work (Abass et al., 2023). The present shows that stress was the first stress faced by medical students with an average of 63% which was rated as high stress, followed by teaching and learning stress of 55.75% also high. Whereas, other domains rated as moderate stress. These findings agree with another studies of Puig Lagunes et al. (2020), Melaku and Bulcha (2021), Seedhom et al. (2019), Ragab et al. (2020), amanya et al. (2018), Asfaw et al. (2021) which indicated that academic stressors were the primary cause of stress. The result of our study agreed with the result of Melaku and Melaku, & Bulcha. (2021) which showed that ARS domain became the primary contributor to excessive stress. Additionally, the findings are in line with those of a study by Battula et al. (2020) which was conducted in an urban setting at a medical college and their result showed, the mean score for ARS was higher than other domains, but it was followed by GARS. Regarding the coping strategies that was used by our participants the result indicated that medical students adopted adaptive coping rather than mal adaptive, this result is consistent with the result of Norphun et al. (2020) which showed Moreover, our study showed there are no statistical differences were detected in term of gender regarding stress or coping strategies. The present result was consistent with the result of Yasien & Alvi (2018) which showed that there has been no gender differ in the degree of stress, 20% of the medical students had been sever stress, 26% had been moderately stressed and 29% had been less stressed.

Conclusion

The study concluded that, the prevalence of perceived stress among medical students was a moderate stress. Academic-related problems were the major and the first stressor faced by medical students due to heavy curriculum, followed by teaching and learning stressor. The level of academic stress among medical students during the clinical training years was higher than in the pre-clinical training years. Medical students used

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Conceptualization, methodology, formal analysis, data collection, writing—original draft preparation, was done by Anhar Frajallah. reviewing and editing, supervision done by Areefa SM Alkasseh, authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement:

The study was conducted in accordance with the Declaration
approved by the Islamic University of Gaza Ethics Committee

Informed Consent Statement:

An informed written consent form was signed by all medical students who volunteered to participate in the study. Before participating in the study, the medical students were given the opportunity to offer their informed permission. Confidentiality and anonymity were assured during this study. Written informed consent also has been obtained from the medical students to publish this paper.

Conflicts of Interest: The authors declare no conflict of interest. active coping strategies as problem solving rather than avoidant strategies.

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