

# Coping Mechanism Among Post-Registration Undergraduate Nursing Students with Open Distance Learning

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## Abstract

*This study delves into the stress experienced by undergraduate nursing students, particularly those engaged in open distance learning studies, as they grapple with diverse stressors in both their academic pursuits and personal lives. Coping mechanisms play a pivotal role in mitigating stress, with a positive and optimistic attitude coupled with effective coping strategies aiding in stress reduction. However, existing research, as exemplified by many scholars, predominantly focuses on stress levels among Bachelor of Science Nursing students, leaving a significant gap in understanding coping mechanisms specific to undergraduate nursing students in Malaysia. This quantitative research employs a non-experimental descriptive design, involving 100 participants selected through non-probability convenience sampling. Self-administered questionnaires, including the modified Brief Cope's questionnaire, are employed for data collection. The findings reveal that religious coping mechanisms, encompassing practices such as prayer and meditation, score the highest with a mean of 3.49 (SD=0.67), surpassing substance-use coping mechanisms, which yielded a mean of 1.20 (SD=0.49), involving the use of alcohol and drugs to alleviate stress. Additionally, a significant positive relationship is identified between the predominantly used coping mechanism (religion) and demographic variables such as age ( $p=0.02$ ) and duration of service ( $p=0.04$ ). In conclusion, this study sheds light on the prevalence of religious coping mechanisms among undergraduate nursing students in Malaysia, emphasizing the need for tailored support and interventions to enhance their coping strategies and overall well-being.*

**Keywords:** coping mechanism, cross-sectional, undergraduate nursing, open distance learning, post-registration nursing students.

## 1. Introduction

In the contemporary landscape, the nursing profession is confronted with increasing challenges and demands, necessitating continuous improvement in academic qualifications to meet evolving societal expectations. Open distance learning programs, especially those conducted on a part-time basis, have emerged as the preferred choice for further academic pursuits among nurses. This modality offers the advantages of flexibility, allowing students to learn from the comfort of their homes or workplaces, fostering a relaxed and comfortable learning environment. However, the transition to undergraduate programs through distance learning introduces a significant impact, notably stress among nurses. The undertaking requires effective time management to balance the responsibilities of studies, employment,

and personal life. This stress is compounded by the challenges of competing responsibilities, limited support from tutors, and university administration, as indicated by Nyatsanza and Mtezo (2013). The global pandemic has further transformed the educational landscape, pushing for the integration of digital platforms and online learning. Nursing students are now accustomed to virtual platforms for their studies. This shift, while enriching learning experiences, introduces stressors such as heavy workloads, unclear assignments, and poor motivation, as highlighted by Samson-Akpan (2017) and Ganesan et al. (2018). The potential consequences of stress among nursing students, as noted by Prasad et al. (2013) and Nyatsanza and Mtezo (2013), extend beyond academic performance to encompass mental and physical well-being, productivity, and even the contemplation of suicidal ideation. Despite the prevalence of stress among nursing students, the focus on effective coping strategies remains understudied. Prasad et al. (2013) reported coping mechanisms applied by nursing students, with 46.7% experiencing moderate stress, 51.6% mild stress, and only 1.7% severe stress. However, a significant gap exists in understanding the coping strategies employed by undergraduate nursing students in Malaysia. Al-Dubai et al. (2011) conducted a study among medical faculty in Malaysia, revealing that active coping strategies, religious coping, reframing, planning, and acceptance were commonly adopted. In the context of nursing education, there is a lack of exploration into coping mechanisms, an area critical for enhancing the well-being and academic success of nursing students. This research aims to address this gap by examining stress levels, identifying coping strategies, and understanding how universities can better support nursing students in managing the stress associated with open distance learning programs.

## 2. Literature Review

### 2.1. Theoretical Framework

Folkman and Lazarus (1988) Transaction Model of Stress and Coping serves as the chosen theoretical framework, guiding this study. Existing literature delves into pertinent concepts associated with coping mechanisms employed by students in open distance learning. These concepts encompass theories applicable to coping strategies utilized by students to navigate stress, extending beyond open distance learning to conventional student contexts as well. The significance of a stressful event lies in the interpretation more than the event itself, as stress is defined by an individual's perception of a psychological situation (Nyatsanza & Mtezo, 2013). Undergraduate students commonly experience stress (Nyatsanza & Mtezo, 2013). Primary appraisal involves assessing harm/loss, potential future threats, and challenges that can instill confidence or provide learning experiences. The outcome of primary appraisal can lead to positive pleasurable emotions (Ganesan et al., 2018). Secondary appraisal involves determining the best approach to handle the situation, reassessing internal and external coping strategies to create a positive environment. Problem-focused coping is employed when individuals feel they have control over the situation and can manage the problem's source. If coping outcomes are unmanageable, distress occurs, necessitating further coping efforts (Ganesan et al., 2018). Coping mechanisms can be categorized into primary appraisal, which includes motivation significance (irrelevant, benign-positive, and stressful), and secondary appraisal, which evaluates control and the ability to improve the situation (Ganesan et al., 2018). Coping mechanisms, as highlighted by Bamuhair et al. (2015), serve as stabilizing factors that aid individuals in adapting during stressful events.

### 2.2. The Concept of Coping

The term "coping" in psychology refers to a cognitive and behavioral set aimed at problem-solving and stress reduction, frequently employed by students through effective time management, social support, and positive reappraisal (Bamuhair et al., 2015). Originated by Richard Lazarus, coping is distinguished into two main components: "problem-focused" (changing the situation) and "emotionally-focused" (changing one's attitude towards the situation) (Petkova, 2020). Problem-focused coping, also known as active coping, involves addressing the problem directly, such as seeking social support (Bista et al., 2018). Social support networks assist undergraduate students in effectively coping with stress by enhancing their adjustment ability to demands (Bista et al., 2018). On the other hand, emotionally-focused coping, defined as passive coping, involves avoiding stressors and attempting to influence and control the situation. This type of coping is associated with adaptation difficulties like anxiety and depression and includes strategies

such as self-blame, distancing, focusing on the positive, and self-isolation. Coping strategies are classified into active (behavioral or psychological responses aimed at changing the situation positively) and avoidant (psychological risk factors for adverse responses like denial or rejecting the situation of stress). Coping mechanisms are influenced by students' backgrounds, showing variations in psychological processes to prevent stress. An optimistic attitude, as highlighted by Bista et al. (2018), aids nursing students in effectively coping with stress. The study by Prasad et al. (2013) found that 86.7% of undergraduate nursing students in Mangalore, India, exhibited well-coping, with no students having poor coping. Coping mechanisms, identified as stabilizing factors, contribute to psychosocial adaptation during stressful events and result in fewer symptoms of depression among nursing students (Bamuhair et al., 2015). The ability to modify situations leads to more adaptive outcomes.

### 2.3. Coping Mechanism Used in Education

Musingafi et al. (2015) emphasized the challenges faced by ODL students in their studies, a sentiment shared by Samson-Akpan (2017) in the context of undergraduate nursing students who encounter academic stressors such as assignments, final examinations, presentations, research projects, and clinical reports. Rafati and colleagues (2020) supported this by noting high stress levels among nursing students, particularly in clinical settings. Ab and Hassim (2009) reported that 41.9% of medical students at University Putra Malaysia experienced emotional disorders, and coping strategies such as denial, behavioral disengagement, substance abuse, self-blaming, self-distraction, and emotional venting had low mean scores. Conversely, active coping strategies like planning, acceptance, and religious resolution scored the highest. However, nursing students in Kathmandu, as found by Bista et al. (2017), displayed different stress levels, with 61.5% experiencing moderate stress, 27.9% severe stress, and only 10.6% reporting mild stress. Emotional-focused strategies were predominantly used (58.3%), while problem-focused strategies were limited to 3.9%. In another study by Samson-Akpan (2017), 52.6% of undergraduate nursing students in Calabar, Nigeria, reported high stress levels, and 47.4% had low stress levels. Seeking diversion, self-reliance, and avoidance were the most commonly used coping strategies. Nyatsanza and Mtezo (2013) observed that coping methods are general responses rather than specific reactions to the nature of stress, while study by Al-Dubai et al. (2011) noted that ethnic, cultural, and socioeconomic characteristics influence coping mechanisms, with females more inclined toward emotional and avoidant strategies than males.

### 2.4. Assessment of Coping

In evaluating coping mechanisms, various approaches such as episodic and situational methods have been employed to understand an individual's habitual coping strategies. Episodic measures focus on specific coping strategies used in particular stressful situations, with assessments adjusted over time as measuring tools in social and educational institutions. The eight coping mechanisms, termed scales, have evolved to include cognitive coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, playful problem-solving, and positive reappraisal (Nyatsanza & Mtezo, 2013). Additionally, Ganesan et al. (2018) outlined coping mechanisms, dividing them into primary appraisal, which involves motivation significance with categories like irrelevant, benign-positive, and stressful characterized by harm or loss, threat, and challenge. Secondary appraisal entails evaluative judgment based on the degree of control and ability to enhance the situation.

Hence, the objectives of our study are: (1)- To identify the coping mechanism mostly used by undergraduate nursing. (2)- To determine the relationship of any coping mechanism with the social demographic variables of the respondents.

## 3. Research Method

### 3.1. Setting, Design and Sampling

The research was conducted in Open University Malaysia, Petaling Jaya Learning Centre (OUMPJ) because this is the main learning centre that offer post-registration Bachelor of Nursing Science with

Honours. It is a cross-sectional quantitative design. In this study, primary data were used and for the data collection, a survey questionnaire was utilized. The sample size for this study are non-probability convenience sampling.

### 3.2. Instrument

Self-administered surveys are employed to evaluate the predominant coping strategies utilized by undergraduate nursing students at Open University Malaysia, Petaling Jaya Learning Centre (OUMPJLC). Adapted from a 28-item questionnaire by Canver et al. (1989), the chosen tool is straightforward and well-established. Permission to use the questionnaire was sought, but a response from another colleague at the university, as Professor Canver had passed away, indicated that seeking permission was part of the ethical process. Given the availability of the questionnaire in open access and a response from a team member of Professor Canver, it was considered that permission was granted. The Brief Cope, a 28-item multidimensional measure assessing coping strategies in response to stressors, features 14 two-item subscales, with each analysed independently. The questionnaire consists of two sections: Section A encompasses nine queries on sociodemographic variables, such as gender, age, race, religion, educational status, semester intake, working area, duration of services, and sources of information regarding coping mechanisms. Section B involves 28 questions adapted from BRIEF COPE, employing a dichotomous scale from "I haven't been doing this at all" (1) to "I've been doing this a lot" with a 4 score, facilitating a comprehensive analysis of coping strategies (Canver et al., 1989).

### 3.3. Pilot Study, Validity and Reliability

Pilot study was done to 10 participate according to inclusion criteria and Statistical Package for the Social Sciences (SPSS) version 26.0 was used to analyse reliability questionnaire by using Cronbach's alpha and the results show  $\alpha \geq .875$  and in this study Cronbach's Alpha with  $\alpha \geq 0.7$  are acceptable (Resnick, 2015). Content validity was checked by two lecturers. The participants in the pilot study were excluded in the main study.

### 3.4. Ethical Considerations

Ethical consideration obtained from:

- i. Director of OUM PJLC.
- ii. OUM Ethical Approval Committee Board.
- iii. Ethical consent Form for the respondents. All respondents given a consent form prior to the study which they have the rights to refuse to participate without any penalty. The respondents could stop at any time from participating from this study.

## 4. Findings and Discussion

### 4.1. Respond Rate

Surveys were conducted using Google Forms and distributed to undergraduate nursing students through WhatsApp. Out of 120 participants who consented, 109 completed the questionnaires. Nine incomplete sets were excluded, resulting in a retrieval rate of 100% (n=100). Data entry and analysis were performed using IBM SPSS version 26. SPSS imputed missing data after careful examination during analysis.

### 4.2. Normality Test

Normality test of data is a prerequisite for statistical tests for assumption in suitable choosing statistical test (Prabhaker et al., 2019). Kolmogorov-Smirnov test is used for this study because the sample more than 50. The acceptable range for normality is skewness and kurtosis lying between -1.96 to +1.961 and -3 to 3 (Prabhaker et al., 2019). By that, normality was also checked using the skewness and kurtosis of the data, which also denote the normality in data distribution as p-value was also significant ( $p \leq 0.05$ ).

### 4.3. Demographic Variables

This study encompassed nine demographic variables, including gender, age, race, religion, educational level, semester/intake, working department, duration of service, and the source of information. Table 4.1 provides an overview of the frequency, percentage distribution, mean, and standard deviation of these variables among respondents, comprising undergraduate nursing students engaged in open distance learning at OUMPJ. The study's participants consisted of 12% male and 88% female students, with ages ranging from 24 to 50 years. Age groups were categorized into four ranges, with 44% falling between 36 to 42 years, followed by 27% between 30 to 35 years, 20% under 29 years, and 9% between 43 to 50 years.

The diverse Malaysian community was represented, with 90% Malay respondents, 6% Chinese, 3% Indian, and 1% from other races. Regarding educational status, 23% held a diploma, while 77% were pursuing a bachelor's degree. Semester distribution indicated 4% in semester 1, 6% in semesters 2 and 3, 16% in semester 4, 13% in semester 5, 21% in semester 6, 9% in semesters 7 and 8, and 16% in semester 9. In terms of work departments, 35% of undergraduate nursing students were in Obstetrics & Gynaecology, 17% in Emergency, 15% in ICU, 6% in Pediatrics, Genetic Clinic, 4% in Dermatology Clinic, 3% in Orthopaedics, Forensic, Rehab, and Surgical departments, and 2% in Nephrology. Regarding the duration of service, 33% worked 1 to 6 years, 25% for 7 to 11 years, 33% for 12 to 16 years, 7% for 17 to 23 years, and 2% for 24 to 30 years. The primary sources of information on coping mechanisms were the internet (47%), friends (39%), medical personnel (8%), newspapers (5%), and family members (1%).

**Table 4.1.** Demographic variables among respondents (n=100)

Demographic Variables	Frequency (n)	Percentage (%)	Mean	SD
<b>Gender</b>				
Male	12	12		
Female	88	88		
<b>Age</b>			2.42	0.912
18- 26	20	20		
27-33	27	27		
34-40	44	44		
41-53	9	9		
<b>Race</b>			1.15	0.500
Malays	90	90		
Chinese	6	6		
Indian	3	3		
Others	1	1		
<b>Religion</b>			1.15	0.500
Islam	90	90		
Buddhist	6	6		
Hindu	3	3		
Others	1	1		
<b>Highest Educational level</b>			1.77	0.422
Diploma	23	23		
Bachelor	77	77		
<b>Semester Intake</b>			5.68	2.260
1	4	4		
2	6	6		
3	6	6		
4	16	16		
5	13	13		
6	21	21		
7	9	9		
8	9	9		
9	16	16		

Demographic Variables	Frequency (n)	Percentage (%)	Mean	SD
<b>Working Department</b>				
Anaest / ICU	15	15	9.98	7.222
Dermatology	4	4		
<b>Emergency Department</b>				
Forensic	3	3		
Medical	1	1		
Surgical	3	3		
Genetic	6	6		
Nephrology	2	2		
Neurology	1	1		
Orthopeadic	3	3		
Plastic Surgery	1	1		
Rehabilitation	3	3		
Peadiatric	6	6		
Obstetrics & Gynaecology	35	35		
<b>Duration of Service</b>			2.20	1.044
1-6 years	33	33		
7-11 years	25	25		
12-16 years	33	33		
17-23 years	7	7		
24-30 years	2	2		
<b>Source of information</b>			5.09	1.964
Newspaper	5	5		
Medical personnel	8	8		
Family members	1	1		
Friends	39	39		
Internet	47	47		

#### 4.4. Brief Cope

Specifically, the second objective was “to determine the mostly used coping mechanisms by undergraduate nursing”. This objective to answer the second research questions that says “which coping mechanism is mostly used in managing stressful event?”. The table shows the results of the mostly used coping mechanisms by undergraduate nursing with open learning distance in OUMPJ. The results show highly scored for religion skill by doing prayer, meditation and find comfort in religion and spiritual spirits are the mostly used with mean 3.49 (SD=0.67) followed by acceptance technique by accepted the reality of fact and learn to live with it was gets mean 3.42 (SD=0.71) and planning skills by trying to come up with strategies and thinking hard about what steps to take was the third highly scored with mean 3.37 (SD= 0.77). Meanwhile, substance-use are the lower skills that use by undergraduate students with results mean 1.20 (SD=0.49) that declared using alcohol and drugs to feel better and helps to get through the stress. Behavioural-disengagement by giving up trying to deal and attempt to cope are the second lower skill with mean 2.45 (SD=0.85).

**Table 2.** Coping mechanism used among respondents (n=100)

Technique/Skill	Mean	SD
Self-distraction	3.2700	.70861
Active-coping	3.3700	.66142
Denial	2.8600	.65165
Substance-use	1.2000	.49237
Use-emotional support	3.0700	.76877
Use-instrumental support	3.2100	.72884
Behavioural-disengagement	2.4500	.85723
Venting	2.6400	.64385
Positive-reframing	3.2200	.81128
Planning	3.3700	.77401
Humour	2.5300	.77140

Technique/Skill	Mean	SD
Acceptance	3.4200	.71322
Religions	<b>3.4900</b>	<b>.67412</b>
Self-blame	2.5000	.74536

*Bold indicates the mostly coping mechanism used*

#### 4.5. The Relationship of Coping Mechanism with Social Demographic Variables

**Table 3.** Relationship of any coping mechanism (religion) with social demographic variables of respondent (n=100)

Demographic Variables	n	p-value
<b>Gender</b>		
Male	12	0.88
Female	88	
<b>Age</b>		
18- 26	20	<b>0.02</b>
27-33	27	
34-40	44	
41-53	9	
<b>Race</b>		
Malays	90	0.279
Chinese	6	
Indian	3	
Others	1	
<b>Religion</b>		
Islam	90	0.279
Buddhist	6	
Hindu	3	
Others	1	
<b>Education Level</b>		
Diploma	23	0.363
Bachelor	77	
<b>Semester/ Intake</b>		
1	4	0.695
2	6	
3	6	
4	16	
5	13	
6	21	
7	9	
8	9	
9	16	
<b>Working Department</b>		
Anaest / ICu	15	1.000
Dermatology	4	
Emergency Department	17	
Forensic	3	
Medical	1	
Surgical	3	
Genetic	6	
Nephrology	2	
Neurology	1	
Orthopaedic	3	
Plastic Surgery	1	
Rehabilitation	3	
Paediatric	6	
Obstetrics & Gynaecology	35	



Demographic Variables	n	p-value
<b>Duration of Services</b>		
1-6 years	33	<b>0.041</b>
7-11 years	25	
12-16 years	33	
17-23 years	7	
24-30 years	2	
<b>Source of Information</b>		
Newspaper	5	0.894
Medical personnel	8	
Family members	1	
Friends	39	
Internet	47	

*Bold indicates a relationship significant at  $p < 0.05$*

The table 3 shows the results of the relationship between social demographic variables with the mostly used coping mechanism among undergraduate BNS at OUMPJ. Chi Square test was used to identify the relationship between dependents and independents variables. P- value used in this test was  $p \leq 0.05$ . As a result, only age ( $p=0.02$ ) and duration of service ( $p=0.04$ ) are detected as a positive relationship with the mostly use coping mechanisms (religion). Meanwhile, social demographic variables including gender, race, religion, educational level, working department, semester intake and source of information does not have relationship with the respondent’s coping mechanism.

## 5. Discussion

### 5.1. Knowledge on Coping Mechanisms

A significant proportion of respondents (47%) indicated that they obtained their knowledge of coping mechanisms from the internet. this underscores the prevalent trend of seeking information quickly and conveniently through online sources, allowing respondents to access information about the functions and categories of coping mechanisms and how to effectively manage stress. utilizing keywords like "coping mechanism" facilitates an active response to stress, ensuring a positive outlook in stress management. social support networks, as emphasized by Bista et al. (2018), play a crucial role in aiding undergraduate students to cope effectively by adapting to the demands they face.

Respondents demonstrated a preference for active coping mechanisms over passive ones, aligning with Petkova's (2020) distinction made by Richard Lazarus between problem-focused and emotionally focused coping. the transactional model of stress and coping by Lazarus and Folkman served as the theoretical framework, indicating that stressors such as heavy workload and unclear assignments negatively impact the mental and physical well-being of undergraduate students. primary appraisal involves interpreting stressors as challenges or threats, while secondary appraisal seeks to manage situations and foster a positive environment. the emphasis on "problem-focused" coping, akin to active coping, is evident in the predominant use of religious coping mechanisms among undergraduates. the extensive use of the internet to acquire information on positive coping mechanisms is noteworthy. Conversely, "emotionally-focused" coping, characterized by passive strategies, involves avoiding and attempting to influence stressors. Past studies (Al-Dubai et al., 2011; Prasad et al., 2013; Bamuhair et al., 2015; Bista et al., 2018) consistently report that students employ active coping strategies, such as active coping, religious coping, planning, and acceptance, more frequently than avoidant strategies like denial, self-blame, and substance use. nevertheless, it is essential to acknowledge that some students still resort to avoidant coping strategies, which are considered risk factors for adverse responses to stress.

### 5.2. Coping Mechanisms Among the Post-registration Undergraduate Nursing Students

The findings of coping mechanisms among undergraduate nursing students engaged in open learning distance programs at OUMPJ highlight the predominant use of religious coping skills, encompassing



practices like prayer, meditation, and finding comfort in religion and spiritual beliefs, with a mean score of 3.49 (SD=0.67). in contrast, substance use, involving alcohol and drugs to alleviate stress, received a lower score with a mean of 1.20 (SD=0.49). in this study, seeking solace in religion and spiritual beliefs emerged as the most utilized coping mechanism, attaining a mean score of 3.49 (SD=0.67). this approach is perceived as accessible and straightforward, requiring minimal physical effort and resources, making practices like prayer easily adaptable to relaxed settings. previous research by Al-Dubai, et al. (2011) on medical science undergraduates in Malaysia indicated a preference for active coping mechanisms such as religious coping, planning, and acceptance to manage stress. A study conducted at Universiti Putera Malaysia by Ab and Hassim (2009) affirmed that religious coping, particularly resolution, received the highest mean scores ( $2.11 \pm 0.79$ ) among medical students. these findings align with the current study, emphasizing the significance of religious coping methods.

Meditation, a component of religious coping, is highlighted for its role in fostering a relaxed state of mind, reducing anxiety, and improving subjective well-being, as noted by George (2012). Aflakseir and Mahdiyar (2016) supported these assertions, indicating that individuals who frequently engage in religious beliefs and practices are better equipped to cope with challenging situations, including physical illness and stress. numerous studies conducted in Iran also reported positive correlations between religious beliefs and mental health, as emphasized by Koenig et al. (2012). however, conflicting results exist in the literature, with studies revealing varying impacts of religious coping on mental health outcomes. Bryan et al. (2016) identified significant interactions between ambivalence over emotional expression (AEE), depressive symptoms, and anxiety symptoms, which were moderated by religious coping. Additionally, Hebert et al. (2009) found that negative religious coping, such as feeling abandoned or angry at god, predicted adverse mental health outcomes, including depressive symptoms and lower life satisfaction, among women. Drawing from previous research by Bista et al. (2017), nursing students in Kathmandu predominantly employed emotion-focused coping strategies, representing avoidance and changes in attitude, including self-blame and self-distraction. this contrasts with problem-focused coping, involving active approaches like planning and religious resolution. these findings underscore the nuanced nature of coping mechanisms among diverse populations of nursing students, emphasizing the importance of recognizing and addressing individual preferences and strategies for stress management.

### 5.3. The Association of Coping Mechanisms with Demographic Variables

The Chi-Square test was employed to explore the association between dependent and independent variables, utilizing a significance level of  $p \leq 0.05$ . The outcomes revealed a positive relationship between the predominant coping mechanism (religion) and two demographic variables: age ( $p=0.02$ ) and duration of service ( $p=0.04$ ). In contrast, other social demographic variables, including gender, race, religion, educational level, working department, semester intake, and source of information, exhibited no significant correlation with the coping mechanisms employed by the respondents.

Previous research by Al-Dubai et al. (2011) emphasized the influence of ethnicity, culture, and socioeconomic characteristics on coping mechanisms. However, in this study, only age ( $p=0.02$ ) and duration of service ( $p=0.04$ ) exhibited a positive association with the primary coping mechanism, which is religion. The findings suggest that age, being a subjective factor, can impact decision-making. Notably, 44% of the undergraduate students fell within the age range of 34-40 years, while 33% had 12-16 years of service. At this career stage, individuals often focus on their professional growth, managing stress through avoidance and engaging in religious practices like prayer, aligning with the spiritual aspect of the coping mechanisms.

Existing literature suggests that different age groups experience varying levels of exposure to stressors. Middle-aged adults, for instance, tend to balance family and career responsibilities (Chen et al., 2018). Conversely, a study by Torralba et al. (2021) questioned the positive role of religious dimensions in the development of adolescents and young generations, finding no significant support for its positive impact, likely due to lower religiosity levels compared to previous studies. The results underscore the importance of considering age-related factors in understanding coping mechanisms, particularly the reliance on religious coping strategies, as individuals navigate diverse life stages.

#### 5.4. Implications to Profession and ODL

The application of coping mechanisms holds significant benefits not only for students but for individuals facing stress in various aspects of life, whether in educational pursuits or daily challenges encountered at work or home. As the educational landscape undergoes changes, particularly with the shift to online learning, coping mechanisms become crucial tools for managing the associated stressors. As post-registration undergraduate students widely adopt these coping strategies, they gain the ability to navigate the complexities of balancing life, work, and studies. This proficiency not only contributes to their effectiveness as undergraduate students but also prepares them for roles as staff nurses and other responsibilities. Effectively managing stress, which often manifests in both physical and mental changes, leads to a more controlled and peaceful life. This coping mechanism proves beneficial across society, addressing stress-related challenges encountered by individuals from various walks of life. For post-registration undergraduate students in the Bachelor of Nursing Science program at OUMPJLC, mastering coping mechanisms not only facilitates their academic journey but can also contribute to higher satisfaction levels with open distance learning. This newfound capability in stress management may extend to postgraduate education, if pursued, further enhancing the overall educational experience. Thus, the implications of incorporating coping mechanisms into nursing practice extend beyond academic settings, fostering resilience and well-being in the broader community.

#### 5.5. Future Research Direction

The outcomes of this study suggest potential recommendations for significant groups in nursing and future research endeavors, aiming to enhance the provision and dissemination of coping mechanisms for stress among undergraduate nursing students. As these students become adept in employing coping mechanisms, the knowledge gained can be extended to nursing professionals in hospital or clinic settings, contributing to stress alleviation in the workplace. This acquired skill set can further extend to patients and the local community, addressing mental health issues associated with stress and fostering a healthier community both physically and mentally. While this study focused on undergraduate nursing at OUMPJ, future research could explore coping mechanisms among students in other courses or educational levels at different government universities. Such comparative studies would shed light on the variations in coping mechanisms across institutions and academic levels, contributing to a more comprehensive understanding. Additionally, employing a mixed research method, combining qualitative and quantitative approaches, could offer deeper insights into various coping mechanism types. Inclusion of students from diverse courses such in the study would provide a broader perspective on the effectiveness of coping mechanisms. To maximize the community benefits of coping mechanisms, the authors recommend incorporating coping mechanism education into the program, particularly in the MPU subjects. This inclusion in the syllabus could empower students to address their stress issues from the learning center, enabling them to share this knowledge with family, colleagues, and patients, thereby positively impacting the broader community.

### 6. Conclusion

In summary, this study delved into a novel perspective, investigating knowledge about coping mechanisms, the predominantly utilized strategies, and the correlation between coping mechanisms and demographic variables among undergraduates in this study area. Results revealed that 47% of students rely on the internet to acquire and update their coping mechanism knowledge. Notably, the predominant coping mechanism chosen by most post-registration undergraduate BNS students at OUMPJLC is religious coping, recognized as an effective strategy supported by numerous prior studies. This positive coping method could be incorporated into the curriculum of MPU subject at OUM as a module or syllabus. Regarding the association between coping mechanisms and demographic variables among undergraduates, only age and duration of service exhibited significant correlations ( $p$  value= $<0.05$ ) with religious coping mechanisms. This could be attributed to post-registration undergraduate students striving to balance their career, academic pursuits, and familial responsibilities.

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