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**The Influence of Stress Towards Quality of Life Among UNIMAS Undergraduate
Nursing Students**

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This project is submitted

In partial fulfilment of the requirements for the degree of

Bachelor of Nursing with Honours

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DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Malaysia Sarawak. Except where due acknowledgements have been made, the work is that of the author alone. The thesis has not been accepted to any degree and is not concurrently submitted in candidature of any other degree.



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ABSTRACT

High levels of academic and clinical stress are frequently experienced by nursing students, which can significantly impact their overall quality of life (QoL). At Universiti Malaysia Sarawak (UNIMAS), the nursing students' well-being may be impacted by unique challenges presented by the demanding nursing curriculum and intensive clinical training. The purpose of this research is to investigate the level of stress, identify the QoL and examine the relationship between stress and QoL among undergraduate nursing students at UNIMAS. A quantitative cross-sectional design was used, involving 139 students. Student Nurse Stress Index (SNSI) was used to assess the level of stress and World Health Organization Quality of Life – Brief Version (WHOQOL-BREF) was utilized to assess the quality of life of the students. The findings showed a moderate level of stress ($M = 51.74$, $SD = 15.00$) and a generally good quality of life ($Mdn = 65.38$). A significant moderate negative correlation was found between stress and QoL, $r_s(137) = -.330$, $p < .001$, indicating the higher stress the stress level, the lower the quality of life. Based on these results, it is recommended that the university enhance campus facilities, implement routine stress and QoL screenings, and develop inclusive support systems to address student well-being comprehensively.

Keywords: Stress, Quality of life, UNIMAS, Undergraduate nursing students, WHOQOL-BREF, SNSI Cross-sectional study

Pengaruh Tekanan terhadap Kualiti Hidup dalam Kalangan Pelajar Kejururawatan

Prasiswazah UNIMAS

ABSTRAK

Pelajar kejururawatan sering terdedah kepada tahap tekanan akademik dan klinikal yang tinggi, yang boleh memberi kesan ketara terhadap kualiti hidup mereka secara keseluruhan. Di Universiti Malaysia Sarawak (UNIMAS), kurikulum kejururawatan yang mencabar dan latihan klinikal yang intensif memberikan cabaran unik yang boleh menjejaskan kesejahteraan pelajar. Tujuan kajian ini adalah untuk mengkaji tahap tekanan, mengenal pasti kualiti hidup dan meneliti hubung kait antara tekanan dan kualiti hidup dalam kalangan pelajar kejururawatan prasiswazah di UNIMAS. Kajian ini menggunakan reka bentuk kajian kuantitatif keratan rentas dan melibatkan 139 orang pelajar kejururawatan Tahun 2 dan Tahun 4. Instrumen “Student Nurse Stress Index” (SNSI) digunakan untuk menilai tahap tekanan, manakala “World Health Organization Quality of Life – Brief Version” (WHOQOL-BREF) digunakan untuk menilai kualiti hidup pelajar. Dapatan kajian menunjukkan tahap tekanan yang sederhana (Min = 51.74, SD = 15.00) dan kualiti hidup yang baik secara umum (Mdn = 65.38). Terdapat hubungan negatif sederhana yang signifikan antara tekanan dan kualiti hidup, $r_s(137) = -.330, p < .001$, menunjukkan bahawa tekanan yang lebih tinggi dikaitkan dengan kualiti hidup yang lebih rendah. Berdasarkan dapatan ini, disarankan agar pihak universiti menambah baik kemudahan kampus, melaksanakan saringan tekanan dan kualiti hidup secara berkala, serta membangunkan sistem sokongan yang inklusif untuk menangani kesejahteraan pelajar secara menyeluruh.

Kata kunci: *Tekanan, Kualiti hidup, Pelajar kejururawatan prasiswazah, UNIMAS, WHOQOL-BREF, SNSI, Kajian keratan rentas.*

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LIST OF ABBREVIATION

BSN	Bachelor of Science in Nursing
PQSS	Persian Questionnaire of Stressful Sources
PSS	Perceived Stress Scale
QoL	Quality of life
QOLES	Quality of life Evaluation Skill
SNSI	Student Nurse Stress Index
SNSIS	Student Nurse Stress Index Scale
SPSS	Statistical Package for the Social Sciences
UNIMAS	Universiti Malaysia Sarawak
WHO	World Health Organization
WHOQOL-BREF	World Health Organization Quality of Life Brief Version

CHAPTER 1

INTRODUCTION

1.0 Introduction

This first chapter covered Section 1.1 that provides an overview of the background of study. The problem statements are presented in Section 1.2, and then the research questions and research objectives are presented in Sections 1.3 and Section 1.4, respectively. The significance of study is covered in Section 1.5 meanwhile the operational definition of terms is explained in Section 1.6.

1.1 Background of study

Stress is a widespread problem among university students, but nursing students frequently deal with higher amounts of stress because of the demanding nature of their studies and clinical training. Balancing classes, assignments, and long hours in the hospital can be overwhelming, which affects both their academic performance and overall well-being (Silva et al., 2020; Zheng et al., 2022).

Recent studies show that many nursing students suffer from moderate to high levels of stress. For example, in Malaysia, around 25% of nursing students were found to be moderately to highly stressed (Masilamani et al., 2019). Similar results were found in Pakistan, where students reported academic pressure and clinical responsibilities as major causes of stress (Jadoon et al., 2023). Stress during clinical placements is especially common and can be caused by fear of making mistakes, handling seriously ill patients, and adjusting to the hospital environment (Rezaei et al., 2020; Alharbi & Alanazi, 2025).

Aside from clinical stress, students also face challenges like lack of sleep, time pressure, and poor relationships with instructors or peers. Living conditions, noisy environments, and a lack of support can also increase stress levels (Ahmed & Mohammed, 2019). Long-term stress can have a negative impact on students' mental and physical health as well as their general quality of life (Hashish et al., 2024; Berdida & Grande, 2023).

Quality of life (QoL) encompasses various dimensions, including how individuals perceive their physical well-being, mental health, autonomy, social connections, and engagement with their surroundings (World Health Organization [WHO], 2012). For students, particularly those in health-related programs like nursing, QoL plays a crucial role in academic performance, emotional well-being, and overall satisfaction with life (Emamjomeh et al., 2021). Those pursuing nursing education often experience a considerable amount of academic pressure, clinical demands, and emotional stress due to their dual role as learners and care providers, making them more vulnerable to experiencing reduced quality of life (Labrague et al., 2017).

High levels of stress have consistently been associated with lower QoL among nursing students, especially affecting psychological well-being, emotional stability, and social interactions (Kupcewicz et al., 2020). For instance, Kupcewicz et al. (2020) reported that increased stress levels in nursing students were significantly linked to poorer psychological and social QoL domains. Moreover, prolonged or unmanaged stress can impair students' ability to focus, engage in meaningful relationships, and participate in healthy coping behaviors, further diminishing their quality of life (Lavoie-Tremblay et al., 2021).

As mental health gains increasing attention in academic settings, it becomes essential to examine how stress influences the quality of life among nursing students. Understanding this relationship can support the development of targeted mental health initiatives, resilience-building strategies, and institutional policies that promote a healthier educational environment. The insights gained may help universities, educators, and policymakers design interventions that enhance students' well-being, academic achievement, and retention in the nursing profession.

1.2 Problem statement

The Nursing Board Malaysia requires that undergraduate nursing programs span between four to six years, with students required to complete 120 to 140 credit hours (Lembaga Jururawat Malaysia [LJM], 2018). At Universiti Malaysia Sarawak (UNIMAS), the Bachelor of Nursing with Honours program requires students to complete 26 clinical practicum credits, equating to 52 weeks of hands-on training across various healthcare settings, as according to Lembaga Jururawat Malaysia [LJM] (2018). This structure highlights the demanding nature of the nursing curriculum, where students must juggle heavy academic requirements with real-world clinical exposure.

Nursing students at UNIMAS face considerable challenges both in academic and clinical environments. During clinical placements, students are expected to work 7-hour shifts, often involving direct interactions with patients, families, and interdisciplinary healthcare teams. Although these experiences are essential to develop practical skills, it can be physically and emotionally exhausting, especially for students who still learning to navigate the complex healthcare system (Zheng et al., 2022). The pressure to maintain professional composure, deliver compassionate care, and manage time effectively during clinical rotations contributes significantly to student stress (Silva et al., 2020).

Academic stressors also remain a primary concern. Nursing students often face heavy workloads, frequent evaluations, and tight assignment deadlines, all while being expected to perform at high academic standards (Masilamani et al., 2019). These academic stressors have been linked to fatigue and sleep disturbances, directly affecting the physical health aspect of quality of life (Sajadi et al. 2015). This academic burden is often made worse by external pressure from family and faculty to excel, further increasing stress. In response, students

may use coping mechanisms such as avoidance, emotional suppression, or problem-focused strategies, though these are not always effective in preventing long-term emotional strain (Berdida & Grande, 2023).

Nursing students are at risk of experiencing a decline in their psychological health and quality of life due to the cumulative impact of academic and clinical stressors. According to a meta-analysis by Tung et al. (2018), around 34% of nursing students globally exhibit symptoms of depression ranging from mild to severe. Similarly, Alharbi and Alanazi (2025) found a significant link between anxiety and reduced QoL among nursing students in Saudi Arabia. Prolonged exposure to stress not only affects students' academic performance and mental health but can also lead to burnout and reduced motivation to continue in the profession (Ghods et al., 2022).

Additionally, personal problems such as financial concerns, homesickness, and family responsibilities have been identified as significant stressors among nursing students. These issues can disrupt emotional stability and reduce students' ability to concentrate, especially during demanding academic or clinical periods and reduce social engagement, weakening support systems and lowering satisfaction in the social relationships domain (Cheng et al., 2023). Difficulties with accommodation, access to transportation, safety, or healthcare services faced by the nursing students adversely affecting their environmental quality of life. A study by Cuéllar López et al. (2016) highlighted how poor self-care practices and limited use of health and recreational services among nursing students resulted in diminished well-being.

Despite the clear implications of stress on nursing students' well-being, comprehensive research on this issue within the Malaysian context is still limited, particularly in public institutions such as Universiti Malaysia Sarawak (UNIMAS). While some studies have examined general student stress, they often overlook the specific pressures encountered in nursing education, including intensive clinical training, emotional demands of patient care, and high academic expectations. For example, according to Silva et al. (2020), 57% of Indian nursing students reported having moderate levels of stress, highlighting the main sources of stress were academic workload, clinical duties, and communication challenges in the healthcare setting. Similarly, Jelemie et al. (2024) observed that 83.6% of nursing students in East Malaysia experienced moderate stress, predominantly due to academic pressure and interpersonal challenges.

Although these findings point to prevalent stress among Malaysian nursing students, the literature remains limited in terms of institutional diversity and detailed exploration of how such stress affects students' overall quality of life. Understanding this relationship is crucial for developing effective support systems and educational strategies tailored to students' specific needs. Without proper intervention, prolonged exposure to stress may not only impair students' current well-being but also compromise their readiness and long-term retention in the nursing profession (Zheng et al., 2022). This study seeks to address the existing research gap by investigating the levels of stress and quality of life among UNIMAS undergraduate nursing students, and by investigating the correlation between these variables.

1.3 Research questions

This study will answer the following questions:

1. What is the level of stress among UNIMAS undergraduate nursing students?
2. What is the quality of life (QoL) of UNIMAS undergraduate nursing students?
3. What is the relationship between stress and the students' quality of life among UNIMAS undergraduate nursing students?

1.4 Research objectives

The general research objective of this study is to examine the influence of stress towards quality of life among UNIMAS undergraduate nursing students.

The specific research objectives of this research are:

1. To identify the level of stress among UNIMAS undergraduate nursing students
2. To determine the quality of life (QoL) of UNIMAS undergraduate nursing students.
3. To examine the relationship between stress and the students' quality of life among UNIMAS undergraduate nursing students.

1.5 Significance of the research

The significance of this study lies in its contribution to a better understanding of the level of stress and quality of life of UNIMAS undergraduate nursing students. Due to clinical rotations, personal obligations, and academic pressure, nursing students frequently experience significant levels of stress. These difficulties may have an impact on their general well-being, academic achievement, and mental health.

This study provides important insights into the connection between the level of stress and quality of life, which can help create better student support systems. The findings may assist academic staff, university administrators, and student support services in creating targeted strategies to enhance students' learning experiences, emotional well-being, and overall academic success.

In addition, this study contributes to local data on nursing students in Malaysia, which remains limited. Understanding the specific challenges faced by UNIMAS students may assist in planning interventions to build resilience, manage stress, and promote a better quality of life, both during their education and in preparation for their professional roles in nursing.

1.6 Definition of terms

1.6.1 Stress

Conceptual definition: The World Health Organization (WHO, 2023) describes stress as a psychological or emotional condition characterized by tension resulting from challenging or demanding situations. In this study, stress is understood as the mental, emotional, or physical strain encountered by nursing students in response to academic, clinical, and personal demands.

Operational definition: This study assessed stress levels using the Student Nurse Stress Index (SNSI), a tool developed by Jones and Johnston (1999). The SNSI comprises 22 items categorized into four subscales: academic load, interface worries, personal issues, and clinical concerns. Each item rated on a five-point Likert scale by the participants, from 1 (not stressful) to 5 (very stressful), with higher overall stress scores reflecting higher perceived stress among nursing students.

1.6.2 Quality of life

Conceptual definition: According to Teoli and Bhardwaj (2023), quality of life (QoL) reflects a person's overall sense of well-being, including both favorable and unfavorable life experiences at a given point in time. QoL in this study relates to nursing students' capacity to maintain physical, psychological, and emotional well-being.

Operational definition: The quality of life of the individuals was assessed using the World Health Organization Quality of Life – Brief Version (WHOQOL-BREF) questionnaire. Four core areas are evaluated by this validated tool: environmental conditions, social interactions, psychological well-being, and physical health. A scale was used to rate each dimension, and higher scores correspond to a perceived higher quality of life.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter is divided into several sections. Section 2.1 provides a summary of literature reviews focusing on the stress levels of university students. Section 2.2 discusses literature on nursing students' quality of life. Section 2.3 discusses studies exploring the relationship between the level of stress and the quality of life of university students. Finally, Section 2.4 presents a summary of the findings from all the reviewed literature. The search engines used in this review of literature are Google Scholar and Scispace with keywords "Stress level", "Quality of Life", "Nursing Students" and "Undergraduate students".

2.1 Stress levels among university students

547 undergraduate nursing students from India involved in a descriptive, cross-sectional study by Silva et al. (2020) revealed that the majority experienced moderate levels of stress (57%), 41% of students reported mild stress, and 2% experienced severe stress. The study utilized the Perceived Stress Scale (PSS) alongside a context-specific stressor questionnaire, revealing that the main sources of stress were academic workload, clinical duties, and communication challenges in the healthcare setting. The study also highlights the need for stress management support and effective clinical supervision to promote student well-being.

Another study by Khater et al. (2014), a cross-sectional, descriptive study was carried out to determine stress level experienced by nursing students in Jordan and the factors contributing to it. The study included 597 nursing students from the second, third, and fourth years, drawn from a total of 2,170 students across two nursing faculties in North Jordan. Using a self-reported questionnaire and the Perceived Stress Scale (PSS) developed by Sheu et al. (1997), the researchers found that the average stress level among participants was 1.56, with a standard deviation of 0.63. Notably, 47.82% of the participants, or 286 students, reported stress levels above the mean, suggesting that nearly half of the students experienced moderate stress. This underscores the widespread nature of stress among student nurses and emphasizes the need to address the factors contributing to it.

Krishnan et al. (2022) carried out a cross-sectional study to assess the perceived stress of nursing students from diverse ethnic backgrounds in Malaysia. The study involved 200 nursing students, ranging from their first to third year, at a private institution in Malaysia. To measure stress levels, the Perceived Stress Scale (PSS) was used. A self-administered questionnaire was distributed and collected after the nursing students completed their clinical rotations, in order to minimize the influence of external factors on their stress levels. Data analysis was performed using One-way ANOVA and Spearman correlation to identify key factors associated with stress. The results showed that the stress levels of Malay students ($M = 71.69$, $SD = 16.74$) were significantly higher compared to Chinese students ($M = 53.99$, $SD = 16.17$; $p = .001$) and Indian students ($M = 44.47$, $SD = 12.77$; $p < 0.001$).

A study conducted by Soares de Souza et al. (2016) assessed the stress levels of student nurses at a public university in Brazil. The findings showed that the highest levels of stress were associated with professional training, followed by professional communication, and time management with the percentage of 52.2%, 33.3% and 32.4% respectively. This cross-sectional study involved 111 nursing students, with data collected through a 30-item questionnaire developed by Costa and Polak, utilizing a 4-point Likert scale. All participants completed the questionnaire, revealing that most students experienced minimal stress regarding general course activities. Time management, particularly related to academic responsibilities and social and familial obligations, emerged as a significant and persistent source of stress throughout the program.

2.2 Quality of life of nursing student

Moura et al. (2016) conducted a cross-sectional, descriptive study to assess the quality of life (QoL) among 206 undergraduate student nurses using the WHOQOL-BREF questionnaire. The study evaluated four domains: social relationships, physical, environmental, and psychological. Results showed that the environmental domain had the lowest average score ($M = 54.2, SD = 13.4$), indicating concerns about factors such as safety, resources, and physical surroundings. In contrast, the Social Relationships domain scored the highest ($M = 74.3, SD = 15.7$), reflecting strong interpersonal support. The overall QoL mean score was 66.6 ($SD = 10.8$), suggesting a moderate quality of life among participants. These findings emphasized the need to improve environmental factors to enhance students' overall well-being.

Aboshaiqah and Cruz (2018) carried out a descriptive, cross-sectional study on nursing students at a university in Saudi Arabia to examine the QoL and its determinants within this population. The study included 175 undergraduate nursing students. Data were obtained through a sociodemographic sheet and the WHOQOL-BREF questionnaire. Participants reported a mean score of 4.09 ($SD = 0.71$) for their overall quality of life, indicating a good quality of life, and 4.02 ($SD = 0.87$) for their health perceptions. This reflects general satisfaction with their current well-being and health status despite the academic and clinical demands they face. Notably, the psychological domain scored the highest among the four QoL domains, suggesting that students felt relatively stable emotionally and mentally. In contrast, the physical domain received the lowest score, possibly indicating fatigue, lack of rest, or physical strain related to their academic workload. Additionally, factors such as academic year, type of neighborhood, monthly family income,

and gender were found to have a combined influence on QoL, showing that many connected factors can affect how nursing students feel and cope.

Cruz et al. (2018) conducted a cross-sectional, descriptive study to evaluate the quality of life (QoL) of student nurses and to identify influencing factors across different countries. The study involved 2,012 Bachelor of Science in Nursing (BSN) students from Hong Kong, Chile, Saudi Arabia, the United States, Greece, Oman, Kenya, Egypt, and India. Using the WHOQOL-BREF and a demographic questionnaire, the study found that the students' overall perceived QoL ($M = 3.75$, $SD = 0.82$) and general health ($M = 3.66$, $SD = 0.95$) were slightly above average on a 5-point scale. These average scores suggest that while most students did not experience extremely poor well-being, they also did not report exceptionally high satisfaction with their quality of life. This may reflect the balance between academic stress and the availability of support systems or coping resources. The moderate QoL levels across countries indicate shared challenges in nursing education, such as academic pressure and clinical demands, which may limit students' ability to maintain higher levels of well-being, despite differing cultural or institutional settings.

In a similar study by Moritz et al. (2016) who conducted a descriptive cross-sectional study to assess the quality of life (QoL) among 95 undergraduate nursing students at a public university in Paraná State, Brazil. Using the WHOQOL-BREF instrument, the study measured four key QoL domains: social relationships, physical health, psychological well-being, and environmental. Results showed that the social relationships domain had the highest score ($M = 77.20$), followed by the psychological ($M = 67.73$), environmental ($M = 64.85$), and physical domains ($M = 63.40$). The high score in the social domain suggests that

the students perceived strong support from peers, friends, and loved ones, which likely played a positive role in helping them cope with the demands of nursing education. This sense of connectedness and mutual understanding, especially among fellow students facing similar academic and clinical challenges, may foster emotional comfort and resilience. On the other hand, the physical domain received the lowest score, indicating that students may be experiencing fatigue, poor sleep, or physical exhaustion, likely a result of heavy academic workloads and clinical practice requirements. These findings emphasized the importance of both social support systems and physical health in maintaining nursing students' overall quality of life.

2.3 Relationship between stress and quality of life of university students

Labrague et al. (2017) conducted a cross-sectional study involving 547 student nurses from Philippines, Greece, and Nigeria using the Perceived Stress Scale (PSS) and the Quality-of-Life Evaluation Scale (QOLES). The study found that higher stress levels were linked to lower quality of life, with key stressors including academic demands, clinical responsibilities, and interactions with faculty and staff. These findings highlight the universal impact of stress on nursing students' well-being, regardless of cultural background. This supports the current study's aim by showing that stress consistently affects quality of life across different settings. However, as the study relied on self-reported data, cultural differences in stress perception may have influenced the results. Despite this, the study underscores the importance of implementing strategies to reduce stress and improve students' quality of life in nursing education.

A study carried out by Seo et al. (2018) aimed to examine the mediating impacts of health-promoting habits and depressive symptoms on the relationship between university students' perceived stress and QoL. The cross-sectional study encompassed 187 participants who fulfilled the inclusion criterion of being 19 years or older, while excluding those already diagnosed with major depressive disorders, from a potential pool of 232 eligible students at a Korean university. The instruments utilized in the research included the 10-item PSS to measure perceived stress levels over the last month and the WHOQOL-BREF to evaluate the students' QoL. The study's results revealed that the average scores for perceived stress were 20.02 ($SD = 5.52$) out of 40.00 and for QoL was 55.00 ($SD = 8.87$) out of 80.00. The psychological quality of life domain achieved the lowest score, totalling 13.65 out of 20.00. A significant negative association was found between perceived stress and QoL ($r = -.55, p$

< .001) which means the higher the stress level, the lower the quality of life. This means that when students feel more stressed, they often find less joy in life and experience more negative emotions. Stress can also make it harder to stay healthy or take care of themselves, which lowers their overall quality of life.

A systematic review by Ribeiro et al. (2018) explored the relationship between quality of life (QoL) and stress levels among higher education students, revealing a consistent negative correlation between the two variables. The review included studies published between 2011 and 2015 that focused specifically on QoL and stress among university students. Using the keywords “quality of life,” “stress,” and “students,” and combining them with the Boolean operator “AND,” 106 publications were initially identified. After applying exclusion criteria such as removing books, narrative reviews, theses, non-peer-reviewed articles, and studies without full-text access, only 13 studies met the eligibility requirements. Among the selected studies, three reported that perceived stress was negatively associated with both the mental and physical components of QoL, including acculturative stress. Specifically, one study found that 33.92% of nursing students reported moderate to high levels of stress, which was inversely correlated with their QoL. Additionally, three studies focusing on postgraduate students showed that 14.8% perceived their QoL as "as bad as it can be" or "somewhat bad," while 45.8% reported symptoms of emotional exhaustion at least once a week. This review shows that stress negatively affects both physical and mental aspects of quality of life in university students, especially nursing and postgraduate students. High stress levels may lead to emotional exhaustion and poor well-being, highlighting the need for better stress management strategies in higher education.

Kupcewicz et al. (2020) conducted a cross-national study to examine the association between the intensity of stress, coping strategies, and quality of life among nursing students in Poland, Spain and Slovakia. A total of 1,002 participants from the Pomeranian Medical University in Szczecin (Poland), the Catholic University in Ružomberok (Slovakia), the University of Warmia and Mazury in Olsztyn and University of Murcia (Spain) were involved. Eligible participants were nursing students aged 30 years or younger. Those undergoing examination sessions were excluded, likely to avoid the influence of acute, situational stress that may not reflect their typical stress levels, thereby ensuring more stable and generalizable results. Students who did not provide consent were also excluded. Levels of stress were measured using the Perceived Stress Scale (PSS) by Cohen, Kamarck, and Mermelstein, while quality of life was assessed across four domains: physical health, social relationships, psychological well-being, and environmental factors using the WHOQOL-BREF. The results showed that most participants experienced moderate to high stress within the past month. The study revealed a statistically significant negative correlation between stress intensity and QoL, both overall and across all four domains. The findings suggest that increased stress negatively affects all these areas, clearly showed how stress can affect different parts of students' lives, not just academically but emotionally and socially as well. The study highlights the urgent need for stress management interventions in nursing education to promote well-being across these key life areas.

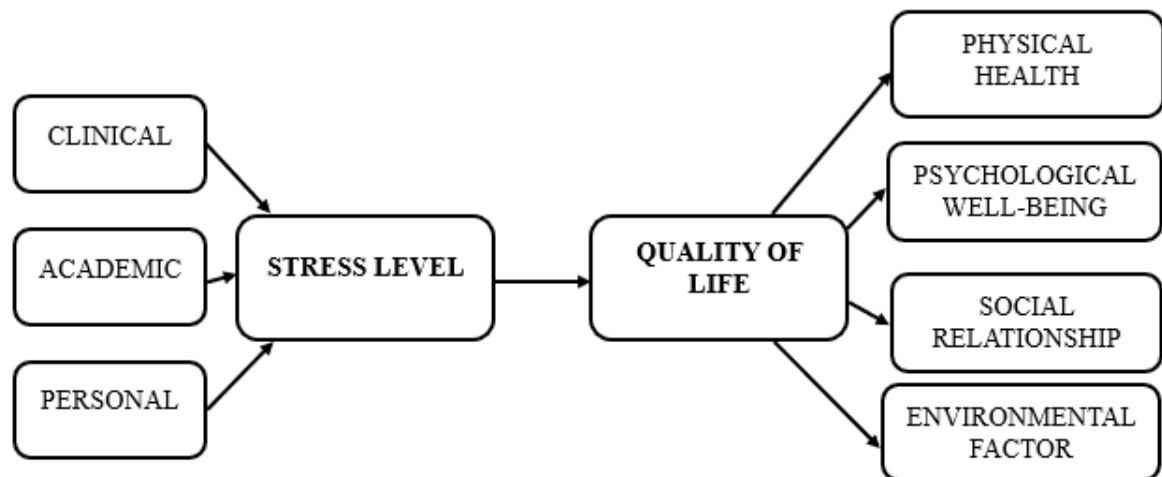
2.4 Summary

The reviewed research shows that university students frequently suffer moderate to high levels of stress due to a variety of variables, including academic pressure and problems experienced during clinical practicums. While their overall quality of life is average or slightly above the mean, the physical domain in WHOQOL-BREF consistently earns the lowest score. Furthermore, the study consistently indicated a negative correlation between stress level and quality of life (QoL), implying that increased stress levels are related to decreased quality of life among university students.

2.5 Conceptual framework

Figure 1.1

Conceptual framework



This study aims to examine stress levels and quality of life while identifying the relationship between these two variables among undergraduate nursing students at UNIMAS. The conceptual framework provides a structured approach to analyze how stress impacts student nurses' quality of life by highlighting the key factors such as clinical stress, academic stress and personal problems influencing the quality-of-life domain such as physical health, psychological well-being, social relationship and environmental factors. It acts as a guide and a visual representation to understand the relationship between the independent variable (stress levels) and the dependent variable (quality of life) (Creswell & Creswell, 2017). The framework assumes that higher stress levels negatively influence quality of life, a relationship supported by previous research (Kupcewicz et al., 2020; Musa et al., 2023). By outlining the scope of the study and directing data collection and analysis, this conceptual framework is crucial in exploring the relationship between stress and QoL (Adom et al., 2019).

CHAPTER 3

METHODOLOGY

3.0 Introduction

This chapter contained Section 3.1, which explains the research design for the study. Section 3.2 defines the research setting for the study and clarifies the population involved in the study, whereas Section 3.3 outlines the method explains sampling, the sample size, and the criteria for inclusion and exclusion. The research instrument utilized in the study is detailed in Section 3.4, while Section 3.5 addresses the ethical considerations. Section 3.6 presents the pilot study, whereas Sections 3.7 and 3.8 detail the data collection process and data analysis, respectively.

3.1 Research design

This study used a quantitative and cross-sectional design to examine the relationship between stress levels and quality of life among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). A quantitative approach involves the use of numerical data to measure variables and identify patterns or associations between them (Polit & Beck, 2021).

The cross-sectional design was selected as it allows data to be collected at a single point in time, making it effective for describing current conditions and examining correlations within a selected population. It was straightforward to implement and cost-effective (Capili, 2021). This design is frequently applied in nursing and health-related studies due to its efficiency and feasibility (Creswell & Creswell, 2017).

Structured instruments such as standardized questionnaires were used to ensure uniform data collection. Quantitative research design supports objective analysis, making it suitable for measuring variables like stress and quality of life consistently across the sample (LoBiondo-Wood & Haber, 2022). Overall, the design allowed a clear exploration of how stress may influence quality of life among nursing students.

3.2 Research setting

The study was carried out at the Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS), situated in Kota Samarahan, Sarawak. It specifically involved 184 undergraduate nursing students from Year 2 to Year 4 who were enrolled in the Bachelor of Nursing with Honours programme.

3.3 Sampling

Sampling method

Simple random sampling was utilized in this study, which is a sampling technique in which all individuals in the population have the same probability of being selected, ensuring impartial and unbiased representation. This method is widely acknowledged for its fairness and neutrality, as it eliminates researcher bias during the selection process (Noor et al., 2022). By giving every individual in the population an equal opportunity to be chosen, simple random sampling enhances the representativeness of the sample and supports the generalizability of the findings.

Furthermore, this technique aligns well with the assumptions of many statistical tests used in quantitative research, thereby improving the validity and reliability of the data analysis (Rahman et al., 2022). Because the selection process is purely random, it also reduces the risk of systematic error, thus enhancing the accuracy of the study outcomes (Noor et al., 2022). Given these strengths, simple random sampling remains a dependable and effective method for ensuring that study results can be confidently interpreted and applied to the larger population.

Sample size

The sample size for this study consists of 139 undergraduate nursing students selected from a total population of 185 students. The sample size was calculated using Slovin's formula with a confidence level of 95% and a margin of error of 0.05. The formula is as follows:

$$n = \frac{N}{(1 + N \times e^2)}$$

n = Sample size

N = Population size

e = Margin of error

$$N = 184$$

$$e = 0.05 \text{ (reliability level 95\%)}$$

$$\begin{aligned} n &= \frac{184}{(1 + 185 \times 0.05^2)} \\ &= 126.03 \approx 126 \end{aligned}$$

However, to account for potential missing data or participants dropouts, a 10% attrition rate was added to the calculated sample size as recommended in clinical and survey-based research (Suresh & Chandrashekar, 2012). The total sample size was 139 participants.

Add in the attrition rate:

$$\begin{aligned} &126 + 10\% \text{ attrition rate} \\ &= 126 \times 10\% = 12.6 \approx 13 \\ &= 126 + 13 = 139 \\ &\therefore n = 139 \text{ participants} \end{aligned}$$

Inclusion criteria

The study's inclusion criteria consisted of participants who are actively enrolled as undergraduate nursing students with at least 4 weeks of clinical experiences (all Year 2 and Year 4 students) and have given their informed consent to participate.

Exclusion criteria

The exclusion criteria consisted of participants who have not consented to participate, and post-registration undergraduate nursing students. Participants from the pilot study also excluded from the main study. Other than that, all year 1 nursing students also included in the exclusion criteria as they have yet to have experience in the clinical practice. Participants with medical history of mental health issues who are not fit for the assessment are also included in the exclusion criteria.

3.4 Research instrument

The instrument utilized in this study was a three-part self-administered questionnaire in English. Part one of the questionnaire comprises of socio-demographic enquiries, including age, year of study, and ethnicity, while part two was to measure the participants' stress levels. This study employed a 22-item Student Nurse Stress Index (SNSI) questionnaire, adopted from Jones & Johnston (1999). The SNSI assesses stressors through four subscales: personal difficulties (4 items), interface worries (7 items), clinical concerns (7 items), and academic load (7 items). Participants rated their responses using a Likert scale from 1 (not stressful) to 5 (very stressful). A total score ranging from a minimum of 22, signifying a non-distressed student, to a maximum of 110, indicating a severely distressed student. The total score and the subscales scores transformed into 0-100 scale for easier interpretation and comparison. The instrument exhibits good psychometric characteristics, featuring cross-sample factor congruence and high internal consistency, with Cronbach's alpha surpassing 0.70 for all factors. Its concurrent validity has been confirmed by substantial correlations ($p < 0.001$) with other validated instruments, and it has demonstrated robust test-retest reliability (Gibbons et al., 2009). Permission to utilize the SNSI was secured from the original author (see Appendix A).

Part three used the 26-item World Health Organization Quality of Life Instrument-Brief Version (WHOQOL-BREF) to evaluate QoL. The scale included another 2 questions related to overall QoL and general health perception, in addition to 24 items evaluating quality of life satisfaction, which classified into four domains: social relationships, environmental, physical, and psychological QoL. The response options employ a 5-point Likert scale, where 1 signifies strong agreement and 5 denotes extreme disagreement. According to the standards, raw domain values for the instrument are transformed to a scale

ranging from 4 to 20. The domain score determined by multiplying the mean score of items within each domain by 4. The cumulative score encompassed the total scores of the domains, ranging from 20 to 80. Domain scores indicated an individual's evaluation of quality of life within each domain. The total score and the domain scores transformed into 0-100 scale for facilitate interpretation and comparison. The higher the score suggest greater the quality of life.

3.5 Ethical considerations

The Research Ethics Committee of the Faculty of Medicine and Health Sciences, UNIMAS granted ethical approval for this study. The original author of the selected questionnaire had given permission to use the questionnaire prior to its implementation. Before data collection started, all participants gave their written informed consent after being fully informed. The freedom to leave the study at any moment without facing any repercussions was explained to the participants. All personal information was treated with strict confidentiality. The collected data were securely stored and destroyed one week after the study was submitted.

3.6 Pilot study

The sample size for the pilot study consisted of 14 participants, representing 10% of the total sample size of 139 participants. The value of 14 was calculated. The calculation will be as follows:

10% of the total sample size

$10\% \times 139$

$= 13.9 \approx 14$

∴ 14 participants

These participants randomly selected from the original sample of 165 by using Microsoft Excel and excluded from the main study to prevent potential bias and maintain the validity of the research findings. Data for the pilot study collected using the same instruments (SNSI and WHOQOL-BREF) as in the primary study. After the pilot study conducted, no issues related to the questionnaires and question interpretation were found. A reliability analysis was performed on the collected data to assess the internal consistency of the measurement instruments. The results showed excellent internal consistency, with Cronbach's alpha values of .93 for the WHOQOL-BREF and .95 for the SNSI.

3.7 Data collection procedure

This study utilized two primary tools: the SNSI to measure stress levels, and the WHOQOL-BREF to assess QoL. Data collection took place after gaining ethical approval from the Research Ethic Committee, Faculty of Medicine and Health Sciences, UNIMAS, on 9th April until 10th April 2025.

The participant selected by using Microsoft Excel. First step was put all the student's names and matric number in an Excel sheet. After that, a new column was added and labelled as "Random", in the first cell of this column, "=RAND()" was typed into the cell. Then, "Enter" button was pressed and a random number appeared. A small box at the bottom right of the cell was double-clicked to generate random numbers for the rest of the cells. The entire data range then highlighted, including the "Random" column and the data were sorted in ascending order based on the "Random" column. The first 139 names in the top rows were picked as the sample of this study. After the participants are selected, their student matric numbers were written on top of the questionnaire. The questionnaire was self-administered and distributed to participants in hard copy format by going to their respective classes. The questionnaire took approximately 15 minutes for the participants to complete. Participants were instructed to circle a number from 1 to 5 on the Likert scale for each question, reflecting the degree to which they agreed or related to the statement.

Participants were provided with clear instructions detailing the study's objective, the steps needed for completing the survey, and the significance of offering honest and reflective responses. Their informed consent will be obtained, and they will be made aware that they can withdraw whenever they want to without any penalties.

3.8 Data analysis

The Statistical Package for Social Sciences (SPSS) software (version 27.0) utilised to analyse the data in this study. Descriptive statistics including percentage, mean, standard deviation, and frequency were used in according to its relevance especially in analysing the sociodemographic data, stress and quality of life level. A correlational analysis, Spearman's correlation applied as the data of QoL not normally distributed and both instruments were assessed in Likert scale.

CHAPTER 4

FINDINGS

4.0 Introduction

This chapter include the socio-demographic characteristics of the study sample in Section 4.1, the study findings in Section 4.2, and the summary in Section 4.3.

4.1 Socio-demographic characteristics of the participants

Table 4.1

Socio-demographic characteristics (n = 139)

	N	%	M(SD)
Gender			
Male	22	15.8%	
Female	117	84.2%	
Age			22.23 (1.16)
Year of study			
2	47	33.8%	
3	45	32.4%	
4	47	33.8%	
Household income range			
< RM1500	28	20.1%	
RM1501 – RM3500	42	30.2%	
RM3501 – RM6000	21	15.1%	
RM6001 – RM10000	27	19.4%	

> RM10000	21	15.1%
<hr/>		
Living in hostel or family		
Hostel	126	90.6%
Family	13	9.4%
<hr/>		

One hundred and thirty-nine undergraduate nursing students from UNIMAS completed the questionnaire. Table 4.1 shows the students' socio-demographic variables of the total of 139 participants that take part in the current study. The mean age for the participants is 22.33 ± 1.16 , range between 20 to 26 years old. Majority of the participants are female (84.2%). Forty-seven students (33.8%) are studying in second year, forty-five students (32.4%) in third year and forty-seven students (33.8%) in fourth year (final year to graduate). Most of the participants came from a household income that range between RM1501 – RM3500 (30.2%). Besides, almost all the participants (90.6%) are currently living in the university's hostel.

4.2 Stress level among the participants

Table 4.2 *Stress Level of UNIMAS Undergraduate Nursing Students (n=139)*

	Minimum	Maximum	Mean	Std. Deviation
Academic Load domain	21.43	100	61.18	15.47
Clinical Concerns domain	3.57	100	47.15	17.44
Personal Problems domain	6.25	100	42.63	20.35
Interface Worries domain	3.57	100	52.34	17.26
Total Stress level	4.55	95.45	51.74	15.00

The perceived stress levels among undergraduate nursing students were measured using the Student Nurse Stress Index (SNSI). The subscale and total scores were transformed to a 0–100 scale to facilitate interpretation and comparison.

Table 4.2 showed the Academic Load subscale recorded the highest mean stress score ($M = 61.18$, $SD = 15.47$), indicating that academic responsibilities were the most prominent source of stress. This was followed by Interface Worries ($M = 52.34$, $SD = 17.26$), and Clinical Concerns ($M = 47.15$, $SD = 17.44$). The Personal Problems subscale had the lowest mean score ($M = 42.63$, $SD = 20.35$), suggesting that personal-related stressors were perceived as less impactful compared to academic and clinical stressors.

The total SNSI score had a mean of 51.74 ($SD = 15.00$), reflecting an overall moderate level of perceived stress among the participants.

4.3 Quality of life among the participants

Table 4.3

Quality of Life of UNIMAS Undergraduate Nursing Students (n=139).

	Minimum	Maximum	Median	Interquartile range (IQR)	
				25 th	75 th
Environmental domain	21.88	100.00	65.63	56.25	75.00
Social Relationship domain	16.67	100.00	66.67	58.33	75.00
Psychological domain	4.17	95.83	62.50	54.17	75.00
Physical Health domain	17.86	100.00	64.29	57.14	71.43
Total QOL	22.12	98.08	65.38	56.73	72.12

The quality of life (QoL) among undergraduate nursing students was measured using the World Health Organization Quality of Life–Brief Version (WHOQOL-BREF). To enhance interpretability, all domain and overall scores were transformed to a 0–100 scale. The quality of life reported in Median and Interquartile range as the data for QoL is not normally distributed (Mishra et al., 2019).

The participants' quality of life (QoL) score was assessed across four domains: environmental, social relationship, psychological, and physical health. In Table 4.3, the median score for the environmental domain is 65.63 (*IQR* = 56.25, 75.00), while the social relationships domain has a median score of 66.67 (*IQR* = 58.33, 75.00). In terms of psychological well-being, the median score is 62.50 (*IQR* = 54.17, 75.00), and the physical health domain has a mean of 64.29 (*IQR* = 57.14, 71.43).

The results of this study revealed that the participants reported a moderate level of quality of life across all domains measured by WHOQOL-BREF. Among the four domains, the social relationships domain had the highest median score of 66.67 (*IQR* = 58.33, 75.00).

The environmental domain followed with a median score of 65.63 (*IQR* = 56.25, 75.00), indicating moderate satisfaction with their surroundings, access to resources, safety, and living conditions. The physical health domain median score is 64.29 (*IQR* = 57.14, 71.43) also reflected a moderate level of well-being, implying that participants perceive themselves as having adequate energy, mobility, and general health. Meanwhile, the psychological domain reported the lowest median score of 62.50 (*IQR* = 54.17, 75.00), highlighting a slightly lower level of satisfaction with aspects such as emotional state, body image, and self-esteem.

In terms of overall quality of life, the participants had a median score of 65.38 (*IQR* = 56.73, 72.12), which reinforces the general pattern of moderate life satisfaction. This indicates that students perceive their lives positively, although there remains room for improvement particularly in psychological well-being.

4.4 Relationship between stress level and quality of life of the participants

Table 4.4

Spearman's Correlation Between Stress Level and Quality of Life (N=139)

		Stress level	Quality of life
Spearman's rho	Stress level	Correlation Coefficient	1.000
		Sig. (2-tailed)	-.330**
		N	-
Quality of life	Stress level	Correlation Coefficient	1.000
		Sig. (2-tailed)	-.330**
		N	-

A Spearman's rank-order correlation was conducted to examine the relationship between stress and quality of life. The results showed a significant, moderate negative correlation, $r_s(137) = -.330$, $p = <.001$ (Table 4.4). This suggests that students who experience higher levels of stress tend to report lower quality of life. According to Gignac and Szodorai (2016), Cohen (1988) set a guideline that a correlation value between 0.10 and 0.39 is considered weak to moderate. Although -0.330 is near the lower boundary of this range, the association is statistically significant and indicates a meaningful negative relationship between the two variables. Therefore, this result may be reasonably interpreted as a moderate correlation. In the context of nursing education, even a moderate association is important, as stress can significantly impact students' well-being, academic performance, and overall experience during training.

4.2 Summary

Overall, participants in this study experienced moderate levels of both stress and quality of life. Among the quality-of-life domains, the social relationships domain received the highest scores, while the psychological domain scored the lowest. A statistically significant moderate negative association was found between the level of stress and quality of life, suggesting that as stress levels increase, quality of life tends to decrease.

CHAPTER 5

DISCUSSION

5.0 Introduction

Section 5.1 in this chapter presents the discussion for the major findings in this study, followed by Section 5.2 which is the summary of the findings of the study. The implications and recommendations for future research can be found in Section 5.3. Meanwhile the limitations of the study can be found in Section 5.4 and Section 5.5 is the conclusion.

5.1 Discussion of the major findings in this study

5.1.1 Stress level among the participants

A key objective of this study was to identify the stress levels among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). The results indicated that participants experienced a moderate level of stress, with a mean score of 67.53 ($SD = 13.20$). This finding aligns with previous research that consistently reports moderate stress levels among nursing students worldwide.

For instance, a systematic review conducted by Zheng et al. (2022) found that the overall stress level among nursing students in multiple countries was predominantly moderate. This similarity may be explained by the universal structure of nursing programs, which typically includes a combination of intense academic coursework, clinical training, and frequent assessments. These shared academic and practical demands create a consistent source of stress regardless of geographic or institutional differences.

In addition, Silva et al. (2020) also reported that a majority of nursing students in their study experienced moderate stress levels. Contributing factors included heavy academic workload, clinical exposure, and limited time for rest or recreation. Similarly, Labrague (2013) observed that nursing students in the Philippines experienced a moderate level of stress, with academic workload and numerous assignments being identified as the primary stressors. This further reinforces the idea that academic-related demands remain one of the most significant stress-inducing factors in nursing education.

Several contextual factors may help to explain the stress levels observed in the UNIMAS nursing students. A notable proportion of participants in this study were residing in university hostels, which may contribute to emotional strain. Hostel life often limits access to personal space, family support, and recreational opportunities which are factors that are essential for stress management. Silva et al. (2020) supported this perspective, reporting that the lack of vacation and time away from clinical and academic environments, especially among students living in hostels, was a major stressor.

Jadoon et al. (2023) found that 50% of nursing students in public and private institutions in Peshawar experienced emotional stress due to homesickness and a lack of recreational activities. This finding corresponds with the experiences of students at UNIMAS as majority of the participants (90.6%) living in residential college, away from their family, suggesting that non-academic stressors such as living conditions and limited access to leisure activities may similarly contribute to elevated stress levels. Overall, while the moderate stress level is found in this study, it also emphasizes the need for targeted interventions. These may include enhanced mental health support, flexible academic scheduling, and access to recreational and wellness programs, particularly for students living away from home.

5.1.2 Quality of life among the participants

Another objective of this study was to assess the quality of life (QoL) of undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). Nursing education is widely regarded as academically and emotionally intense, and elevated stress during training can adversely impact students' physical and mental well-being, as well as their academic performance.

In this study, participants reported an overall moderate to high QoL with median score of 65.38 (*IQR*= 56.73, 72.12), consistent with Hashish et al. (2024), who found similar level of QoL among nursing students in Saudi Arabia. This suggests that, across different educational and cultural settings, moderate QoL is a common pattern in nursing student populations.

Notably, the Social Relationships domain scored highest in this study, indicating that students perceive strong support from peers and personal networks. In contrast, the psychological domain received the lowest scores, pointing to potential struggles with emotional well-being, stress, and self-perception.

This domain-specific pattern aligns with findings from Fidecki et al. (2018), who studied nursing students in Poland. They reported the psychological domain as the lowest scoring ($M=13.62$), while the physical domain was highest. The similarity between the two studies suggested that psychological well-being challenges among nursing students may be a universal issue, regardless of national and cultural differences. This contrasts with Cruz et al. (2018), who found the highest scores in the physical health domain and the lowest in social relationship domain. These differences may stem from variations in cultural norms, institutional support, or social integration which are also factors that appear to be particularly

strong at UNIMAS, where supportive peer networks and organized student activities likely enhance social well-being.

Further factors that can influence QoL include personal safety, financial stability, transportation, healthcare access, and recreational opportunities. For instance, Cuéllar López et al. (2016) found that Colombian nursing students often neglected healthy living habits such as proper diet, exercise, and healthcare use as they rather focusing on academic tasks which negatively affected their well-being. This suggests that high academic demands may come at the cost of self-care, potentially explaining why the psychological domain scored the lowest in our study.

Overall, the consistency in low psychological QoL scores across different countries emphasizes the importance of addressing mental health among nursing students. These findings support the need for targeted interventions such as counseling services, stress management workshops, and peer mentorship to support their emotional resilience.

5.1.3 Relationship between stress level and the quality of life among the participants

In this study, a moderate negative relationship was found between the level of stress and quality of life ($r_s = -0.330, p < .001$). This means that students who had higher stress levels tended to report lower quality of life. This finding is similar to a study by Kupcewicz et al. (2020), who also found that higher stress levels were linked to lower quality of life among student nurses in Poland.

Other studies support this result. For example, Keener et al. (2021) showed that nursing students who were more resilient, or able to bounce back from challenges, had better quality of life even during stressful times like the COVID-19 pandemic. Alharbi and Alanazi (2025) also found that anxiety reduced quality of life in Saudi nursing students, but those who were more resilient managed better. Students with strong coping skills or support systems may be less affected by stress.

The moderate strength of the relationship in this study shows that stress is important, but it's not the only factor that affects quality of life. Things like personal strength, emotional support from friends or family, and university support services might also make a big difference. Berdida and Grande (2023) found that resilience helped reduce the impact of stress on students in the Philippines, while Pineda et al. (2022) found that social support and resilience helped nursing students deal with stress and loneliness.

The way stress is measured can also affect results. Some studies focused only on academic stress, while the current study looked at different types of stress (like clinical and personal stress). Overall, this study supports other research showing that stress can lower nursing students' quality of life. However, students who have good coping skills or support

from others may not feel the negative effects as strongly. It's important for nursing programs to offer stress-management programs, mental health support, and opportunities to build resilience in students.

5.2 Summary of the findings of the study

This study identified that undergraduate nursing students at UNIMAS experienced a moderate level of stress, aligning with prior studies conducted in various countries (Zheng et al., 2022; Silva et al., 2020; Labrague, 2013). These findings suggest that moderate stress levels may be a prevalent pattern among nursing students, potentially attributed to the academic workload, clinical requirements, and personal obligations commonly associated with nursing education.

In terms of quality of life, participants reported a moderate overall level. Among the four assessed domains, the social relationships domain recorded the highest scores, while the psychological domain showed the lowest, indicating variation in students' perceived well-being across different aspects of life. This finding differs from some earlier studies, such as Cruz et al. (2018), who reported the physical domain as highest, and social domain as lowest. However, it aligns with more recent research by Kupcewicz et al. (2020), who also found lower psychological well-being scores among nursing students. These variations suggest that contextual factors, such as cultural expectations, academic structures, and student support systems, may influence which domains are more affected.

Additionally, the study found a statistically significant, moderate negative association between stress and quality of life, $r_s(137) = -.330, p < .001$. This means that as stress levels increase, students perceived quality of life decreases. While the relationship is not strong, it supports previous findings (Kupcewicz et al., 2020; Berdida & Grande, 2023), indicating that stress has a meaningful impact on well-being, though the extent may vary depending on other unmeasured factors such as resilience, coping strategies, and social support.

5.3 Implications, recommendations, future research

5.3.1. Implications and recommendations

The results of this study offer valuable understanding of nursing students' well-being, particularly concerning the relationship between stress and quality of life. The significant negative correlation observed indicates that increased stress levels are linked to a decline in nursing students' overall quality of life.

Interestingly, no significant differences in stress levels or quality of life were observed based on students' year of study or household income. This may imply that challenges related to stress and quality of life are experienced consistently across year of study and socioeconomic groups, suggesting a need for universal rather than targeted interventions. Additionally, the psychological domain of quality of life had the lowest mean score among participants, highlighting potential concerns regarding students' physical surroundings, access to resources, and financial or safety-related aspects of their daily living conditions.

Based on the study's findings, several practical recommendations can be made to improve student well-being. The first one is addressing environmental challenges. Efforts should be made to enhance both the physical and social environments on campus to support students' overall well-being. This includes improving access to healthcare services, providing healthy food options, and ensuring safe and inclusive recreational spaces. Additionally, the residential college environment should be upgraded, with a focus on reliable access to clean water and other necessities that promote a better living experience. Other than that, promoting regular well-being monitoring. Universiti Malaysia Sarawak (UNIMAS) should consider integrating routine assessments of student stress and quality of

life into academic calendar or wellness programs. This allows early identification of at-risk individuals and timely intervention. Furthermore, design inclusive support strategies. Since stress and quality of life levels do not significantly differ by academic year or income range, support strategies should be inclusive and aimed at all students, rather than being limited to certain demographic groups.

5.3.2. Future research

Future research should consider adopting a longitudinal design to examine how students' stress levels and quality of life change over time, particularly as they progress through their academic journey or encounter major life transitions. This approach would give a better understanding of the factors influencing well-being across different stages of student life. Additionally, expanding the sample to include participants from other universities, academic disciplines, and geographic locations would improve the findings and allow for a more comprehensive analysis of contextual and demographic influences.

Another important direction for future research includes the use of qualitative methods, such as interviews or focus groups, to explore the personal experiences, perceptions, and coping mechanisms of students in greater depth. This could complement quantitative findings and provide better understanding of how stress and quality of life are related with each other. Lastly, there is a need for intervention-based studies that assess the effectiveness of specific programs aimed at reducing stress and enhancing quality of life. Such research could evaluate initiatives like mindfulness training, stress management workshops, or financial assistance schemes, and help institutions identify evidence-based strategies to support student well-being.

5.4 Limitations of the study

There are a few limitations to this study that should be considered when interpreting the findings. Firstly, the capacity to establish causal relationships between stress and quality of life is constrained by the cross-sectional design. As data were gathered at a single point in time, it is unclear whether elevated stress contributes to lower quality of life or whether both are influenced by other underlying factors. Secondly, response bias and recollection errors may be introduced by the use of self-reported measurements. Participants may have overestimated or underestimated their levels of stress or quality of life due to subjective interpretation or reluctance to share personal information.

Thirdly, the study only included nursing students from Universiti Malaysia Sarawak (UNIMAS). While the results provide useful insights into this group, they may not apply to students in other courses, universities, or other areas. Nursing students face unique challenges, like clinical training and heavy workloads, which may affect their stress levels and quality of life differently from other students. Moreover, the study did not consider other important factors that could affect stress and quality of life, such as academic performance, past mental health issues, coping strategies, and support from friends or family. Including these factors might have provided a deeper and more complete understanding of the relationship between stress and quality of life among nursing students.

Lastly, the use of non-parametric tests, specifically Spearman's rank-order correlation, was appropriate due to the non-normal distribution of the data. However, this method may have reduced the ability to detect subtle relationships or differences in the data, especially given the moderate sample size of 139 students.

5.5 Conclusions

This study investigated the level of stress and quality of life among undergraduate student nurses at Universiti Malaysia Sarawak (UNIMAS), along with the association between these two variables. Results indicated that participants experienced moderate levels of both stress and quality of life. Among the quality-of-life domains, the highest scores were reported in the social relationship domain, while the psychological domain scored the lowest. A statistically significant moderate negative correlation was identified between stress and overall quality of life, suggesting that increased stress is linked to decreased well-being. These findings highlight the need for comprehensive and proactive measures to promote students' mental health and enhance their overall quality of life.

The study contains a few shortcomings despite its contributions. The use of self-reported data may create bias because of subjective impressions or social desirability, and the cross-sectional design limits the capacity to demonstrate causal links. Furthermore, concentrating on a particular institution can restrict how broadly the results can be applied. Future studies should use longitudinal designs, engage a more diverse student population, and consider variables such as coping strategies and social support to further explore the determinants of student well-being. Overall, the study emphasizes the importance of prioritizing mental health and quality of life among students, particularly within academically demanding fields like nursing.

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APPENDICES

Appendix A: Permission from the original author



Ashley Mas <ashleymasag@gmail.com>

Request for Permission to Use Your Questionnaire

2 messages

Ashley Mas <ashleymasag@gmail.com>
To: <d.johnston@abdn.ac.uk>

Thu, 21 Nov at 19:52

Dear Derek W. Johnston,

I hope this email finds you well. My name is Ashley Mas Anak Gimang, and I am final year nursing student from University of Malaysia Sarawak (UNIMAS). I am currently conducting research on the impact of stress on the quality of life among undergraduate nursing students in UNIMAS, and I came across your questionnaire titled "Student Nurse Stress Index Scale" published in 1999.

I am writing to kindly ask for your permission to use your questionnaire in my research. The questionnaire would be utilized for data collection, and I would, of course, fully credit your work in any publication or presentation resulting from the study.

Please let me know if there are any specific conditions or guidelines for using your questionnaire, or if you would prefer any modifications before I proceed.

Thank you for considering my request. I greatly appreciate your time and work, and I look forward to hearing from you.

Sincerely,
Ashley Mas Anak Gimang
Final Year Nursing Student
University of Malaysia Sarawak (UNIMAS)
Whatsapp: +60 17 855 7869

Johnston, Derek <d.johnston@abdn.ac.uk>
To: Ashley Mas <ashleymasag@gmail.com>

Thu, 21 Nov at 23:01

Appendix B: Ethical approval from Research Ethic Committee Faculty of Medicine and Health Sciences, UNIMAS

Pejabat Akademik
Fakulti Perubatan dan Sains Kesihatan
Academic Office
Faculty of Medicine & Health Sciences
☎: 581000 samb 7768
☎: 665152

UNIVERSITI MALAYSIA
SARAWAK
94300 Kota Samarahan

MEMORANDUM

Reference : UNIMAS/NC-21.05/03-03 Jld. 8(104)

To : Ashley Mas Anak Gimang (77852)
Bachelor of Nursing with Honours
Faculty of Medicine and Health Sciences

From : Dean
Faculty of Medicine and Health Sciences

Date : 05 March 2025

Subject : **Final Year Project - Research Approval: The Impact of Stress on The Quality of Life Among UNIMAS Undergraduate Nursing Students**

The above matter is referred.

The Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) has granted the **RESEARCH APPROVAL** for this Final Year Project research based on the appraisal by the Department of Nursing, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) on 24 February 2025. The Final Year Project research details stated below:

Student Name : Ashley Mas Anak Gimang

Student ID : 77852

Programme : Bachelor of Nursing with Honours

Research Title : *The Impact of Stress on The Quality of Life Among UNIMAS Undergraduate Nursing Students*

Supervisor Name : Madam Azylina Anak Gunggu

Supervisor H/P : +60 19-468 3120

All records and data are to be kept strictly **CONFIDENTIAL** and can only be used for the purpose of this study. All precautions are to be taken to maintain data confidentiality. Permission from the all relevant heads of departments/units where the study will be carried out must be obtained prior to the study.

Please note that the approval is valid from **February 2025** to **November 2025** only. The reference number for this letter must be stated in all correspondence related to this study to facilitate the process.

Thank you with regards and well wishes.

Yours sincerely,



Professor Dr. Asri bin Said
Dean

c.c : Deputy Dean of Undergraduate
: Head of Nursing Department
: Bachelor of Nursing with Honours
: MDJ4653 Final Year Project 1 Course Coordinator

Appendix C: Participant information sheet and informed consent form

1. Introduction:

It is important that you understand why the research is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study, and that you wish to participate, you must sign this informed consent form.

Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal will still be used for the study. Your refusal to participate or withdrawal will not affect any medical or health benefits to which you are otherwise entitled.

This study has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

2. What is the purpose of the study?

The purpose of this study is to investigate the relationship between stress level and the quality of life among UNIMAS undergraduate nursing students. This research is necessary for the development of strategies to reduce stress and improve the quality of life for nursing students, development of nursing education programs, promoting the integration of stress management training and resources as well as providing valuable insights for future studies and helping shape better nursing education practices.

This research will be conducted for duration of 5 month (27/01/2025 till 06/06/2024). The expected number of participants is 165 individuals.

3. What are my responsibilities when taking part in this study?

It is important that you answer all of the questions asked by the study staff honestly and completely which will take about 15 minutes of your time. Study team will also access your medical records for the following information: Age, ethnicity and gender. You will be given a survey form to be answered. This form contains 3 sections which will enquire about sociodemographic data, stress levels and the level of quality of life.

4. What are the potential risks and side effects of being in this study?

Participation to this study will not affect your treatment, and the risk is minimal. You are free to decline to answer any of the questions that you feel uncomfortable with.

5. What are the benefits of being in this study?

There may or may not be any benefits to you. Information obtained from this study will help to provide a deeper understanding of the levels of stress, its causes, and the effects of stress on the quality of life of nursing students.

6. Who is funding the research?

This study does not receive any external funding. You will not be paid for participating in this study. This study is not intended to develop commercial products.

7. Will my medical information be kept private?

All your information obtained in this study will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data, where appropriate and necessary. The data collected in this study will be destroyed upon completion of the study. You have the right to decline the future storage of your data if it may be used later.

8. Who should I call if I have questions?

If you have any questions about the study or if you think you have a study related injury and you want information about this study, please contact the study doctor, Ashley Mas Anak Gimang at telephone number 0178557869. You will not receive feedback on the study findings.

9. Who can participate in this study?

The study's inclusion criteria are being an actively enrolled as an UNIMAS undergraduate nursing student with at least 4 weeks of clinical experiences (all Year 2 and Year 4 students) and have consented to take part in the study. The exclusion criteria consisted of participants who have not consented to participate, and post-registration undergraduate nursing students. Participants from the pilot study also excluded from the main study. Other than that, all year 1 nursing students also included in the exclusion criteria as they have yet to have experience in the clinical practice. Participants with medical history of mental health issues who are not fit for the assessment are also included in the exclusion criteria.

INFORMED CONSENT FORM

Title of Study: **The Influence of Stress towards Quality of Life among UNIMAS Undergraduate Nursing Students**

By signing below I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary and I can at anytime free withdraw from the study without giving a reason and this will in no way affect my future treatment. I am not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities, have direct access to my medical record in order to make sure that the study is conducted correctly and the data are recorded correctly. All personal details will be treated as STRICTLY CONFIDENTIAL
- I will receive a copy of this subject information/informed consent form signed and dated to bring home.
- I agree/disagree* for my family doctor to be informed of my participation in this study. (**delete which is not applicable*)

Subject:

Signature:

I/C number:

Name:

Date:

Investigator conducting informed consent:

Signature:

I/C number:

Name:

Date:

Impartial witness:

Signature:

I/C number:

Name:

Date:

Appendix D: Questionnaire



UNIVERSITI MALAYSIA SARAWAK

FACULTY OF MEDICINE AND HEALTH SCIENCES

Bachelor of Nursing with Honours

THE INFLUENCE OF STRESS TOWARDS THE QUALITY OF LIFE

AMONG UNIMAS UNDERGRADUATE NURSING STUDENTS

QUANTITATIVE STUDY

Ashley Mas Anak Gimang

77852

MDJ 4664 Final Year Project II

ABOUT YOU

Matric number:

--	--	--	--	--	--	--	--

Before you begin, we would like to ask you to answer a few general questions about yourself by **ticking** the answer or by filling in the space provided.

What is your gender? Male
 Female

What is your age? _____

Which year of study are you? 2
 3
 4

Are you currently living in a hostel or with your family? Hostel
 Family

How much is your family household income? < RM1,500
 RM1,501 – RM3,500
 RM3,501 – RM6,000
 RM6,001 – RM10,000
 > RM10,000

Are you currently ill? Yes
 No

If something is wrong with your health, what do you think it is? _____

Student Nurse Stress Index

Below is list of items that may be associated with stress by students such as yourself. Think of real events which have occurred in the past month in your role as a student. For each item, please **circle** the rating that applies to YOU. Answer all 22 items.

	ITEM	Not stressful				Extremely stressful
1.	Amount of classwork material to be learned	1	2	3	4	5
2.	Difficulty of classwork material to be learned	1	2	3	4	5
3.	Examination and/or grades	1	2	3	4	5
4.	Peer competition	1	2	3	4	5
5.	Attitudes/expectations of other professionals towards nursing	1	2	3	4	5
6.	Lack of free time	1	2	3	4	5
7.	College/school response to student needs	1	2	3	4	5
8.	Fear of failing in course	1	2	3	4	5
9.	Actual personal health problems	1	2	3	4	5
10.	Physical health of other family members	1	2	3	4	5
11.	Relationships with parents	1	2	3	4	5
12.	Other personal problems	1	2	3	4	5
13.	Relations with other professionals	1	2	3	4	5
14.	Too much responsibility	1	2	3	4	5
15.	Lack of timely feedback about performance	1	2	3	4	5

Answer the following questions from your reflections on your clinical experiences:

	ITEM	Not stressful				Extremely stressful
16.	Client attitudes towards me	1	2	3	4	5

17.	Client attitudes towards my profession	1	2	3	4	5
18.	Atmosphere created by teaching staff	1	2	3	4	5
19.	Relations with staff in the clinical area	1	2	3	4	5

Other academic and related items:

	ITEM	Not stressful				Extremely stressful
20.	I am not sure what is expected of me	1	2	3	4	5
21.	I have no time for entertainment	1	2	3	4	5
22.	I do not have enough time for my family	1	2	3	4	5

WHO Quality of Life Short Version Questionnaire

This assessment asks how you feel about your quality of life, health, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life **in the last two weeks.**

1 (G1)	How would you rate your quality of life	Very poor	Poor	Neither poor nor good	Good	Very good
		1	2	3	4	5

2 (G4)	How satisfied are you with your health?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
		1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5 (F4.1)	How much do you enjoy life?	1	2	3	4	5
6 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experienced or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12 (F18.1)	Are you having enough money to meet your needs?	1	2	3	4	5

13 (F20.1)	How available is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
		1	2	3	4	5
15 (F9.1)	How well are you able to get around?					

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20 (F13.3)	How satisfied are you with your personal relationship?	1	2	3	4	5
21 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22 (F14.4)	How satisfied are you with the support you get from your friend?	1	2	3	4	5
23 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5

24 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Never	Seldom	Quite often	Very often	Always
		1	2	3	4	5

Did someone help you fill out this form? _____

How long did it take to fill this form out? _____

Appendix G: Turnitin Similarity Index

final fyp 2 3

ORIGINALITY REPORT

15%	12%	7%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.researchgate.net Internet Source	2%
2	Submitted to UCSI University Student Paper	1%
3	ir.unimas.my Internet Source	1%
4	Kulland, Emily Pohribnak. "Nursing student stress.", Proquest, 2016. Publication	1%
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