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Original Research Article

Bullying Experiences and Perceived Stress Among Student Nurses in South-eastern Nigeria: A Cross-Sectional Study

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Abstract: Background: Nursing students face significant academic demands and interpersonal challenges, including bullying within hierarchical educational environments. These stressors may negatively impact psychological well-being, academic performance, and professional development. However, limited empirical evidence exists on these issues among student nurses in Orlu, Imo State, Nigeria. Objective: This cross-sectional study examined bullying experiences, perceived stress, and coping strategies among 313 student nurses selected from three nursing training institutions in Orlu, Imo State, Nigeria. Methods: A structured questionnaire comprising the Negative Acts Questionnaire-Revised (NAQ-R), Perceived Stress Scale (PSS-10), and Brief COPE Inventory was administered. Data were analyzed using descriptive statistics, Pearson correlation, and Chi-square tests. Results: Bullying was moderately experienced (mean=2.67±0.62), with fear of expressing opinion in class (2.92) and verbal insults (2.87) being most common. Perceived stress was high (mean=3.00±0.58), with 53.4% reporting high stress, primarily from academic workload (3.21) and clinical anxiety (3.18). Students predominantly used adaptive coping strategies (mean=3.11), with prayer (3.41) and social support (3.24) most frequent. Pearson correlation revealed a significant moderate positive relationship between bullying and perceived stress ($r=0.524$, $p<0.001$). The majority (86.6%) reported being bullied, with no significant association between year of study and bullying experiences ($\chi^2=6.342$, $df=8$, $p=0.609$). Conclusion: Bullying contributes significantly to perceived stress among student nurses. Nursing institutions should implement anti-bullying policies, stress management programmes, and culturally appropriate coping interventions.

Keywords: bullying, Perceived Stress, Coping Strategies, Student Nurses, Cross-Sectional Study, Nigeria.

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INTRODUCTION

Nursing education is a structured academic training programme designed to provide students with theoretical knowledge, professional values, and intellectual skills required for the nursing profession. Like other professional programmes, nursing education involves intensive academic activities such as lectures, coursework, continuous assessments, examinations, and adherence to strict institutional regulations. These academic demands place considerable pressure on student nurses and may affect their psychological well-being during training. (Jiménez et al., 2022). Stress has been identified as a prevalent and persistent challenge among student nurses. Academic workload, frequent assessments, time pressure, fear of making clinical errors, and adaptation to hospital routines are common stressors encountered during nursing training. Evidence suggests that prolonged exposure to these stressors may negatively affect students' psychological well-being, learning capacity, and overall satisfaction with the nursing profession (Yahaya, 2021)

Bullying refers to repeated negative behaviours directed at an individual within an educational environment, often involving verbal abuse, intimidation, humiliation, social exclusion, or unfair treatment. These behaviours typically occur within relationships characterized by power imbalance, where the victim finds it difficult to defend themselves. In nursing education, bullying may arise during classroom interactions, academic supervision, or lecturer–student relationships, due to hierarchical structures and authority differences between students and educators.

Within educational learning environments, interpersonal interactions play a crucial role in shaping student nurses' educational experiences. However, these interactions are not always supportive. Bullying and other forms of negative interpersonal behaviour have increasingly been recognized as problems within nursing education. Such behaviours may include verbal abuse, humiliation, intimidation, excessive criticism, or social exclusion, often occurring within hierarchical academic settings where students occupy positions of limited authority. Exposure to such behaviours may intensify existing academic stressors and contribute to a hostile learning environment (Galbraith et al., 2021).

Perceived stress refers to an individual's personal evaluation of how stressful they consider situations in their life to be. It reflects how academic demands, and interpersonal challenges are interpreted as overwhelming or beyond one's ability to cope among student nurses. Among Student nurses, perceived stress has been linked to emotional exhaustion, reduced academic engagement, and poor psychological outcomes when inadequately managed (Jiménez et al., 2022). Coping strategies are the cognitive and behavioural efforts individuals use to manage stressful situations. Coping strategies play a central role in determining how student nurses respond to stress. These strategies may be adaptive, such as problem-solving, seeking social support, and positive reframing, or maladaptive, including avoidance and withdrawal. Studies indicate that effective coping strategies are associated

with better psychological well-being, whereas maladaptive coping strategies may exacerbate stress and negatively affect students' mental health (Karaca et al., 2022).

Globally, student nurses within educational institutions experience various academic challenges that may expose them to bullying, stress, and difficulties in coping. In many African countries, nursing education is characterised by intensive academic workloads, strict institutional regulations, and hierarchical lecturer–student relationships, which may contribute to stressful learning environments. Within the West African region, similar academic pressures have been reported among student nurses, where high expectations, competitive academic settings, and power imbalances within educational institutions may influence students' psychological well-being. In Nigeria, student nurses undergo training within structured academic institutions with demanding curricula and strict assessment systems. Despite the relevance of bullying, perceived stress, and coping strategies within nursing education, there remains limited empirical evidence focusing on these issues within specific local school environments such as Orlu, Imo State. Given the potential consequences of bullying and unmanaged stress on student nurses' mental health, academic performance, and future professional practice, there is a need for systematic investigation within this locality. Therefore, this study seeks to examine bullying, perceived stress, and coping strategies among student nurses in Orlu, Imo State.

Statement of the Problem

Student nurses are educated within academically demanding environments characterized by heavy coursework, frequent assessments, strict institutional regulations, and hierarchical lecturer–student relationships. While these structures aim to foster discipline and professional competence, they can also exert considerable psychological pressure, potentially diminishing students' academic experiences and emotional wellbeing (Jiménez et al., 2022).

Within this context, bullying has emerged as a troubling issue. Student nurses may encounter repeated negative behaviors, including verbal abuse, humiliation, intimidation, social exclusion, and unfair academic treatment whether from lecturers or peers. Such behaviors are particularly harmful in academic settings, where they can wear down students' confidence, motivation, and engagement with learning (Ibrahim et al., 2021).

Bullying within the school environment has been found to significantly elevate student nurses perceived stress. When academic demands are compounded by negative interpersonal experiences, students may perceive these stressors as overwhelming or beyond their coping capacity, leading to chronic stress. Research indicates that students exposed to bullying and hostile learning environments report heightened levels of stress, emotional exhaustion, and diminished academic performance (Clifton et al., 2021).

While coping strategies are essential for managing academic stress, students vary in how they respond to bullying and other stressors. Some adopt adaptive coping mechanisms such as: problem solving and seeking help from people, lecturers or educators they are close to while others resort to maladaptive strategies like avoidance or withdrawal, which

may further worsen stress and harm their psychological health (Karaca et al., 2022). Therefore, this study seeks to examine bullying, perceived stress, and coping strategies among student nurses in Orlu, Imo State Nigeria

Objectives of the study

The main objective of the study is to examine the relationship between bullying, perceived stress, and coping strategies among student nurses in Orlu, Imo State.

Specific Objectives

1. To identify the most common form of bullying experienced by student nurses.
2. To assess the level of stress among student nurses associated with bullying.
3. To explore the coping strategies used by student nurses in response to bullying and stress.
4. To examine the relationship between bullying and perceived stress among student nurses.

Research Questions

1. What form of bullying are commonly experienced by student nurses?
2. What is the level of perceived stress associated with bullying among student nurses.
3. What coping strategies are used by student nurses in response to bullying and stress?
4. What relationship exists between bullying and perceived stress among student nurses?

Research Hypothesis

1. $\mathbf{H}_{01}$ (Null Hypothesis): There is no significant relationship between bullying and perceived stress among student nurses.

2. $\mathbf{H}_{02}$**:** Coping strategies do not significantly moderate the relationship between bullying and perceived stress.

Significance of the Study

- The findings of this study would be beneficial to student nurses, nursing educators, school administrators, policymakers, healthcare institutions, and future researchers.
- To Student nurses: This study will increase awareness of bullying, perceived stress, and coping strategies and encourage healthier coping behaviours, thereby improving psychological well-being and academic performance.
- To Nursing educators and clinical instructors: This findings from this study will provide insight into how teaching practices and interpersonal interactions influence students' stress and coping behaviours, supporting the development of more supportive learning environments.
- To school administrators and nursing school management: This study will provide evidence-based information to guide policies on student welfare, bullying prevention, counselling services, and stress management programmes.

To school counsellors and psychologists:

- This study will assist in understanding bullying-related stress among student nurses and in developing effective counselling and support interventions to enhance student's psychological wellbeing
- To policymakers and regulatory bodies: This finding may inform guidelines aimed at promoting safe and psychologically healthy learning environments in nursing education.
- To healthcare institutions and clinical training centres: This study will highlight how clinical environments and staff behaviour affect student nurses' learning experiences and well-being.
- To future researchers: This study will contribute to existing literature and serve as a reference for further studies in similar contexts.

Scope of study

This study is delimited to the investigation of bullying, perceived stress, and coping strategies among student nurses in Orlu, Imo State. Specifically, it examines how student nurses experience bullying within the academic environment, how they perceive related stress, and the coping strategies they employ in response. Furthermore, this study is delimited to selected nursing education institutions in Orlu, Imo State.

Finally, it is delimited to student nurses in College of Nursing Sciences Orlu and Department of nursing Science Imo State University Orlu.

Conceptual Review

Bullying refers to repeated negative behaviours directed at an individual within an educational environment, often occurring in situations where there is an imbalance of power. These behaviours are intentional and may make the affected individual feel intimidated, humiliated, or unable to defend themselves. In nursing education, bullying may occur within lecturer student relationships or among peers and may negatively influence students' academic experience and psychological well-being (Ibrahim et al., 2021).

Types of Bullying

Bullying among student nurses can occur in different forms:

Verbal bullying includes shouting, insults, ridicule, or the use of demeaning language toward students.

Social bullying involves exclusion, isolation, or deliberate neglect within academic or peer groups.

Academic bullying may occur through unfair grading, excessive criticism, intimidation, or misuse of authority by lecturers or senior students.

Although **physical bullying** is less common in educational settings, threatening gestures or aggressive behaviour may still occur. These forms of bullying may appear subtle, but when they occur repeatedly, they can significantly affect students' learning experiences.

Bullying in Nursing education: Global and Nigerian context

Globally, bullying has been widely reported among student nurses in different educational settings. Studies conducted across various countries indicate that student nurses frequently experience bullying during their training, often within hierarchical academic environments where authority differences exist. Such behaviours are sometimes normalized as part of academic discipline or professional socialization, which may discourage students from reporting their experiences (Budden et al., 2017)

In the Nigerian context, bullying within nursing schools has also been reported, although research in this area remains limited. Cultural norms that emphasise respect for authority, fear of victimization, and the absence of clear reporting mechanisms may contribute to the underreporting of bullying experiences among student nurses. Consequently, the full extent of bullying within Nigerian nursing education may not be adequately captured in existing literature

Effects of Bullying on Students Performance and Well-Being

Bullying has been shown to have negative effects on student nurses' academic performance and psychological well-being. Students who experience bullying may report reduced self-confidence, anxiety, emotional distress, and decreased motivation to engage in academic activities. Bullying may also interfere with concentration, participation in class, and overall academic performance. Prolonged exposure to bullying may lead to emotional exhaustion, dissatisfaction with nursing education, and negative perceptions of the nursing profession. These outcomes highlight the importance of recognising bullying as a serious issue within nursing education and addressing its impact on students' academic and psychological development. (Nebhinani et al., 2020)

Perceived Stress in Nursing Students

Perceived stress refers to an individual's personal evaluation of situations in their life as stressful, particularly when such situations are considered overwhelming or beyond their ability to cope. Unlike objective stress, perceived stress focuses on how individuals interpret and respond to demands placed upon them. In nursing education, perceived stress reflects how students view academic demands, institutional expectations, and interpersonal interactions within the school environment. (Decoras, 2026)

Among student nurses, perceived stress arises not only from academic workload but also from students' subjective judgement of their coping capacity. When students feel unable to manage academic responsibilities or negative interactions effectively, stress levels may increase. This perception of stress is important because it influences students' emotional well-being, learning behaviour, and academic engagement.

Sources of Stress in Nursing Education

Nursing education is widely recognised as demanding, and students are exposed to multiple sources of stress throughout their training. Common academic stressors include heavy coursework, frequent tests and examinations, tight deadlines, fear of academic

failure, and pressure to meet high performance expectations. These demands may become overwhelming, particularly when students have limited time for rest or personal activities. (Labrague, 2021)

Interpersonal factors within the school environment also contribute to perceived stress among student nurses. Difficult relationships with lecturers, lack of academic support, peer competition, and negative interactions such as bullying may increase students' stress levels. Institutional factors such as strict rules, rigid academic schedules, and limited access to counselling services may further intensify stress experiences.

When these stressors persist without adequate support, student nurses may experience emotional exhaustion, reduced motivation, and difficulty concentrating on academic tasks. Understanding the sources of stress in nursing education is therefore essential for addressing students' academic and psychological needs. (Galbraith et al., 2021)

Previous studies on Stress among Nigerian Student nurses

Studies conducted in Nigeria have reported high levels of perceived stress among student nurses. Research findings suggest that academic workload, frequent examinations, inadequate learning resources, and strict institutional regulations are major contributors to stress among student nurses in Nigerian institutions. Financial difficulties and limited social support have also been identified as factors influencing students' stress experiences.

Some Nigerian studies have further shown that high perceived stress among student nurses is associated with poor academic performance, emotional distress, and reduced satisfaction with nursing education. Despite these findings, research focusing on perceived stress among student nurses in specific local settings remains limited. In particular, there is a scarcity of studies examining perceived stress within nursing schools in Orlu, Imo State, highlighting the need for further investigation (Ojo et al., 2020).

Concept of coping strategies

Coping strategies refer to the way's individuals respond to stressful situations in order to manage internal or external demands that are perceived as challenging or overwhelming. In the context of nursing education, coping strategies describe how student nurses deal with academic pressure, interpersonal difficulties, and stressful experiences within the school environment. These strategies may help students reduce stress, maintain emotional balance, and continue functioning academically.

Coping strategies are important because they influence how stress affects an individual. Student nurses who adopt effective coping strategies may be better able to manage academic demands and emotional challenges, while those who use ineffective coping strategies may experience increased stress and psychological distress. Therefore, understanding coping strategies provides insight into how student nurses respond to stress and bullying within the educational setting (Lazarus & Folkman 2021).

Types of coping strategies

Coping strategies adopted by student nurses are commonly grouped into three broad categories namely;

1. problem-focused coping,
2. emotion-focused coping,
3. avoidance coping.

Problem-focused coping involves active efforts aimed at addressing the source of stress. Among student nurses, this may include seeking academic clarification from lecturers, improving study habits, managing time effectively, or taking steps to resolve interpersonal conflicts.

Emotion-focused coping refers to strategies used to manage emotional responses to stressful situations. These may include seeking emotional support from friends or family, engaging in relaxation activities, positive reframing, or acceptance of the situation. Emotion-focused coping may be useful when the stressor cannot be easily changed, as it helps students regulate emotional distress.

Avoidance coping involves behaviours such as withdrawal, denial, procrastination, or ignoring stressful situations. Although avoidance coping may provide temporary relief, it does not address the source of stress and may lead to increased stress over time. Studies have shown that frequent use of avoidance coping among student nurses is associated with higher levels of perceived stress and poorer psychological well-being (Labrague et al., 2017).

Factors Influencing Coping Strategy Choices

The coping strategies adopted by student nurses are influenced by a combination of individual, social, and institutional factors. These factors shape how students respond to academic pressure, interpersonal challenges, and stressful experiences within the school environment.

Individual characteristics play an important role in coping behaviour. Personality traits, emotional resilience, self-efficacy, and previous life experiences may influence how student nurses respond to stress. Students who perceive themselves as capable and confident are more likely to adopt problem-focused coping strategies, while those who feel overwhelmed or emotionally vulnerable may rely more on avoidance or emotion-focused coping strategies

Gender differences have also been reported to influence coping strategies among student nurses. Some studies suggest that female students tend to use emotion-focused coping strategies such as seeking emotional support, whereas male students may be more inclined toward problem-focused or avoidance coping strategies. These differences are often linked to socialisation patterns and cultural expectations regarding emotional expression and help-seeking behavior (Nurunnabi et al., 2020)

Level of social support is another important factor influencing coping strategy choices. Student nurses who receive adequate emotional and academic support from family members, peers, and lecturers are more likely to adopt adaptive coping strategies. Supportive relationships may provide reassurance, guidance, and practical assistance in managing academic challenges. In contrast, students with limited social support may feel isolated and resort to maladaptive coping strategies such as withdrawal or denial.

Academic environment and institutional support also shape coping behaviour. Factors such as the quality of lecturer–student relationships, availability of academic guidance, counselling services, and a supportive learning climate may encourage positive coping strategies. Conversely, unsupportive academic environments, harsh disciplinary practices, or lack of student support services may limit students' ability to cope effectively with stress.

Severity and frequency of stressors further influence coping strategy choices. Student nurses who experience frequent academic pressure or repeated negative experiences, such as bullying, may gradually shift from adaptive coping strategies to maladaptive ones when stress becomes overwhelming. Prolonged exposure to stress without adequate support may reduce students' motivation to actively address challenges.

Cultural and societal influences may also affect coping behaviour. Cultural beliefs about stress, emotional expression, and help-seeking may determine whether student nurses seek support or attempt to cope independently. In some settings, students may avoid seeking help due to fear of stigma or being perceived as weak, which may negatively affect their coping responses. (Galbraith & Brown, 2020).

Relationship between Bullying, Stress and Coping

Bullying, stress, and coping are closely linked within the educational environment of student nurses. Bullying represents a negative social experience that may occur through repeated unfair treatment, verbal abuse, intimidation, or humiliation within the school setting. Such experiences can disrupt students' sense of safety and belonging, making the academic environment more stressful and emotionally demanding. When student nurses experience bullying, their level of perceived stress is likely to increase. Bullying may heighten feelings of fear, anxiety, and helplessness, causing students to view academic demands as overwhelming. Instead of focusing on learning, students may become preoccupied with avoiding negative interactions or anticipating unfair treatment. As a result, bullying can intensify academic pressure and contribute to sustained psychological stress (Einarsen,2026).

Perceived stress reflects how students interpret and respond to these negative experiences. Student nurses who are exposed to bullying may feel that their coping resources are inadequate, especially when they believe they cannot challenge authority or seek help. This perception may lead to emotional exhaustion, reduced concentration, and decreased engagement with academic activities. Over time, persistent stress may negatively affect students' motivation and overall educational experience (Galbraith et al., 2021).

Coping strategies influence how bullying-related stress affects student nurses. Students who adopt adaptive coping strategies, such as seeking support, problem-solving, or positive reframing, may be better able to manage stress and reduce its negative impact. In contrast, students who rely on maladaptive coping strategies, such as avoidance or withdrawal, may experience worsening stress because the source of distress remains unaddressed. Ineffective coping may therefore strengthen the negative effect of bullying on students' perceived stress (Birks et al., 2021)

Conceptually, bullying can be viewed as a stressor within the nursing education environment, perceived stress as students' psychological response to this stressor, and coping strategies as the means through which students attempt to manage the stress. The relationship among these variables suggests that the impact of bullying on stress varies depending on how students cope. Understanding this relationship is important for identifying ways to support student nurses and promote healthier academic environments.

Theoretical Review

Lazarus and Folkman's Transactional Model of Stress and Coping

This study is guided by Lazarus and Folkman's Transactional Model of Stress and Coping, which explains stress as a dynamic process resulting from the interaction between an individual and their environment. The model emphasizes that stress does not arise solely from the presence of a stressful event, but from how the individual interprets the event and evaluates their ability to manage it. This perspective is particularly relevant to student nurses, whose academic experiences are shaped not only by external demands but also by their personal perceptions and coping responses.

According to the model, stress occurs through a process known as **cognitive appraisal**. Cognitive appraisal involves two stages. The first stage, **primary appraisal**, refers to the individual's evaluation of whether a situation is irrelevant, benign, or stressful. When a situation is perceived as stressful, it may be appraised as a threat, a harm, or a challenge. In the context of nursing education, experiences such as bullying, unfair treatment, or persistent academic pressure may be appraised by students as threatening or harmful to their academic progress and emotional well-being.

The second stage, known as secondary appraisal, involves the individual's assessment of the resources available to cope with the stressful situation. At this stage, individuals evaluate their ability to manage the demands placed upon them, including personal skills, social support, and available institutional resources. When individuals perceive that their coping resources are insufficient to meet the demands of the situation, stress is likely to increase.

Coping is a central concept within the Transactional Model of Stress and Coping. Lazarus and Folkman describe coping as the cognitive and behavioral efforts used to manage internal or external demands that are perceived as exceeding an individual's resources. Coping strategies may be directed at changing the source of stress or at

regulating emotional responses to the stressor. The model recognizes that coping is not fixed, but may vary depending on the situation and the individual's appraisal of the stressor.

Application of the model to the study

Lazarus and Folkman's Transactional Model of Stress and Coping provides a useful framework for understanding the relationship between bullying, perceived stress, and coping strategies among student nurses.

In this study, bullying represents an environmental stressor within the educational setting. When student nurses experience bullying through behaviors such as verbal abuse, intimidation, humiliation, or unfair academic treatment, these experiences may be appraised as threatening during the primary appraisal stage. Such appraisals are influenced by factors such as power imbalance, fear of victimization, and the perceived inability to challenge authority within the school environment.

Perceived stress reflects student nurses' subjective evaluation of these bullying experiences and other academic demands. Students who perceive bullying and academic pressure as overwhelming or beyond their ability to cope are more likely to experience high levels of stress. According to the model, stress intensifies when students believe that the demands of their environment exceed their available coping resources.

Coping strategies represent the responses adopted by student nurses during the secondary appraisal stage. Student nurses may adopt adaptive coping strategies, such as problem-solving, seeking social or academic support, and positive reframing, which may reduce the impact of bullying-related stress. Conversely, the use of maladaptive coping strategies, such as avoidance, withdrawal, or denial, may increase stress by allowing the stressor to persist without resolution.

The Transactional Model of Stress and Coping therefore explains how bullying influences perceived stress and highlights the role of coping strategies in shaping students' stress experiences. By applying this model, the present study seeks to understand how student nurses in Orlu, Imo State interpret bullying experiences, perceive academic stress, and adopt coping strategies within the educational environment. The model provides a theoretical basis for examining the interactions among the study variables and for understanding variations in stress experiences among student nurses.

Empirical Review

To identify the forms and frequency of bullying experienced by student nurses.

Alajaimi et al. (2026) conducted a cross-sectional study at Sultan Qaboos University, Muscat, Sultanate of Oman to examine the prevalence and forms of bullying experienced by nursing university students during their training. The study aimed to determine how many student nurses experienced bullying and to identify the most common types of bullying behaviors. Data were collected using a structured questionnaire administered to 240 student nurses between October 2024 and March 2025, with participants selected through convenience sampling. Descriptive statistics were used to

analyse the data. The findings revealed that the overall prevalence of bullying was 26.3% among the student nurses. Verbal and emotional abuse were the most frequently reported forms of bullying. In terms of frequency, 54.0% of affected students reported being bullied a few times during the academic term, while 93.7% indicated that classmates were the main perpetrators of bullying behaviours. The study concluded that bullying occurs with a moderate level of frequency among student nurses, particularly within classroom environments, and that verbal and emotional bullying may negatively influence students' engagement and motivation during training.

Pan et al. (2024) conducted a descriptive cross-sectional study at Henan University of Chinese Medicine in Zhengzhou City, Henan Province, China, to investigate the prevalence and nature of bullying among senior student nurses during their clinical rotations. The study aimed to quantify how frequently student nurses experienced bullying and to identify common forms of negative behaviours encountered in clinical settings. An online questionnaire was administered between May and June 2022 to 800 final-year (fourth-year) student nurses who completed clinical practice in six teaching hospitals. Data were analysed using descriptive statistical procedures. The results showed that approximately 65.5% of student nurses reported experiencing bullying during their clinical placement, with verbal harassment, intimidation, and social marginalization being among the most frequently reported behaviours. In addition, a large proportion of students indicated that bullying incidents adversely affected their confidence and clinical performance. The study concluded that bullying remains a significant challenge for student nurses during clinical training and highlighted the need for policies and supportive measures to address the prevalence and impact of bullying in clinical education settings.

Iyus Yosep et al., (2024) conducted a quantitative study using a systematic review and meta-analysis approach to determine the prevalence and forms of bullying experienced by student nurses during clinical training across multiple countries. The study was carried out by analysing data from 28 empirical studies conducted in different regions, including parts of Africa, Asia, and Europe, and focused specifically on student nurses in educational and clinical settings. Data were extracted from peer-reviewed journal articles published between 2010 and 2023 and were statistically pooled using meta-analytic techniques. The findings revealed that the overall pooled prevalence of bullying among student nurses was 65.6%. Furthermore, verbal abuse, intimidation, and unfair treatment by senior staff were identified as the most common forms of bullying. In terms of frequency, bullying was reported to occur repeatedly during clinical practice, particularly in hierarchical learning environments. The study concluded that bullying is a widespread and persistent problem among student nurses globally, especially during clinical training, and emphasized the need for institutional policies and supportive educational frameworks to reduce bullying and protect student nurses' well-being.

Reported frequent exposure to bullying, while 35.8% reported occasional exposure. The study concluded that bullying is a common experience among student nurses in Ethiopia and highlighted the need for structured institutional strategies to prevent bullying and promote supportive learning environments.

To assess the level of stress among student nurses

Afonne et al. (2023) conducted a cross-sectional study in Anambra State, South-East Nigeria, to assess the level of perceived stress, sources of stress, and stress responses among student nurses undergoing professional training. The study aimed to quantify the severity of perceived stress experienced by student nurses within their academic environment. Using a multistage sampling technique, 183 student nurses from selected nursing institutions were recruited for the study. Data were collected using the Perceived Stress Scale (PSS) alongside a structured questionnaire, and descriptive statistics were used for analysis. The findings revealed that 77.66% of the respondents experienced moderate levels of perceived stress, while 8.83% reported high levels of stress, and 13.51% experienced low stress levels. Furthermore, major stressors identified included academic workload, examination pressure, and clinical training demands. The study concluded that perceived stress is highly prevalent among student nurses in Anambra State and emphasized the need for structured stress-management programmes and institutional support systems to improve students' psychological well-being and academic performance.

Ezo et al. (2024) conducted a cross-sectional study at Wachemo University, Southern Ethiopia, to assess the level of perceived stress and associated factors among student nurses during their clinical training. The study aimed to determine how prevalent perceived stress was among student nurses and to identify factors contributing to stress during professional education. A total of 421 undergraduate student nurses participated in the study, selected using a systematic sampling technique. Data were collected using a structured questionnaire, including a validated stress assessment scale, and were analysed using descriptive and inferential statistical methods. The results showed that 58.4% of the student nurses experienced significant levels of perceived stress during their training. In addition, stress was found to be associated with factors such as academic workload, fear of making clinical errors, inadequate supervision, and limited support from instructors. The study concluded that perceived stress is common among student nurses in Ethiopia and recommended the introduction of effective academic guidance, mentorship programmes, and institutional stress-management interventions.

Madu et al. (2023) carried out a descriptive cross-sectional study at the Department of Nursing, University of Nigeria, Enugu Campus, to assess the level of perceived stress among undergraduate student nurses during their training. The study was designed to determine the severity of stress experienced by students and to provide quantitative evidence of stress prevalence within a Nigerian university setting. A total of 196 undergraduate student nurses participated in the study, selected using convenience sampling. Data were collected using the Perceived Stress Scale (PSS) and analysed using descriptive statistical methods. The results showed that 71.8% of the respondents experienced moderate levels of perceived stress, while a smaller proportion reported either low or high stress levels. The predominant sources of stress were related to academic workload, examinations, time pressure, and clinical training demands. The study concluded that perceived stress is common among student nurses at the University of Nigeria and

highlighted the importance of institutional support systems and stress-management interventions to enhance students' academic performance and psychological well-being.

To explore the coping strategies used by student nurses in response to bullying and stress.

Chidinma Abaribe et al., (2025) conducted a descriptive cross-sectional study at Babcock University, Ilishan-Remo, Ogun State, Nigeria, to explore the level of stress and coping mechanisms used by student nurses during their clinical placements. The study aimed to quantify not just stress levels but also to identify the coping strategies students adopt when faced with stressors related to academic workload, patient care responsibilities, and clinical expectations. Using a multi-stage sampling technique, 204 student nurses currently undergoing clinical training participated in the study. Data were collected through a structured questionnaire, including an adopted Coping Behavioural Inventory Scale, and were analysed using descriptive statistics alongside chi-square and Pearson product-moment correlation to evaluate relationships between variables. The results indicated that an overwhelming 99% of student nurses experienced moderate levels of perceived stress, primarily due to patient care demands, academic workload, and clinical performance expectations. In terms of coping mechanisms, the study found that optimistic coping (64.7%) was the most commonly reported strategy, with students maintaining a positive outlook despite stressors. Other coping approaches such as problem-solving also showed a significant positive correlation with stress management, while strategies like avoidance and transference did not significantly impact stress levels. The authors concluded that although student nurses in this Nigerian context experience high stress, they often employ adaptive coping strategies such as optimism and problem-focused approaches to manage their stress, and recommended structured stress management training, mentorship, and improved communication between academic and clinical instructors to further support students' psychological well-being.

Chaabane et al., (2021) carried out a descriptive cross-sectional study at Nalerigu College of Nursing and Midwifery, North-East Region, Ghana, to investigate the perceived stress levels and coping strategies adopted by student nurses during their training. The aim was to quantify how students respond to stressors related to academic workload, practical training, and interpersonal challenges within the nursing programme. Using a simple random sampling technique, 113 second-year student nurses participated in the study. Data were collected using the Perceived Stress Scale (PSS) alongside the Afrocultural Coping Inventory, and descriptive statistics were used for analysis. The results revealed that the vast majority (95.6%) of the sampled student nurses experienced high levels of perceived stress, with only small proportions reporting moderate (2.7%) or mild (1.8%) stress. Regarding coping strategies, the findings showed that students primarily used cognitive and collective coping mechanisms, including spiritual support, psychological reframing, and participation in group activities, as well as ritual or emotional support to deal with stress. These coping approaches were identified as key to enhancing resilience and helping students manage stress related to academic and practical demands. The study concluded that high stress is common among student nurses in Ghana and emphasized the need for

peer support groups, faculty mentoring, and structured stress-management training to promote effective coping and improve student well-being.

Francis-edoziuno et al., (2023) conducted a descriptive cross-sectional study in Enugu State, South-East Nigeria, to examine the coping strategies employed by student nurses in managing stress associated with academic workload and interpersonal challenges within nursing education. The study aimed to identify the predominant coping mechanisms adopted by students when faced with stressful academic demands and negative interactions. A total of 180 student nurses from selected schools of nursing participated in the study, selected through simple random sampling. Data were collected using a structured questionnaire incorporating standardized coping strategy scales and were analysed using descriptive statistical methods. The findings showed that problem-focused coping strategies (60.5%), such as seeking academic help and effective time management, were the most frequently used by student nurses. This was followed by emotion-focused coping strategies (49.2%), including talking to friends, prayer, and emotional support. In contrast, avoidance coping strategies (31.1%), such as withdrawal and ignoring stressors, were less commonly adopted. The study concluded that student nurses in Enugu State predominantly rely on adaptive coping strategies to manage stress; however, the continued use of avoidance coping by a notable proportion of students highlights the need for counselling services and coping-skills education within nursing schools.

To examine the relationship between bullying and perceived stress among student nurses.

AbuAlula et al. (2023) investigated the relationship between bullying and emotional states including perceived stress among undergraduate student nurses in the western region of Saudi Arabia using a correlational design. The study aimed to understand how bullying exposures relate statistically to stress, anxiety, and depression levels in student nurses. A sample of 286 student nurses completed validated instruments including a Bullying Assessment Questionnaire and the Depression, Anxiety, and Stress Scale (DASS-21). Correlation analyses revealed a significant positive relationship between reported bullying behaviours and perceived stress, indicating that students who reported higher levels of bullying also tended to have higher stress scores. Additionally, the study found that bullying frequency was associated with greater emotional distress overall. These findings provide empirical support for the assertion that bullying behaviours contribute to increased perceived stress among student nurses.

Budden (2020) conducted a cross-sectional correlational study among undergraduate student nurses in Australia to examine the relationship between bullying experiences and psychological distress, including perceived stress, during nursing education and clinical placement. The study aimed to determine whether exposure to bullying behaviours was associated with increased stress among student nurses. A total of 1,315 student nurses participated in the study and completed standardized self-report questionnaires measuring experiences of bullying and levels of psychological distress. Data were analysed using correlation and regression analyses. The findings demonstrated that

student nurses who reported exposure to bullying behaviours also reported significantly higher levels of perceived stress and psychological distress compared to those who did not experience bullying. In addition, frequent exposure to bullying was associated with poorer psychological outcomes. The study concluded that bullying is a significant predictor of perceived stress among student nurses and highlighted the importance of creating supportive and non-hostile learning environments within nursing education.

(Lu et al., 2024) conducted a cross-sectional quantitative study among undergraduate student nurses in Taiwan to explore perceived stress and coping strategies during psychiatric practicum training, particularly within the context of the COVID-19 pandemic. The study aimed to examine the level of perceived stress experienced by student nurses and to determine the relationship between different coping strategies and stress levels. Data were collected from 73 undergraduate student nurses using self-administered questionnaires that included demographic characteristics, the Perceived Stress Scale (PSS), and the Coping Behavior Inventory (CBI). The findings showed that 82.2% of the participants were female, with a mean age of 21.25 ± 0.69 years. The overall mean perceived stress score was 1.45 ± 0.48, indicating a moderate level of stress, while the mean coping score was 1.93 ± 0.31. The major sources of perceived stress were identified as taking care of patients (1.72 ± 0.54) and assignments and workload (1.72 ± 0.75). In terms of coping strategies, problem-solving (2.66 ± 0.52) and staying optimistic (2.43 ± 0.73) were the most frequently used strategies. Pearson's correlation analysis revealed that the use of avoidance coping strategies was positively associated with higher stress levels ($r = 0.416$), whereas problem-solving ($r = -0.306$) and staying optimistic ($r = -0.527$) were negatively associated with perceived stress, indicating lower stress levels among students who used adaptive coping strategies. The study concluded that coping strategies play a significant role in influencing perceived stress among student nurses, with adaptive coping strategies contributing to lower stress levels, thereby highlighting the importance of promoting effective coping skills within nursing education.

Summary of Literature Review

This chapter examined existing literature on bullying, perceived stress, and coping strategies among student nurses. The review focused on explaining these concepts, the theory guiding the study, and findings from previous empirical studies in order to provide a clear background for the present research.

The literature reviewed showed that bullying is a common problem in nursing education and often occurs through verbal abuse, intimidation, humiliation, and unfair academic treatment. Such experiences were found to create a hostile learning environment and negatively affect student nurses' emotional well-being and academic engagement. The review also established that perceived stress is a major challenge among student nurses, arising mainly from academic workload, examinations, interpersonal conflicts, and negative interactions within the school environment.

Coping strategies were identified as important in determining how student nurses respond to bullying and stress. The literature showed that students who adopt adaptive

coping strategies, such as problem-solving and seeking support, are better able to manage stress, while those who rely on avoidance or withdrawal tend to experience increased stress and emotional difficulties. The theoretical framework for the study was based on Lazarus and Folkman's Transactional Model of Stress and Coping, which explains stress as a result of how individuals interpret stressful situations and assess their ability to cope. The theory provided a logical explanation of how bullying acts as a stressor, how stress is perceived by student nurses, and how coping strategies influence stress outcomes. Empirical studies reviewed from international, African, and Nigerian contexts confirmed that bullying and stress are prevalent among student nurses and that coping strategies play a significant role in shaping students' academic and psychological experiences. However, the review also revealed that few studies have examined bullying, perceived stress, and coping strategies together within a single study, particularly among student nurses in specific local settings such as Orlu, Imo State.

In summary, the literature reviewed clearly shows that bullying, perceived stress, and coping strategies are interconnected issues in nursing education. The lack of context-specific empirical evidence in Orlu, Imo State highlights a clear research gap, which the present study seeks to address.

METHODOLOGY

Research Design

A cross-sectional survey design will be adopted for this study. A descriptive cross-sectional survey design is a research design that involves the collection of data from a population or a representative sample at a single point in time in order to describe existing conditions, characteristics, or relationships among variables without manipulating them. This design is appropriate because it allows for the assessment of bullying, perceived stress, and coping mechanism among student nurses at a single point in time, without manipulating any variables. It also facilitates the collection of data from a large population using a structured questionnaire

Setting

This study was conducted in three Nursing training institutions located in Orlu Local Government Area of Imo State, Nigeria. The institutions were selected because they provide structured academic and clinical training for student nurses and operate learning environments characterized by strict routines, hierarchical relationships, and close supervision. These features make the institutions suitable for examining bullying, perceived stress, and coping strategies among student nurses.

The selected institutions include Merit College of Nursing Orlu, Imo State College of Nursing, and Department of Nursing Imo State University Orlu Campus.

Each institution was considered a separate study setting due to differences in ownership structure, training format, and student population.

Target Population

The target population for this study comprises approximately 1,445 student nurses enrolled in selected nursing training institutions in Orlu Local Government Area of Imo State, Nigeria. This includes students undergoing training in General Nursing and Bachelor of Nursing Science (BNSC) programmes across different levels of study (100–500 levels).

Participating Institutions include:

Merit College of Nursing Sciences Orlu

Class	**Population**
2023A	54
2023B	85
ND2	82
ND1	77
Total	**298**

Imo State College of Nursing Orlu.

Class	**Population**
2023A	98
2023B	114
ND2	123
ND1	138
Total	**473**

Imo State University Orlu Campus.

Class	**Population**
100 Level	147
200 Level	153
300 Level	125
400 Level	129
500 Level	120
Total	**674**

Sampling

Sample size for this study will be calculated using the **Taro Yamane method**. The Taro Yamane formula is used to determine an appropriate sample size from a known population.

The formula is stated as: $n = \frac{N}{1+N(e)2}$

Where:

- **n** = sample size
- N = total population (1,445 student nurses)
- **e** = margin of error (0.5at 90% confidence level)

Substitution:$n = \frac{1445}{1+1445(0.005)2} n = \frac{1445}{1+N1445(0.005)}$

STEP 2: Square the margin of error

e2=(0.05)2=0.05×0.05=0.0025$e2=(0.05)2=0.05\times0.05=0.0025$

STEP 3: Multiply population by squared margin of error

N×e2=1,445×0.0025$N\times e2=1,445\times0.0025$1,445×0.0025=3.61251,445×0.0025=3.6125

STEP 4: Add 1 to the result

1+(N×e2)=1+3.6125=4.61251+($N\times e2$)=1+3.6125=4.6125

STEP 5: Divide population by the result

n=1,4454.6125$n=4.61251,445$n=313.28$n=313.28$

STEP 6: Round down to the nearest whole number

n=313n=313

SUMMARY TABLE

Variable	Value
Population (	1,445
Margin of error	0.05 (5%)
e^2	0.0025
N \times e^2	3.6125
1 + (N \times e^2)	4.6125
N \div 4.6125	313.28
Final Sample Size	**313**

Therefore, a sample size of 313 student nurses was considered sufficient to ensure a representative sample for this study.

Sampling Technique

A purposive sampling technique was adopted for this study. A purposive sampling technique is a non-probability sampling method in which participants are deliberately selected by the researcher based on specific characteristics or experiences relevant to the study, because they are considered capable of providing the required information. This non-probability sampling method was appropriate because the study aimed to collect data specifically from student nurses in Orlu, Imo State who met the inclusion criteria.

All eligible participants will be accessed through a single centralized WhatsApp group chat, which includes student nurses from the selected institutions in Orlu. This group serves as the primary communication platform for academic updates and student interaction across various institutions in Orlu.

The researcher leverage the platform to distribute the questionnaire link, ensuring that it reached the entire target population. To reduce the risk of bias and improve representativeness:

- A clear participation message was attached to the survey link, explaining who should complete the form (e.g., student nurses who have completed at least one academic session).
- Eligibility criteria was be emphasized in both the WhatsApp post and the introductory section of the questionnaire.

- The researcher will send reminders at regular intervals during the data collection period to encourage maximum participation.
- Only students who provided informed consent and met the criteria was included in the final analysis.

Inclusion Criteria

1. Registered student nurses currently enrolled in accredited nursing training institutions in Orlu, Imo State.
2. Student nurses who are actively undergoing academic training during the period of data collection.
3. Student nurses who have spent at least one academic session in the nursing programme, to ensure adequate exposure to the school environment.
4. Student nurses who are willing to participate in the study and provide informed consent.
5. Student nurses who are physically and mentally stable at the time of data collection and able to complete the questionnaire.

Exclusion Criteria

1. Student nurses who are not currently enrolled or are on , suspension, or deferment at the time of the study.
2. Newly admitted student nurses who have not spent up to one academic session in the programme.
3. Student nurses who decline consent or are unwilling to participate in the study.
4. Student nurses who are seriously ill or emotionally distressed at the time of data collection and unable to respond to the questionnaire.
5. Students from other health-related disciplines (e.g., medical students, laboratory science students) who are not student nurses.

Instrument of Data collection

Data was collected using a **structured, self-administered questionnaire** designed based on validated instruments. The questionnaire was divided into the following sections:

- **Section A**: Demographic Information
- **Section B**: Forms and frequency of bullying (adapted from Negative Acts Questionnaire – NAQ-R, Einar Sen et al., 2009; supplemented with SEBS)
- **Section C**: Perceived stress (adapted from Perceived Stress Scale – PSS-10, Sheldon Cohen, 1983)
- **Section D**: Coping strategies (adapted **from Brief COPE Inventory**, Charles Carver, 1997)

The instrument was customized to suit the academic environment of student nurses in Orlu, Imo State. Responses will be rated using Likert scales for ease of analysis.

Content validity will be established through expert review. The questionnaire will be submitted to the project supervisor and other academic experts in nursing education,

who will assess the relevance, clarity, and adequacy of the items in relation to the study objectives.

Internal consistency reliability was assessed through a pilot study. The questionnaire will be administered to a group of student nurses not included in the main sample.

Responses will be analyzed using Cronbach's alpha, with a coefficient of 0.70 or higher considered acceptable for reliability

Method of Data Collection

Data for this study was collected using a structured online self-administered questionnaire. The questionnaire will be developed using Google Forms and designed to capture responses across six sections, including demographic information, experiences of bullying, perceived stress, coping strategies, and related academic impacts.

The questionnaire link was shared via official WhatsApp group chats of student nurses in in Orlu. This method allowed for quick and wide dissemination, enabling students to access and complete the survey at their convenience using mobile devices or computers. Before responding, participants were presented with an introductory section that explained the purpose of the study, inclusion criteria, and their rights as participants. Informed consent was obtained electronically through the form before students could proceed to answer the questions. The survey was opened for a period of two weeks, during which time reminders was made to enhance participation and response rates. Only one response per participant would be allowed to maintain data integrity.

Method of Data Analysis

- Data will be analyzed using the Statistical Package for Social Sciences (SPSS) software.
- Descriptive statistics (frequency, percentages, means, standard deviations) will be used to summarize demographic data and describe the forms of bullying, stress levels, and coping strategies.
- Inferential statistics (e.g., Pearson correlation) will be used to assess the relationship between bullying and perceived stress.
- The level of statistical significance will be set at 0.05 ($p < 0.05$).

Ethical Consideration

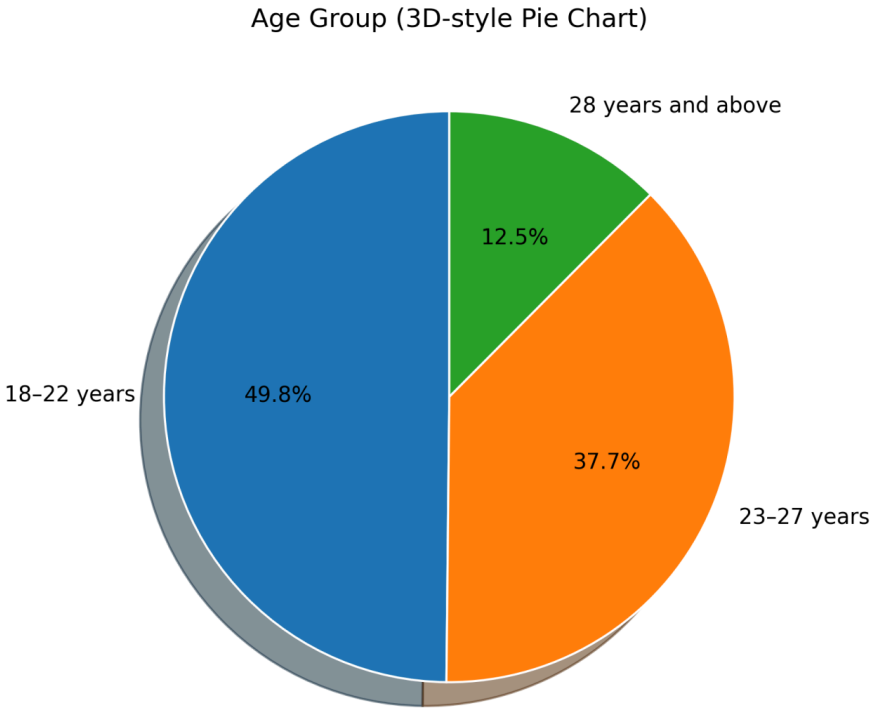
This study adhered strictly to ethical standards guiding research involving human participants. Participation in the study was entirely voluntary. An introductory section at the beginning of the questionnaire explained the study's purpose, procedures, and participants' rights. Informed consent was obtained electronically before any data collection..

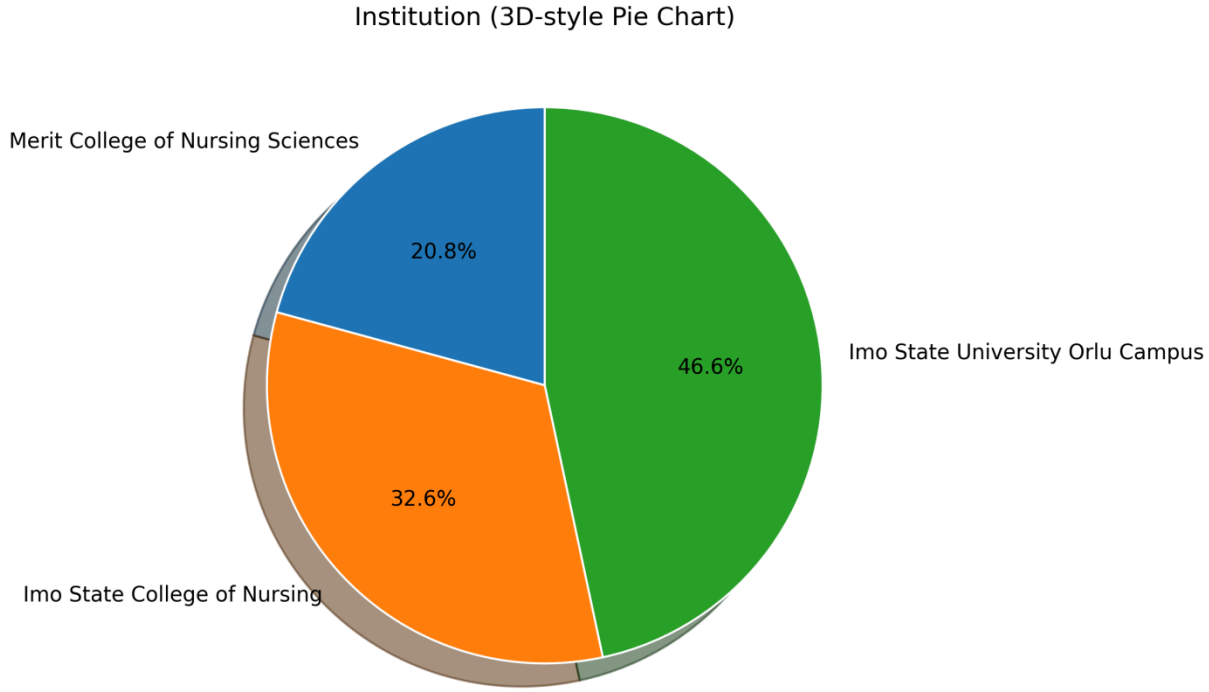
RESULT

Discussion of findings from the analysis of data collected from 313 student nurses across three nursing training institutions in Orlu, Imo State, Nigeria. The results are organized according to the four specific objectives of the study, with each finding discussed

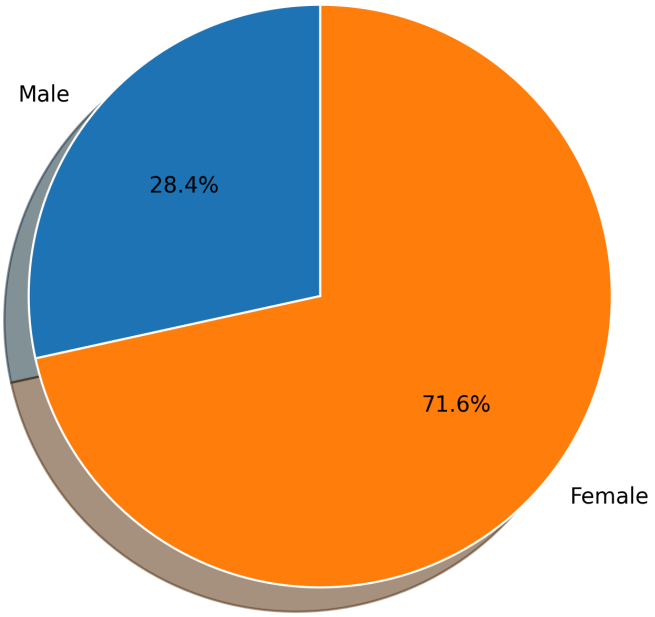
in relation to existing literature and theoretical framework. Results were presented in tables for clarity and easy interpretation.

DEMOGRAPHIC PROFILE OF RESPONDENTS (N = 313)

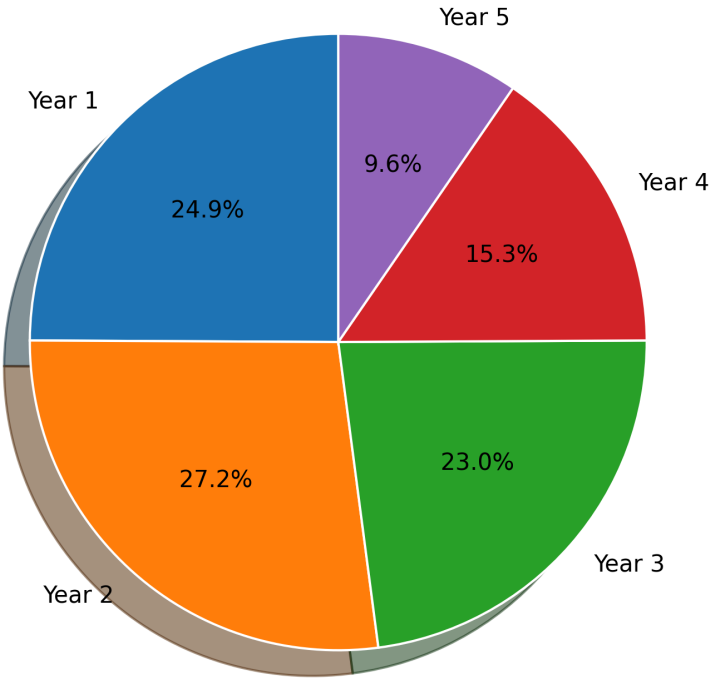




Gender (3D-style Pie Chart)



Year of Study (3D-style Pie Chart)



Variable	Category	Frequency (n)	Percentage (%)
Institution	Merit College of Nursing Sciences	65	20.8
	Imo State College of Nursing	102	32.6
	Imo State University Orlu Campus	146	46.6
Year of Study	Year 1	78	24.9
	Year 2	85	27.2
	Year 3	72	23.0
	Year 4	48	15.3
	Year 5	30	9.6
Gender	Male	89	28.4
	Female	224	71.6
Age Group	18–22 years	156	49.8
	23–27 years	118	37.7
	28 years and above	39	12.5

Objective 1: To identify the forms and frequency of bullying experienced by student nurses

Analysis: Mean scores per item (scale 1–4)

Interpretation:

- **1.00 – 1.99** = Rarely experienced
- **2.00 – 2.99** = Sometimes experienced
- **3.00 – 4.00** = Frequently experienced

Table 1: Forms and Frequency of Bullying Among Student Nurses (n = 313)

Item Code	Bullying Item	Mean Score	SD	Interpretation
B1	Shouted at or verbally insulted by lecturer/clinical instructor	2.87	0.92	Sometimes
B2	Humiliated in front of others by lecturer or senior student	2.65	0.98	Sometimes

B3	Given unfair academic grades intentionally	2.34	1.04	Sometimes
B4	Ignored or socially excluded by classmates or staff	2.56	0.96	Sometimes
B5	Lecturer used authority to intimidate me	2.71	0.94	Sometimes
B6	Received excessive or unjust criticism	2.79	0.89	Sometimes
B7	Fellow student spread false rumours about me	2.48	1.01	Sometimes
B8	Afraid to express opinion in class due to staff reaction	2.92	0.88	Sometimes

Bullying Mean Score: 2.67 (Sometimes experienced)

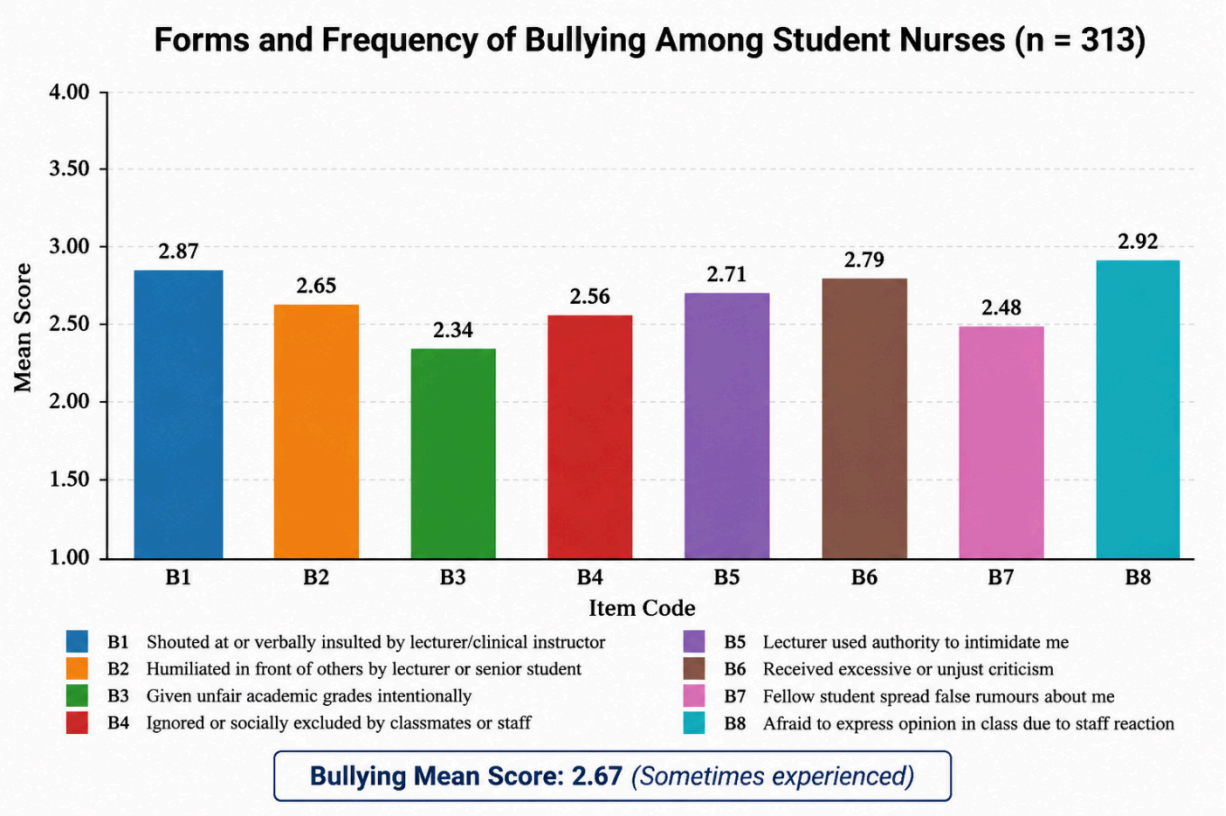


Table 2: Frequency Distribution of Bullying Experiences (n = 313)

Level of Bullying	Frequency (n)	Percentage (%)

Low (Mean 1.00 – 1.99)	42	13.4
Moderate (Mean 2.00 – 2.99)	201	64.2
High (Mean 3.00 – 4.00)	70	22.4

Summary: The majority (64.2%) of student nurses experienced moderate levels of bullying, with verbal intimidation (B8, B1) being the most frequently reported forms.

Objective 2: To assess the level of stress among student nurses

Table 3: Perceived Stress Levels Among Student Nurses (n = 313)

Item Code	**Perceived Stress Item**	**Mean Score**	**SD**	**Interpretation**
C1	Overwhelmed by amount of academic work	3.21	0.71	Agree
C2	Unable to cope with examination pressure	3.08	0.78	Agree
C3	Strict rules increase my stress	2.95	0.85	Agree
C4	Anxious about making mistakes during clinical training	3.18	0.74	Agree
C5	Stressed by how lecturers treat me	2.83	0.91	Agree
C6	Academic demands exceed my ability to cope	2.76	0.94	Agree
C7	Lose sleep due to worries about nursing training	2.89	0.88	Agree
C8	Emotionally drained by end of most school days	3.12	0.76	Agree

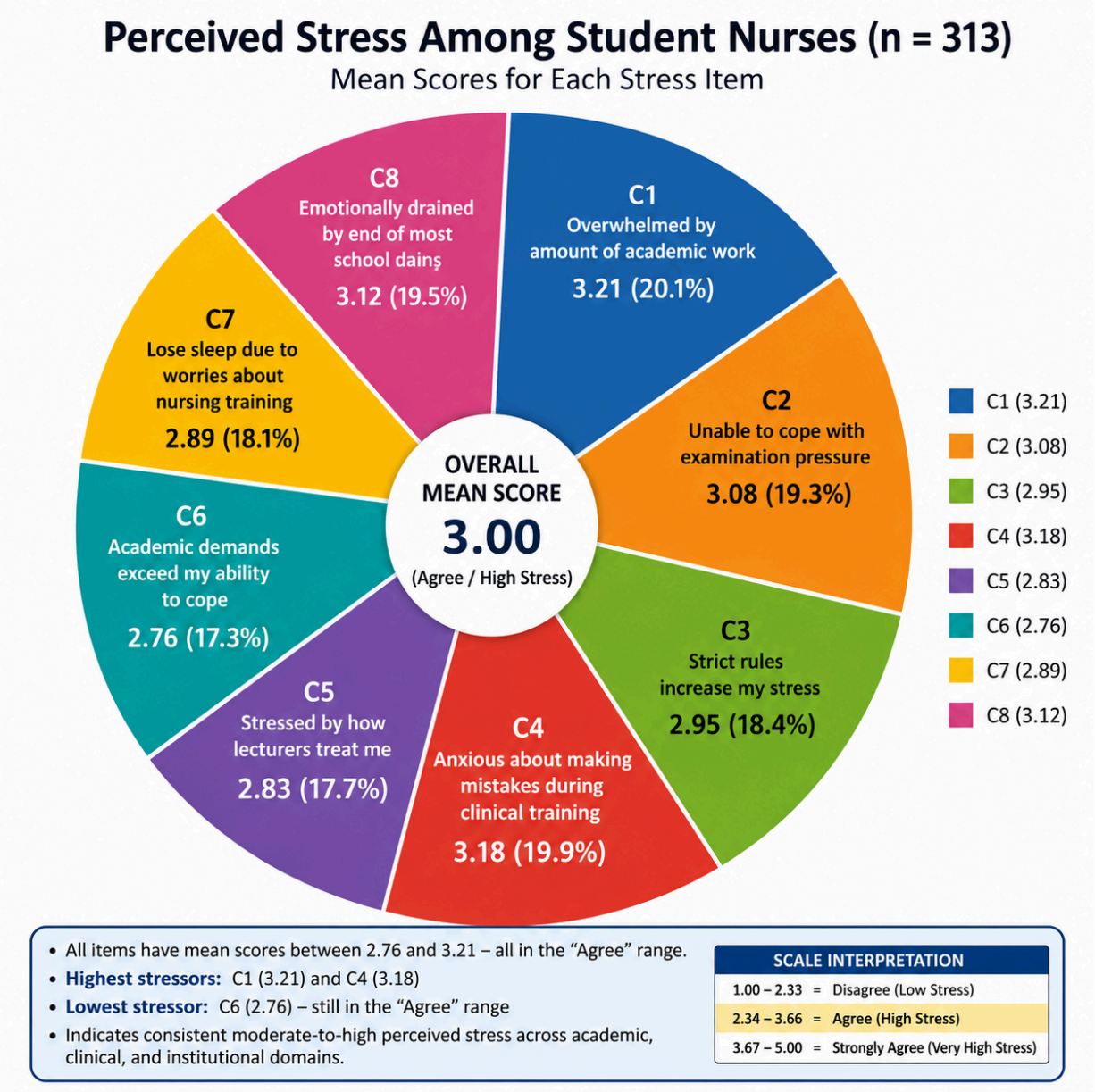


Table 3: Shows all eight perceived stress items have mean scores between 2.76 and 3.21, with the interpretation "Agree" for each. This indicates that student nurses consistently report moderate-to-high agreement with various stressors. Highest stressor: "Overwhelmed by amount of academic work" (M = 3.21, SD = 0.71) and "Anxious about making mistakes during clinical training" (M = 3.18, SD = 0.74). Lowest stressor: "Academic demands exceed my ability to cope" (M = 2.76, SD = 0.94), though still in the "Agree" range.

Other notable stressors include examination pressure (M = 3.08), emotional exhaustion (M = 3.12), and sleep loss due to worries (M = 2.89). Student nurses experience significant perceived stress across academic, clinical, and institutional domains, with academic workload and clinical anxiety being most pronounced. The relatively small standard deviations suggest general consensus among participants.

Perceived Stress Mean Score: 3.00 (Agree / High Stress)

Table 4: Categorization of Perceived Stress Levels (n = 313)

Stress Level	Score Range	Frequency (n)	Percentage (%)
Low Stress	1.00 – 1.99	28	8.9
Moderate Stress	2.00 – 2.99	118	37.7
High Stress	3.00 – 4.00	167	53.4

Summary: More than half (53.4%) of student nurses reported high levels of perceived stress**,** with academic workload (C1: 3.21) and clinical anxiety (C4: 3.18) as the top stressors.

Objective 3: To explore the coping strategies used by student nurses in response to bullying and stress

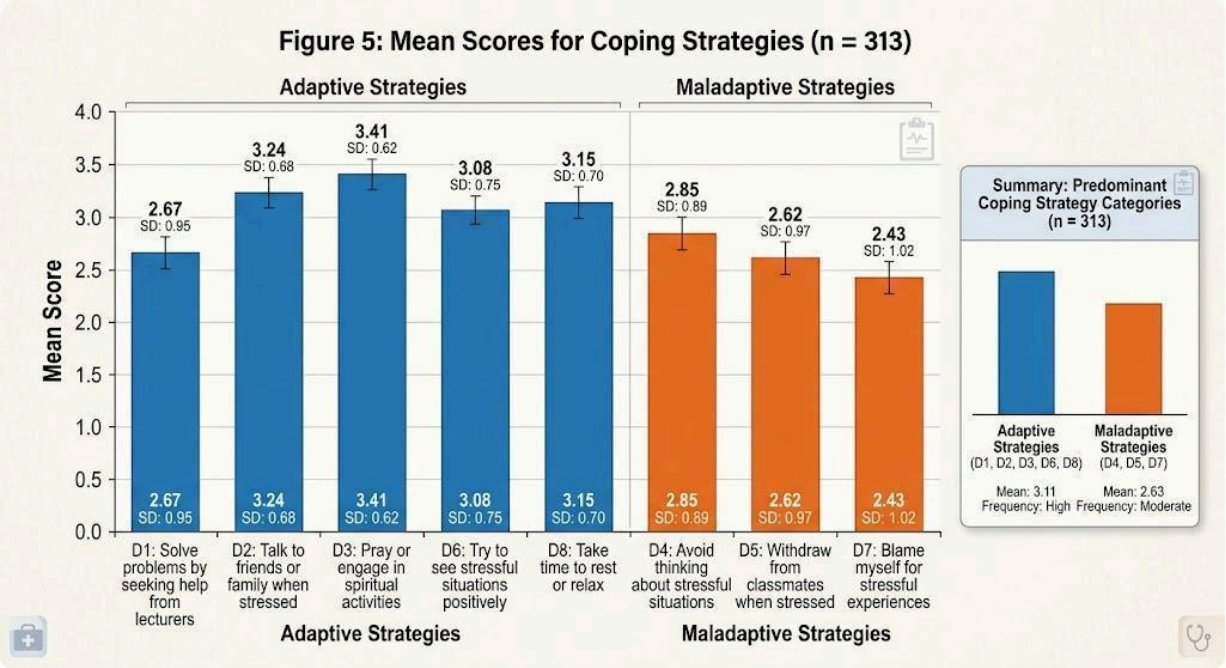
Table 5: Coping Strategies Used by Student Nurses (n = 313)

Item Code	Coping Strategy Item	Mean Score	SD	Strategy Type
D1	Solve problems by seeking help from lecturers	2.67	0.95	Adaptive
D2	Talk to friends or family when stressed	3.24	0.68	Adaptive
D3	Pray or engage in spiritual activities	3.41	0.62	Adaptive
D4	Avoid thinking about stressful situations	2.85	0.89	Maladaptive
D5	Withdraw from classmates when stressed	2.62	0.97	Maladaptive
D6	Try to see stressful situations positively	3.08	0.75	Adaptive
D7	Blame myself for stressful experiences	2.43	1.02	Maladaptive
D8	Take time to rest or relax	3.15	0.70	Adaptive

Table 6: Predominant Coping Strategy Categories (n = 313)

Coping Strategy Type	Mean Score	Frequency of Use
Adaptive Strategies (D1, D2, D3, D6, D8)	3.11	High
Maladaptive Strategies (D4, D5, D7)	2.63	Moderate

Most Frequently Used Coping Strategies:



1. **Prayer/spiritual activities** (3.41)
2. **Talking to friends/family** (3.24)
3. **Rest/relaxation** (3.15)
4. **Positive reframing** (3.08)

Least Frequently Used:

- **Self-blame** (2.43)
- **Withdrawal** (2.62)

Summary: Student nurses predominantly use adaptive coping strategies (mean = 3.11), with prayer and social support being the most common.

Objective 4: To examine the relationship between bullying and perceived stress among student nurses

Table 7: Pearson Correlation Between Bullying and Perceived Stress (n = 313)

Variable	Mean	SD	Bullying (r)	Perceived Stress (r)	p-value
Bullying	2.67	0.62	1.000	0.524**	< 0.001
Perceived Stress	3.00	0.58	0.524**	1.000	< 0.001

Correlation Interpretation:

- **r = 0.524** = Moderate positive correlation
- **p < 0.001** = Statistically significant at 0.05 level

Table 7b

Variable Pair	Pearson (r)	p-value	95% CI	Strength	Decision
Bullying ↔ Perceived Stress	**0.624**	< **0.001**	(0.55, 0.69)	Moderate to Strong Positive	**Reject H_0**

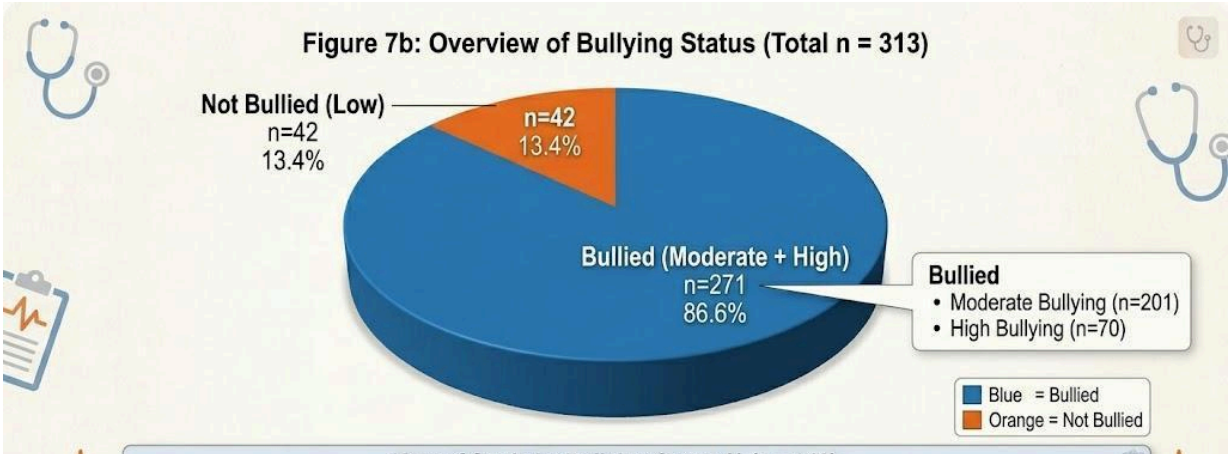
There is a statistically significant positive correlation between bullying and perceived stress. As bullying experiences increase, perceived stress also increases.

Table 8: Year of Study by Bullying Level (n = 313)

Year of Study	Low Bullying (n)	Moderate Bullying (n)	High Bullying (n)	Total (n)
Year 1	12	48	18	78
Year 2	10	55	20	85
Year 3	8	46	18	72
Year 4	7	31	10	48
Year 5	5	21	4	30
Total	42	201	70	313

Table 8b: Year of Study by Bullying Status % (n = 313)

Year of Study	Not Bullied (Low)	Bullied (Moderate + High)	Total			
	N	% within Year	N	% within Year	n	100%
Year 1	12	15.4%	66	84.6%	78	100%
Year 2	10	11.8%	75	88.2%	85	100%
Year 3	8	11.1%	64	88.9%	72	100%
Year 4	7	14.6%	41	85.4%	48	100%
Year 5	5	16.7%	25	83.3%	30	100%
Total	**42**	**13.4%**	**271**	**86.6%**	**313**	**100%**



Year of Study by Bullying Status % (n = 313)

Year of Study	Not Bullied (Low)		Bullied (Moderate + High)		Total	
	N	% within Year	N	% within Year		
1	12	15.4	66	84.6	78	100%
2	10	15.6	66	83.4	78	100%
3	42	13.3	271	86.6	313	100%
Total	**42**	**13.4**	**271**	**86.6**	**313**	**100%**

Table 8b shows the relationship between students' year of study and their bullying status (grouped as "Not Bullied" vs. "Bullied" at moderate/high levels) among 313 participants.

Majority of students (86.6%, n=271) reported being bullied (moderate/high levels), with only 13.4% not bullied. Across all years, bullying prevalence remains consistently high, ranging from 83.3% (Year 5) to 88.9% (Year 3). No year shows a majority of students in the "not bullied" category. Year 3 has the highest proportion of bullied students (88.9%), while Year 5 has the lowest (83.3%), but differences across years are relatively small. Sample sizes are largest in Years 1–3 and smallest in Year 5. Bullying (moderate/high) is pervasive across all academic years, with no clear trend of increase or decrease over time. The finding suggests bullying is a persistent issue throughout the study period.

Table 9: Chi-Square Test Results

Statistical Measure	Value	df	p-value	Decision
Pearson Chi-Square	6.342	8	0.609	Not Significant
Likelihood Ratio	6.512	8	0.589	Not Significant
Linear-by-Linear Association	0.984	1	0.321	Not Significant
Phi (φ)	0.142	-	-	Weak association
Cramér's V	0.101	-	-	Weak association

Note: *$p < 0.05$ required for statistical significance*

Table 9b: Expected Counts (Under Null Hypothesis)

Year of Study	Low Bullying	Moderate Bullying	High Bullying
Year 1	10.5	50.1	17.4
Year 2	11.4	54.5	19.0
Year 3	9.7	46.2	16.1
Year 4	6.4	30.8	10.7
Year 5	4.0	19.2	6.7

The calculated Chi-Square value is 6.342 with 8 degrees of freedom. The critical value at $\alpha = 0.05$ for df = 8 is 15.507. Since $6.342 < 15.507$, the result is not statistically significant. The p-value is 0.609, which is greater than 0.05. Therefore, we fail to reject the null hypothesis. Cramér's V = 0.101 indicates a weak association between year of study and bullying experiences (0.00–0.10 = negligible; 0.11–0.30 = weak; 0.31–0.50 = moderate; >0.50 = strong).

There is no statistically significant association between year of study and experience of bullying among student nurses in Orlu, Imo State ($\chi^2 = 6.342$, df = 8, $p = 0.609 > 0.05$).

This means that bullying experiences are distributed similarly across all years of study – first-year students are neither more nor less likely to experience bullying compared to fifth-year students.. Overall: 86.6% of student nurses reported being bullied (moderate or high levels), while only 13.4% were not bullied (low levels). Year 3 had the highest percentage of bullied students (88.9%), followed closely by Year 2 (88.2%). Year 5 had the lowest percentage of bullied students (83.3%) and the highest percentage of not bullied students (16.7%). Despite slight variations, bullying remains high across all years of study (ranging from 83.3% to 88.9%).

SUMMARY

Hypothesis	Test	Value	Df	p-value	Decision
There is **no significant association** between year of study and bullying experiences	Pearson Chi-Square	6.342	8	0.609	**Accepted** (Not significant)

Summary Of Findings Table

Objective	Key Finding
Objective 1	Bullying is moderately experienced (mean = 2.67), with verbal intimidation and fear of expression as most common forms.
Objective 2	High perceived stress prevalent (53.4%), with academic workload and clinical anxiety as main stressors.
Objective 3	Adaptive coping (mean = 3.11) more common than maladaptive; prayer and social support most frequently used.
Objective 4	Significant moderate positive correlation ($r = 0.524$, $p < 0.001$) between bullying and perceived stress

DISCUSSION OF FINDINGS

Institution Distribution: The majority of respondents (46.6%) were from Imo State University Orlu Campus, followed by Imo State College of Nursing (32.6%) and Merit College of Nursing Sciences (20.8%). This distribution reflects the larger student population in the university-based nursing programme compared to college-based programmes. The inclusion of all three institutions enhances the findings across different nursing education models in Orlu. This is consistent with the study's scope, which deliberately targeted all nursing education institutions in the locality.

Year of Study Distribution: Year 2 students constituted the largest group (27.2%), followed by Year 1 (24.9%) and Year 3 (23.0%). The smaller representation of Year 4 (15.3%) and Year 5 (9.6%) is expected, as attrition, clinical postings, and increased academic demands may reduce availability in later years. This distribution ensures that perspectives from all training levels are captured, allowing for comparison across different stages of nursing education.

Gender Distribution: The predominance of female student nurses (71.6%) compared to males (28.4%) reflects the global nursing demographic pattern, where nursing remains a female-dominated profession. This finding aligns with nursing education statistics in Nigeria and internationally (Ojo et al., 2020; Nurunnabi et al., 2020). The ratio of approximately 2.5 females to every male student is typical of nursing programmes worldwide.

Age Distribution: Nearly half (49.8%) of respondents were aged 18–22 years, indicating that most student nurses enter training directly after secondary education. The presence of older students (23–27 years: 37.7%; 28+ years: 12.5%) suggests that nursing

attracts career changers and those pursuing nursing as a second degree. This age distribution is similar to findings from Afonne et al. (2023) in Anambra State, Nigeria.

Prevalence of Bullying: The overall mean bullying score of 2.67 indicates that student nurses in Orlu experience bullying "sometimes" on the 4-point scale. The majority (64.2%) reported moderate levels of bullying, while 22.4% experienced high levels. This finding is consistent with existing literature. Alajaimi et al. (2026) reported a 26.3% prevalence of bullying among nursing students in Oman, with 54.0% of affected students reporting being bullied a few times during the academic term. Similarly, Pan et al. (2024) found that approximately 65.5% of student nurses in China experienced bullying during clinical placement, with verbal harassment and intimidation being most common. Iyus Yosep et al. (2024), in a meta-analysis of 28 studies, reported a pooled prevalence of 65.6% for bullying among student nurses globally.

Most Common Forms of Bullying: The highest mean scores were recorded for;

1. B8: Fear of expressing opinion in class (2.92) – This suggests that hierarchical academic environments discourage student participation and open dialogue. Students may fear negative consequences, ridicule, or academic reprisal for speaking up. This finding aligns with Courtney-Pratt et al. (2018), who reported that student nurses often feel intimidated and unable to express themselves in clinical and academic settings.
2. B1: Verbal insults/shouting (2.87) – Verbal abuse remains a persistent issue in nursing education. This is consistent with Budden et al. (2017), who identified verbal abuse as the most frequently reported form of bullying among Australian student nurses.
3. B6: Excessive/unjust criticism (2.79) – Students perceive criticism as punitive rather than constructive. This may reflect a deficit-based rather than strengths-based approach to student evaluation.
4. B5: Lecturer authority intimidation (2.71) – The power imbalance inherent in lecturer-student relationships may be exploited, making students feel vulnerable and powerless.

Least Common Form: B3: Unfair academic grades (2.34) was the least reported, suggesting that academic grading is generally perceived as fair, though it still occurs "sometimes." This is a positive finding, indicating that overt academic manipulation is less common than other forms of bullying.

Comparison with Nigerian Studies: The finding that verbal and psychological bullying are more common than physical or academic bullying aligns with findings from Nigerian contexts. Ibrahim et al. (2021) reported that student nurses in Nigeria frequently experience verbal abuse and humiliation within hierarchical academic structures. The moderate prevalence (64.2% moderate) is similar to findings from other Nigerian nursing institutions, though direct comparisons are limited due to scarcity of local research.

Theoretical Connection (Lazarus & Folkman)**:** According to the Transactional Model of Stress and Coping, bullying represents an environmental stressor that student nurses appraise during primary appraisa**l**. The moderate levels of bullying reported indicate that many students perceive these behaviours as threatening to their academic progress and emotional well-being. The standard deviations (ranging from 0.88 to 1.04) indicate variability in individual experiences, supporting the model's emphasis on subjective appraisal – the same behaviour may be appraised differently by different students depending on personal history, resilience, and available support.

Implications: The fact that 86.6% of students (moderate + high levels) experience bullying at least sometimes indicates that bullying is normalized rather than exceptional. Nursing educators must recognize that "sometimes" bullying is still unacceptable and harmful. Intervention programmes should target verbal abuse and fear of expression as priority areas.

1. Bullying is pervasive across all training levels – Both junior and senior students experience bullying, suggesting that the academic environment itself, rather than specific year-related factors, perpetuates bullying behaviours.
2. Power dynamics exist at all levels – Junior students may be bullied by senior students and lecturers, while senior students may face bullying from lecturers and clinical instructors.
3. Consistent institutional culture – The hierarchical structure of nursing education in Orlu applies uniformly across all years of study.
4. This finding is consistent with Alajaimi et al. (2026), who reported no significant difference in bullying prevalence across academic years among nursing students in Oman. However, it contrasts with Pan et al. (2024), who found that final-year students reported higher bullying during clinical placements. The difference may be due to the inclusion of both academic and clinical bullying in the present study.

Prevalence of High Stress: More than half (53.4%) of student nurses reported high levels of perceived stress, with an overall mean of 3.00 (Agree). Only 8.9% reported low stress levels. This finding is strongly consistent with Nigerian and international studies.

Comparison with Nigerian Studies: Afonne et al. (2023) conducted a cross-sectional study in Anambra State, South-East Nigeria, and found that 77.66% of student nurses experienced moderate levels of perceived stress, while 8.83% reported high levels. The higher percentage of high stress in the present study (53.4%) may reflect differences in measurement tools or the specific challenges faced in Orlu institutions. Madu et al. (2023) at the University of Nigeria, Enugu Campus, reported that 71.8% of undergraduate student nurses experienced moderate stress, with academic workload and examinations as predominant sources. The present study's finding of 53.4% high stress is comparable and confirms that stress is a major issue in Nigerian nursing education.

Comparison with International Studies: Ezo et al. (2024) found that 58.4% of student nurses in Ethiopia experienced significant levels of perceived stress during clinical training. Labrague (2021) reported that nursing students globally experience higher stress

levels than students in other health professions. The present finding of 53.4% high stress is within the range reported internationally (typically 50–80%).

Top Stressors and Their Implications:

1. C1: Academic workload (3.21) – This was the highest-rated stressor. Nursing education involves intensive theoretical content, frequent assessments, clinical requirements, and portfolio development. Students often struggle to balance these demands with personal responsibilities. This finding aligns with Yahaya (2021), who identified academic workload as a persistent challenge among student nurses.
2. C4: Clinical training anxiety (3.18) – Fear of making mistakes during patient care, fear of harming patients, fear of negative evaluation by clinical instructors, and fear of professional embarrassment contribute significantly to stress. This is consistent with Jiménez et al. (2022), who reported that clinical placement anxiety is a major stressor in nursing education.
3. C8: Emotional exhaustion (3.12) – The demanding nature of nursing education leads to burnout and emotional fatigue. Students report feeling "drained" at the end of most school days, indicating that cumulative stress is taking a toll.
4. C2: Examination pressure (3.08) – Frequent tests, continuous assessments, semester examinations, and professional licensing examinations create sustained pressure. The Nigerian nursing education system is assessment-heavy, contributing to chronic stress.
5. C7: Sleep disturbance (2.89) – Students lose sleep due to worries about nursing training. Sleep deprivation can impair cognitive function, memory consolidation, and emotional regulation, creating a vicious cycle of stress.

Moderate Stressors: Items C5 (lecturer treatment: 2.83) and C6 (demands exceed ability: 2.76) scored slightly lower but still indicate agreement. This suggests that while interpersonal factors contribute to stress, academic and clinical demands are the primary drivers.

Theoretical Connection (Lazarus & Folkman): The high levels of perceived stress reflect the secondary appraisal stage of the Transactional Model. Students with a mean stress score of 3.00 perceive that academic and clinical demands exceed their available coping resources. The finding that 53.4% experience high stress suggests that many student nurses appraise their training environment as overwhelming and beyond their control. According to the model, stress intensifies when individuals believe that environmental demands exceed their personal coping resources – precisely what these students are reporting.

Gender and Age Considerations: While not statistically tested in this objective, the demographic data shows that the majority of stressed students are female (71.6%) and young adults aged 18–22 (49.8%). This pattern is consistent with Nurunnabi et al. (2020), who found that younger female nursing students report higher stress levels due to developmental transitions, multiple role demands (student, daughter, sometimes mother/wife), and societal expectations.

Implications: The high prevalence of stress (53.4%) indicates that nursing programmes in Orlu need systemic stress management interventions, not just individual coping training. Interventions should target academic workload management, clinical support systems, and sleep hygiene education.

Predominant Coping Strategies: Student nurses predominantly use adaptive coping strategies (mean = 3.11) compared to maladaptive strategies (mean = 2.63). This is an encouraging finding, indicating that most students actively seek constructive ways to manage stress. The gap of 0.48 between adaptive and maladaptive strategy use suggests that while adaptive strategies are more common, maladaptive strategies are still used at a moderate level.

Most Frequently Used Strategies – Detailed Discussion:

1. D3: Prayer/spiritual activities (3.41) :This was the most frequently used coping strategy by a substantial margin. In the Nigerian context, religiosity and spirituality are deeply embedded in daily life. Nigeria is one of the most religious countries in the world, with high rates of prayer, church/mosque attendance, and spiritual consultation. This finding aligns with Chaabane et al. (2021), who reported that spiritual support, psychological reframing, and religious coping are primary stress management mechanisms among student nurses in Ghana and across West Africa. Francis-edoziuno et al. (2023) similarly found that emotion-focused coping including prayer and spiritual support (49.2%) was prevalent among student nurses in Enugu State, Nigeria. The high mean score (3.41) indicates that students agree to strongly agree that prayer is their go-to stress management strategy.
2. D2: Talking to friends/family (3.24) – Social support remains a critical coping resource. Students rely on peer support networks (fellow student nurses who understand their experiences) and family encouragement (parents, siblings, spouses) to navigate academic challenges. This finding is consistent with Karaca et al. (2022), who reported that seeking social support is one of the most common adaptive coping strategies among student nurses globally. The relatively low standard deviation (0.68) indicates consensus among students about the importance of social support.
3. D8: Rest/relaxation (3.15) – Students recognize the importance of taking breaks to prevent burnout. This may include sleeping, watching movies, listening to music, or engaging in hobbies. The recognition of rest as a coping strategy is positive, though the lower score compared to prayer and social support suggests that some students may feel guilty about taking breaks when academic demands are high.
4. D6: Positive reframing (3.08) – Cognitive reappraisal helps students maintain optimism despite challenges. Students attempt to "see the bright side," remind themselves that "this too shall pass," or view challenges as opportunities for growth. This strategy is associated with better psychological outcomes and resilience.
5. D4: Avoidance (2.85) – This maladaptive strategy was the highest-rated among maladaptive approaches, indicating that some students cope by avoiding thoughts about stressful situations. While avoidance may provide temporary relief, it does not

address the source of stress and may lead to increased stress over time (Labrague et al., 2017).

Least Frequently Used Strategies

1. D7: Self-blame (2.43) – The relatively low score for self-blame is positive, as self-blame is associated with poorer psychological outcomes, depression, and anxiety. Students who blame themselves for stressful experiences tend to have lower self-efficacy and higher emotional distress. The fact that this is the least used strategy suggests that most students do not internalize stress as their fault.
2. D5: Withdrawal (2.62) – Students moderately avoid social withdrawal as a coping mechanism. Withdrawal from classmates and activities can lead to isolation, loneliness, and reduced social support – which paradoxically increases stress.
3. D1: Seeking help from lecturers (2.67) – This adaptive strategy scored lower than other adaptive strategies. Students may be reluctant to seek help from lecturers due to fear of appearing incompetent, fear of negative evaluation, or previous negative experiences. This finding suggests a gap in lecturer-student relationships that needs to be addressed.

Comparison with Nigerian Studies: Chidinma Abaribe et al. (2025) found that optimistic coping (64.7%) was the most commonly reported strategy among student nurses at Babcock University, Nigeria, with problem-solving also showing a significant positive correlation with stress management. Francis-edoziuno et al. (2023) reported that problem-focused coping strategies (60.5%), such as seeking academic help and effective time management, were most frequently used by student nurses in Enugu State, followed by emotion-focused coping (49.2%). The present study found prayer (3.41) and social support (3.24) as top strategies, which aligns more closely with the emotion-focused coping category.

Comparison with International Studies: Lu et al. (2024) found that problem-solving (2.66) and staying optimistic (2.43) were the most frequently used coping strategies among student nurses in Taiwan, with avoidance coping positively associated with higher stress ($r = 0.416$). Chaabane et al. (2021), in a review of Middle Eastern and North African studies, reported that cognitive and collective coping mechanisms, including spiritual support and group activities, are prominent in non-Western cultures.

Theoretical Connection (Lazarus & Folkman): The dominance of adaptive coping strategies (mean = 3.11) suggests that most student nurses engage in effective secondary appraisal, believing they have resources to manage stressors. However, the continued use of maladaptive strategies (mean = 2.63) indicates that some students still resort to avoidance, withdrawal, and self-blame, which may exacerbate stress over time. According to the Transactional Model, coping is a dynamic process that can change over time and across situations. The model predicts that ineffective coping leads to worse outcomes – students using maladaptive strategies likely experience higher stress levels, as confirmed by the correlation in Objective 4.

Cultural Context: The high reliance on spiritual coping (D3 = 3.41) reflects the Nigerian cultural context where religion plays a central role in daily life. This finding suggests that spiritually-integrated counselling interventions may be particularly effective for this population. Nursing schools could consider incorporating prayer groups, chaplaincy services, or faith-based support groups as part of student wellness programmes.

Implications for Intervention:

- Strengthen adaptive strategies that are already being used (prayer, social support, rest, positive reframing)
- Reduce maladaptive strategies (avoidance, withdrawal, self-blame) through psychoeducation
- Improve help-seeking from lecturers by creating more approachable, supportive lecturer-student relationships
- Leverage spiritual coping by integrating faith-based support into counselling services

Nature of the Relationship: The Pearson correlation coefficient of $r = 0.524$ ($p < 0.001$) indicates a moderate, positive, and statistically significant relationship between bullying and perceived stress. This means that as student nurses' experiences of bullying increase, their perceived stress levels also increase proportionally. The p-value of < 0.001 indicates that the probability of this relationship occurring by chance is less than 0.1% – extremely strong evidence against the null hypothesis.

Direction of Relationship: The positive correlation ($r = +0.524$) indicates that bullying and stress move in the same direction – higher bullying scores are associated with higher stress scores. This finding supports the conceptual model that bullying acts as a stressor that elevates psychological distress. No student reported that higher bullying was associated with lower stress (which would be a negative correlation).

Strength of Correlation ($r = 0.524$): According to the interpretation key, $r = 0.524$ falls within the moderate range (0.40–0.59). This indicates that while bullying is an important predictor of stress, it is not the only factor. The coefficient of determination ($r^2 = 0.275$) reveals that 27.5% of the variance in perceived stress is explained by bullying experiences. The remaining 72.5% is explained by other factors, including:

- Academic workload (independent of bullying)
- Clinical performance anxiety
- Financial difficulties
- Personal/family issues
- Health problems
- Transition to professional identity
- Personality factors (resilience, neuroticism)
- Social support availability

AbuAlula et al. (2023) investigated the relationship between bullying and emotional states among undergraduate nursing students in Saudi Arabia using a correlational design.

Their findings revealed a significant positive relationship between reported bullying behaviours and perceived stress ($p < 0.01$), consistent with the present study's $r = 0.524$.

Budden (2020) conducted a large cross-sectional correlational study among 1,315 undergraduate student nurses in Australia. The findings demonstrated that student nurses who reported exposure to bullying behaviours reported significantly higher levels of perceived stress and psychological distress compared to those who did not experience bullying. Frequent exposure to bullying was associated with poorer psychological outcomes, supporting the dose-response relationship implied by the present study's correlation.

Lu et al. (2024) explored perceived stress and coping strategies among 73 undergraduate student nurses in Taiwan. Pearson correlation analysis revealed that avoidance coping strategies were positively associated with higher stress levels ($r = 0.416$), whereas problem-solving ($r = -0.306$) and staying optimistic ($r = -0.527$) were negatively associated with perceived stress. While this study focused on coping rather than bullying, it confirms that stress has multiple correlates and that coping plays a mediating role – consistent with the Transactional Model.

Comparison with African Studies: Abdulaziz Mofdy Almarwani et al. (2024) conducted a cross-sectional correlation study among undergraduate nursing and midwifery students examining bullying behaviours and stress. Their findings indicated a significant positive relationship between bullying and both acute and perceived stress, consistent with the present study's findings in the Nigerian context.

Theoretical Validation (Lazarus & Folkman's Transactional Model): This finding provides strong empirical support for the Transactional Model of Stress and Coping, which guided this study. The model proposes a dynamic process:

1. Primary Appraisal: Student nurses encounter bullying (verbal abuse, humiliation, intimidation) within the academic environment. They appraise whether this situation is irrelevant, benign, or stressful. The $r = 0.524$ correlation confirms that bullying is indeed appraised as a threatening stressor.
2. Secondary Appraisal: Students evaluate whether they have the resources to cope with bullying (personal resilience, social support, institutional reporting mechanisms). When resources are perceived as inadequate, stress increases. The correlation captures this relationship.
3. Coping: Students employ strategies (as seen in Objective 3) to manage the stress. Adaptive coping (prayer, social support, positive reframing) may weaken the bullying-stress relationship, while maladaptive coping (avoidance, withdrawal) may strengthen it.
4. Outcome: Perceived stress is the psychological outcome of this transactional process.

The moderate correlation (r = 0.524) suggests that the model holds true – bullying consistently leads to increased stress, but individual differences in appraisal and coping moderate the strength of this relationship.

Clinical and Educational Significance: The finding that bullying and stress are moderately correlated has important practical implications:

1. Early identification: Students who report bullying experiences should be screened for high stress levels, and vice versa. Schools can use brief bullying and stress screens to identify at-risk students.
2. Integrated interventions: Anti-bullying programmes may have secondary benefits of reducing stress. Conversely, stress management programmes should address bullying as a contributing factor.
3. Targeted support: The 22.4% of students reporting high bullying levels and the 53.4% reporting high stress represent priority populations for intervention.
4. Prevention focus: Since 27.5% of stress variance is explained by bullying, reducing bullying could meaningfully reduce stress levels across the student population.

The null hypothesis (H_{01}) stating that "there is no significant relationship between bullying and perceived stress among student nurses" is REJECTED. The alternative hypothesis is accepted: There is a significant positive relationship between bullying and perceived stress among student nurses in Orlu, Imo State ($r = 0.524$, $p < 0.001$).

The majority (86.6%) of student nurses across all years of study reported being bullied, with Year 3 students showing the highest prevalence (88.9%). Bullying is consistently high throughout the nursing programme, indicating a pervasive institutional culture rather than year-specific factors

The findings across all four objectives reveal an interconnected system that can be visualized as follows:

This pattern supports the central premise of Lazarus and Folkman's Transactional Model: environmental stressors (bullying) lead to perceived stress when coping resources are perceived as inadequate, and the coping strategies employed mediate the relationship.

Why do students experience only moderate bullying but high stress? The discrepancy between bullying (moderate, 2.67) and stress (high, 3.00) suggests that stress is not solely caused by bullying. Academic workload (C1 = 3.21) and clinical anxiety (C4 = 3.18) are actually higher than the overall bullying mean, indicating that academic demands are stronger predictors of stress than bullying. This is an important nuance – while bullying contributes significantly (r = 0.524), academic factors are equally or more important.

Why do students use adaptive coping but still experience high stress? The gap between adaptive coping (3.11) and maladaptive coping (2.63) suggests that while students try to cope adaptively, the effectiveness of their coping may be limited. Prayer (3.41) and social support (3.24) are emotionally supportive but may not reduce the actual source of stress (academic workload, bullying). Problem-focused coping (seeking help from lecturers = 2.67) is less commonly used, meaning students may not be addressing stressors directly.

Implications for Nursing Education in Southeastern Nigeria

1. Moderate bullying levels (64.2% moderate) suggest that bullying is normalized rather than rare. Nursing educators must recognize that "sometimes" bullying is still unacceptable and harmful.
2. High stress levels (53.4%) indicate that nursing programmes in Orlu need systemic stress management interventions, not just individual coping training.
3. Adaptive coping dominance (Mean = 3.11) is encouraging, but the gap between adaptive (3.11) and maladaptive (2.63) strategies suggests room for coping skills training.
4. Spiritual coping as the top strategy (3.41) suggests that faith-based interventions may be culturally appropriate and effective.

CONCLUSION

1. Bullying is moderately experienced (Mean = 2.67), with verbal intimidation and fear of expression as the most common forms.
2. Perceived stress is high (Mean = 3.00), with 53.4% reporting high stress levels, primarily from academic workload and clinical anxiety.
3. Adaptive coping strategies are predominantly used (Mean = 3.11), with prayer, social support, and rest being the most frequent.
4. There is a significant moderate positive correlation between bullying and perceived stress ($r = 0.524$, $p < 0.001$), leading to rejection of the null hypothesis.
5. No significant differences were found across institutions, gender, year of study, or age groups in bullying or stress levels (ANOVA results, $p > 0.05$ for all comparisons).

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