

Stress among Student Nurses in the Extension Study Program at Kibuli Muslim Hospital Health Training Schools, Kampala. A cross-sectional study.

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ABSTRACT

Background:

Stress among student nurses is a growing concern worldwide and is increasingly being recognized as a significant barrier to academic performance, clinical efficiency, and their overall well-being. The study aims to assess the factors associated with stress among student nurses in the extension study program at Kibuli Muslim Hospital Health Training School.

Methodology:

This study employed a descriptive cross-sectional study design. The study population consisted of 40 student nurses currently enrolled in Kibuli Muslim Hospital Health Training School across all academic years during the study period. Data were entered into Microsoft Excel for analysis. Descriptive statistics (frequencies, means, and percentages) summarized the data.

Findings:

The majority of respondents, 20 (55.6%), said academic rules were too strict; 7 (19.4%) said they were very flexible. 30 (83.3%) indicated that supervisors are very supportive; 6 (16.7%) indicated unsupportive. 25 (69.4%) get emotional support from close friends; 5 (13.9%) get emotional support from family members. 15 (46.9%) indicated family responsibilities cause less study; 2 (6.3%) indicated absence from clinicals. 32 (88.9%) felt their study was affected by family responsibilities. 28 (77.8%) answered that tuition fees were stressful. 25 (69.4%) indicated workload pressures were a cause of stress. 30 (83.3%) answered that academic workload was very heavy. 30 (83.3%) were female, and 6 (16.7%) were male

Conclusion:

Student nurses experienced stress associated with academic workload, tuition fees, family responsibilities, and academic regulations. Despite the high level of support from clinical supervisors and peers, these stressors may negatively affect students' academic progress and overall well-being.

Recommendations:

The school should therefore organize mental health camps and advocate for partnerships with organizations that would help with tuition and other study requirements for those students who cannot fully fund their tuition, so that they can academically progress.

Keywords: Stress among student nurses, Extension study program, financial stress, Kibuli Muslim Hospital Health Training School.

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Background

Stress among student nurses is a growing concern worldwide and is increasingly being recognized as a significant barrier to academic performance, clinical efficiency, and overall well-being, as nursing education is inherently demanding, involving rigorous academic study, clinical placements, and emotional exposure to patient care environments (Aryuwat et al., 2024). For students enrolled in intensive programs such as the nursing extension study program, the pressure is often compounded by additional responsibilities such as work obligations and family commitments. Chronic or unmanaged stress can lead to burnout, anxiety, depression, and in some cases, withdrawal from the nursing profession altogether (Ghods et al., 2022).

Globally, research indicates that nursing students experience higher stress levels compared to their peers in other disciplines. A study conducted in the United States found that over 65% of nursing students reported moderate to high levels of stress due to academic overload, clinical demands, and time pressures (Dogham et al., 2024). In the United Kingdom, stress among student nurses was largely attributed to workload, lack of sleep, and limited coping resources (Lavoie-Tremblay et al., 2022). Similarly, in Australia, Usher et al. 2022 reported that nursing students faced significant stress stemming from financial challenges, clinical placement difficulties, and the pressure to balance study with part-time employment.

In Africa, the challenge of stress among nursing students is compounded by socioeconomic constraints, overcrowded training institutions, and under-resourced health systems. A study conducted in Egypt found that 63% of nursing students experienced high stress levels due to academic pressure, limited clinical exposure, and family-related issues (Chaabane et al., 2021). In Morocco, financial instability and inadequate institutional support were reported as key stressors affecting over 58% of nursing students (El Madani et al., 2023). These findings highlight the need for more context-specific interventions that address both academic and personal stressors.

Within Sub-Saharan Africa, stress among nursing students is further intensified by limited access to quality training resources, understaffed faculties, and high student-to-instructor ratios. In Nigeria, a survey of nursing schools revealed that 71.4% of student nurses suffered from stress related to academic overload and lack of psychosocial support services (Bvumbwe & Mtshali, 2018). In Cameroon, student nurses reported high levels of stress due to erratic clinical schedules and poor transportation to placement sites, affecting 67% of respondents (A. L. van Tilburg et al., 2020).

In East Africa, the situation mirrors that of other low-resource regions. In Kenya, for instance, student nurses in public training institutions reported high stress levels due to inconsistent class schedules, congested clinical settings, and inadequate guidance from clinical instructors (Waswa et al., 2024). In Tanzania, lack of psychosocial support and weak institutional frameworks were linked to increased dropout rates among student nurses, particularly those balancing school with employment or family life (Zakayo & Onyango, 2024).

In Uganda, stress among student nurses is increasingly being recognized as a critical issue, especially among those enrolled in extension study programs. These students often juggle multiple responsibilities, including work, academics, and family obligations (Amanya et al., 2018). At Kibuli Muslim Hospital Health Training School, anecdotal reports and preliminary observations indicate high levels of stress

among nursing students. Factors leading to this stress are not clear, and no research has been done in this school. Understanding these factors is vital for developing targeted interventions to support student nurses and improve learning outcomes. The study aims to assess the factors associated with stress among student nurses in the extension study program at Kibuli Muslim Hospital Health Training School.

Methodology

Study Design and Rationale

This study employed a descriptive cross-sectional study design. This design was appropriate because it allowed the researcher to collect data at a single point in time to identify and describe the factors associated with stress among student nurses. The descriptive nature of the study that enabled understanding of how academic, clinical, and socioeconomic factors contribute to stress among nursing students without manipulating any variables.

Study Setting and Rationale

The study was conducted at Kibuli Muslim Hospital Health Training Schools, located in Kampala District. This institution trains student nurses and midwives through theoretical and practical instruction. It is an ideal setting for the study due to its large student population, heavy academic and clinical workload, and concerns raised about increasing levels of stress among students, thus making it appropriate for examining the factors contributing to stress.

Study Population

The study population consisted of 40 student nurses currently enrolled in Kibuli Muslim Hospital Health Training Schools across all academic years during the study period.

Sample Size Determination

The sample size was determined using the Krejcie and Morgan (1970) table.

Table 1: The Krejcie and Morgan table (1970)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382

Source: Adapted from (Krejcie & Morgan, 1970). Where N = population 40, S = sample size 36.

According to the above table, S is the Sample size, and N is the population size. A population of 40 (N) corresponds to 36 (S) respondents in the extension class. Therefore, a representative sample of 36 respondents was selected to ensure statistical reliability and validity.

Sampling Procedure

A simple random sampling method was used to sample all the student nurses meeting the inclusion criteria to participate in the study because it eliminated bias and gave an equal chance for all the respondents to be included in the study. Pieces of paper with two written choices, “yes” and “no” were placed in a container. Each respondent was requested to pick one of the papers at random. The

individual who picked the “yes” response was included in the sample, and those who picked pieces of paper with “no” were excluded. The sampled respondents were taken through the study procedure and then presented with a consent form, and upon consent, they were given questionnaires for their opinions.

Inclusion and Exclusion Criteria

Inclusion Criteria

Student nurses enrolled at Kibuli Muslim Hospital Health Training Schools

Exclusion Criteria

Student nurses who are critically ill or absent during data collection.

Those with language barriers preventing effective communication.

Study Variables

Independent Variables

Academic-related factors.

Personal and social factors.

Institutional factors.

Dependent Variable

Level of stress among student nurses.

Data Collection Tools

Data were collected using a structured, self-administered questionnaire consisting of closed-ended questions.

Data Collection Procedure

An introductory letter was obtained from the Principal of Kampala University School of Nursing and Health Sciences. Permission was sought from the administration of Kibuli muslim hospital health training School. After ethical approval, student nurses meeting the inclusion criteria were approached during class breaks or non-clinical hours. The purpose of the study was explained and informed consent obtained. Questionnaires were distributed and collected anonymously in a sealed envelope to maintain confidentiality.

Data Management and Analysis

Completed questionnaires were checked for completeness and coded. Data were entered into Microsoft Excel for analysis. Descriptive statistics (frequencies, means, and percentages) summarized the data.

Quality Assurance: Validity and Reliability

Pretesting: The questionnaire was pretested on 4 student nurses at another nearby institution.

Supervision: The principal investigator monitored daily data collection and verified data quality.

Ethical Considerations

Approval was obtained from the Institutional Research and Ethics Committee and the school administration. Ethical principles upheld included:

Informed Consent: Participants received full information and signed consent forms.

Confidentiality: No names were recorded; data were stored securely.

Voluntary Participation: Participants were given the right to withdraw at any time without penalty.

Limitations of the Study

Self-reporting Bias: Respondents under- or overestimated their stress levels.

Social Desirability Bias: Some participants provided socially acceptable answers.

Limited Generalizability: Findings may not reflect other institutions with different settings.

RESULTS

Socio-Demographic Characteristics of Respondents

The study aimed at finding the factors associated with stress among student nurses in the extension study program at Kibuli Muslim Hospital Health Training Schools. The following section presents the socio-demographic characteristics of the participants.

Table 2: Demographic Data of Respondents (n=36)

Variable	Options	Frequency (f)	Percentage (%)
Age in years	20-24	10	27.8
	25-29	21	58.3
	Above 30	05	13.9
	Total	36	100
Gender	Male	06	16.7
	Female	30	83.3
	Total	36	100
Year of study	First year	20	55.6
	Second year	16	44.4
	Total	36	100
Marital status	Single	14	38.9
	Married	20	55.5
	Separated	01	02.8
	Widow	01	02.8
	Total	36	100

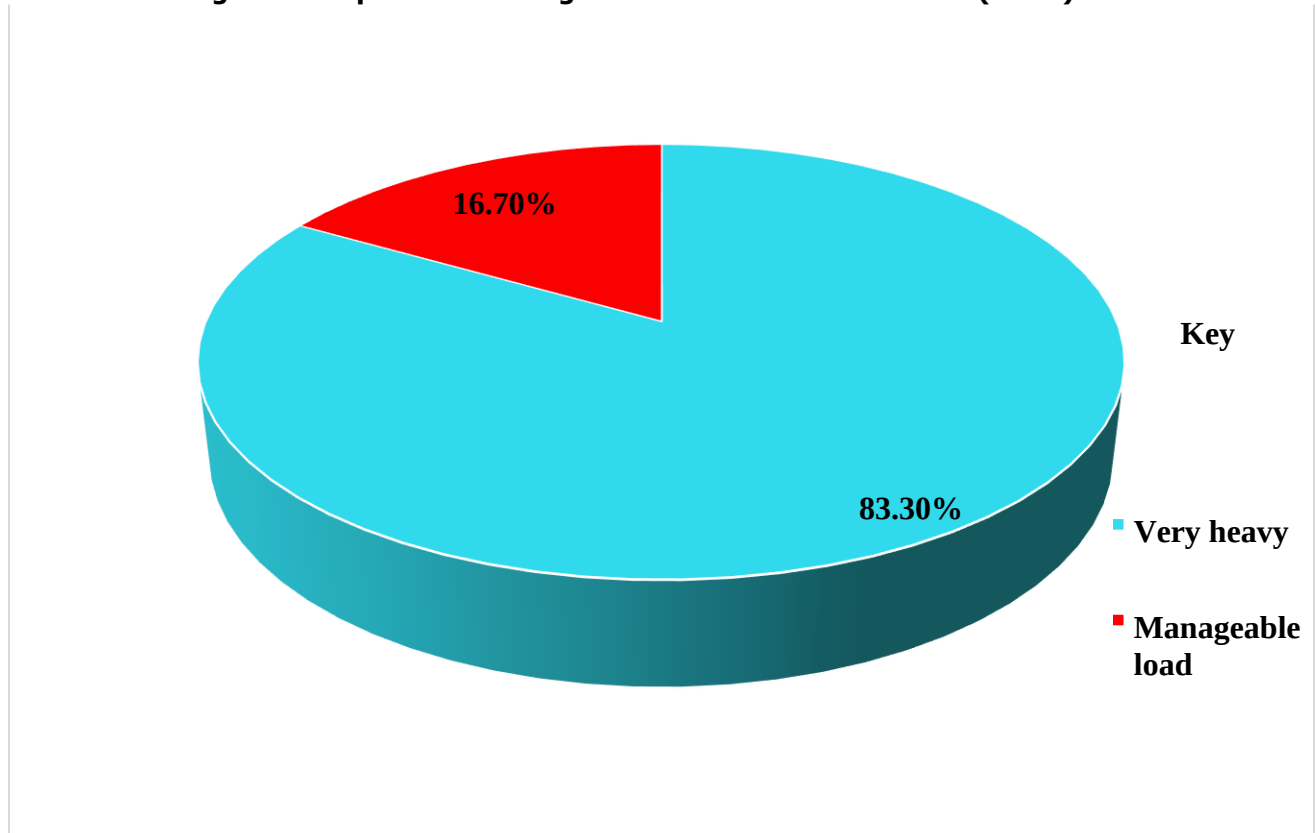
Source: primary data 2025).

Table 2 shows that the majority of respondents, 21 (58.3%), were aged 25-29 years and the fewest, 5 (13.9%), were aged above 30 years. By gender, the majority of the respondents, 30 (83.3%), were female, and the fewest, 6 (16.7%), were male. By year of study, the majority of respondents, 20

(55.6%) were in first year and 16 (44.4%) respondents were in second year and by marital status, the majority of respondents 20 (55.5%) were married, and the fewest, 1 (2.8%), 1 (2.8%), were separated and widowed, respectively.

Academic Related Factors Contributing to Stress among Student Nurses

Figure1: Respondents' thoughts on Academic Workload (n=36)



Source: primary data (2025).

Figure 1 shows that the majority of respondents, 30 (83.3%), answered very heavy, while the fewest, 6 (16.7%), answered that the workload is manageable.

Table 3: Challenges that Mostly Affect Respondents' Academic Success n=36)

Variable	Frequency (f)	Percentage (%)
Workload pressure	25	69.4
Time management	05	13.9
Fear of failure	05	13.9
Poor resources	01	02.8
Total	36	100

Source: primary data 2025).

Table 3 shows that the majority of respondents, 25 (69.4%), indicated workload pressure, while the fewest, 1 (2.8%), indicated poor resources.

Personal and Social Factors Contributing to Stress among Student Nurses**Table 4: Showing the Financial Challenges that Affect Respondents' Studies (n=36)**

Variable	Frequency (f)	Percentage (%)
Tuition fees	28	77.8
Transport costs	05	13.9
Study materials	03	08.3
Total	36	100

Source: primary data (2025).

Table 4 shows that the majority of respondents, 28 (77.8%), answered tuition fees, while the least, 3 (8.3%), answered study materials.

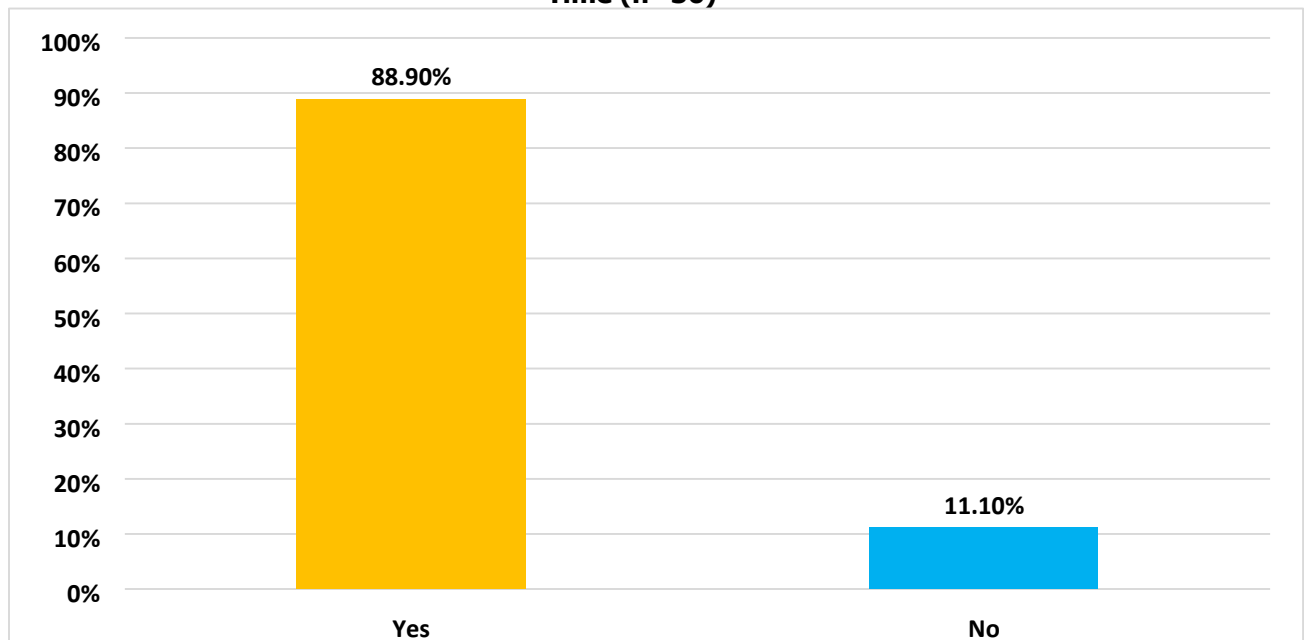
Figure 2: Showing Family Responsibilities' Effect on Respondents' Study Time (n=36)*Source: primary data 2025.*

Figure 2 shows that the majority of respondents, 32 (88.9%), answered yes, while the least, 4 (11.1%), answered no.

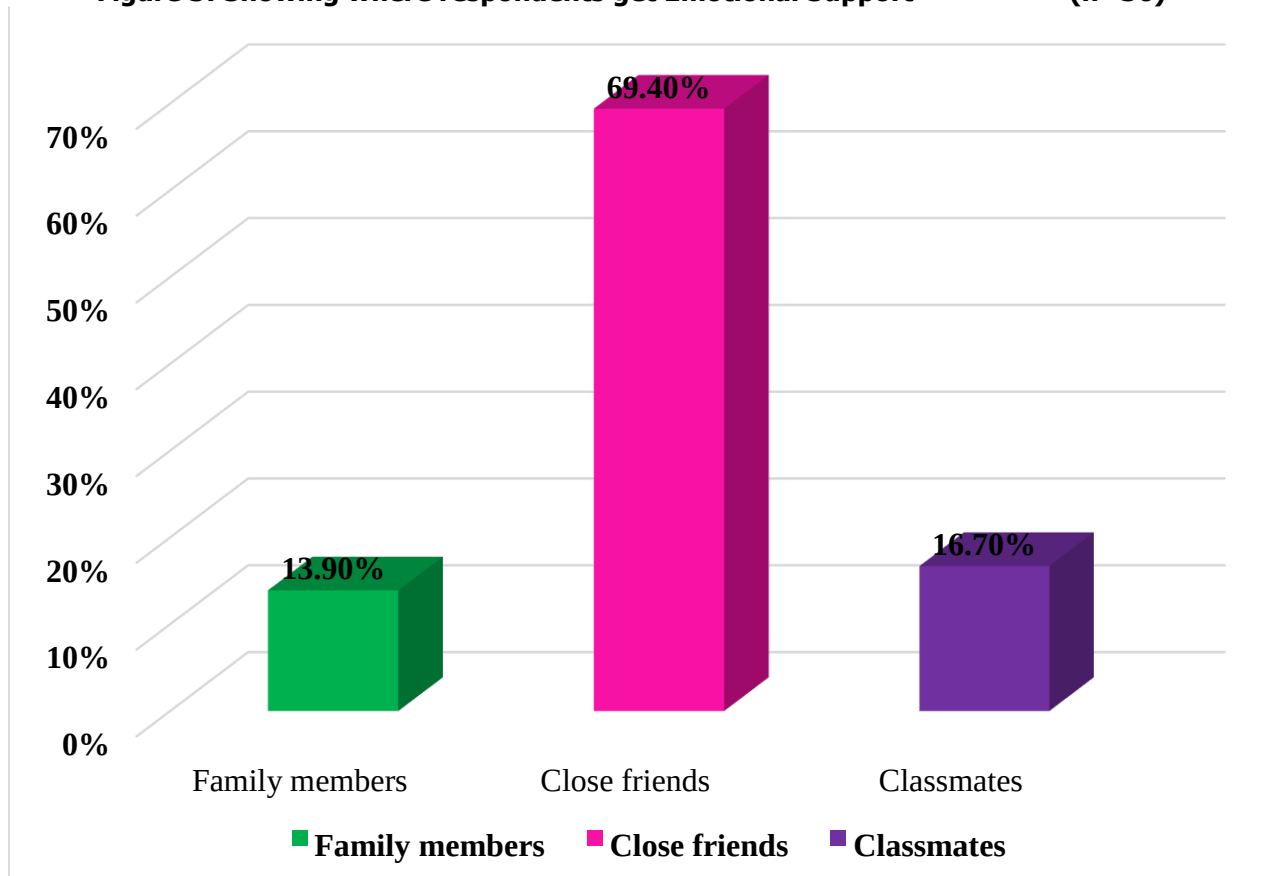
Table 5: A Table Showing How Family Responsibilities Affect Respondents' Time (n=36)

Variable	Frequency (f)	Percentage (%)
Less study	15	46.9
Miss classes	10	31.2
Tired always	05	15.6
Absent in clinical	02	06.3
Total	36	100

Source: primary data (2025).

Table 5 shows that out of 32 respondents, the majority, 15 (46.9%), indicated less study, and the least, 2 (6.3%), indicated being absent from clinical.

Figure 3: Showing where respondents get Emotional Support



Source: primary data, (2025).

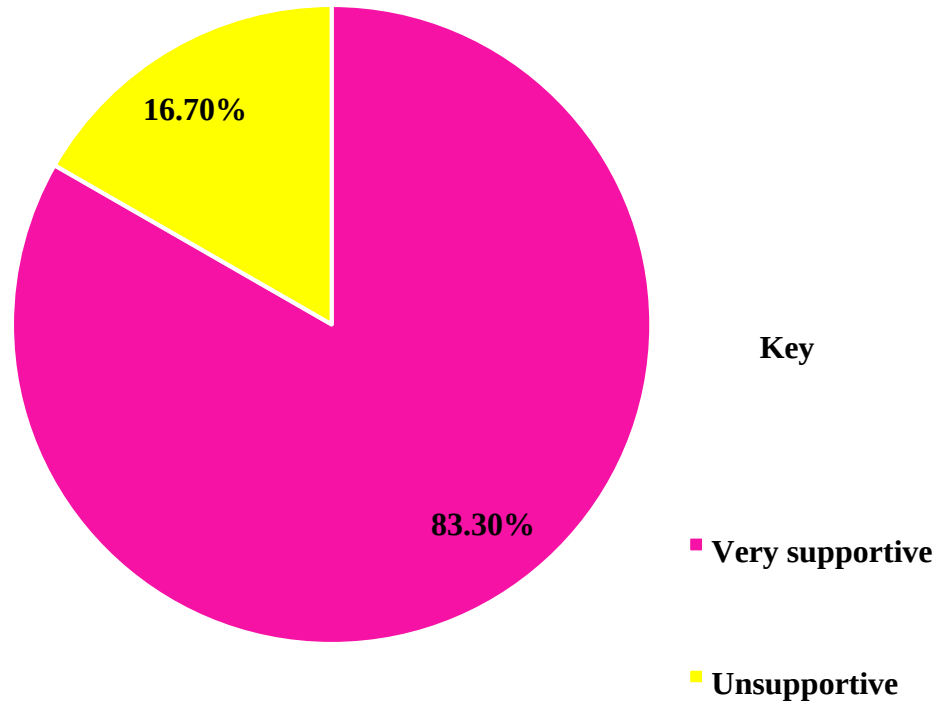
Figure 3 shows that the majority of respondents, 25 (69.4%), get emotional support from close friends, while the least, 5 (13.9%), get emotional support from family members.

Institutional Factors Contributing to Stress among Student Nurses

Figure 4: Clinical Supervisors' Support towards the Respondents.

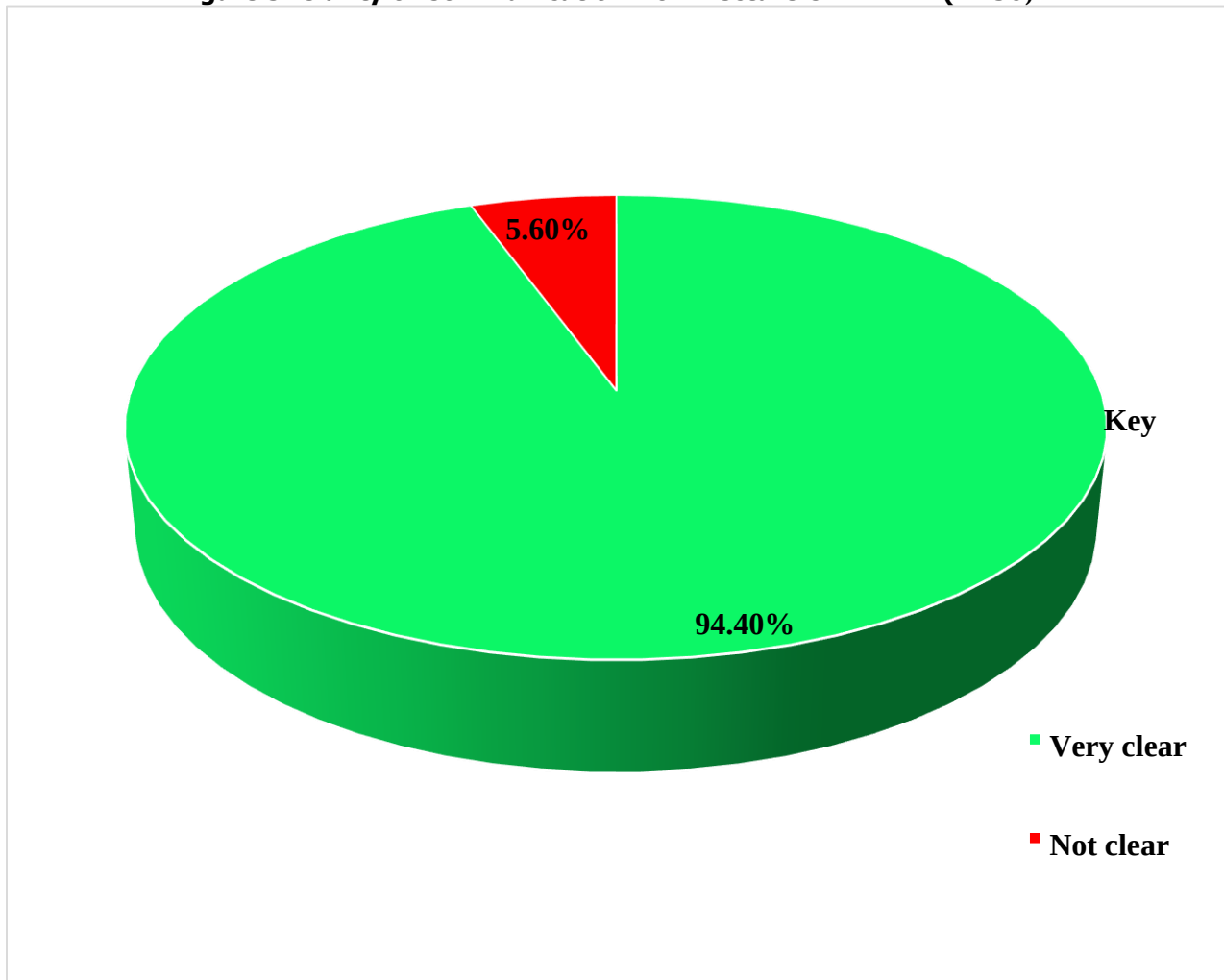
(n=36)

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Source: primary data,(2025).

Figure 4 shows that the majority of respondents, 30 (83.3%), indicated that supervisors are very supportive, while the least, 6 (16.7%), indicated unsupportive.

Figure 5: Clarity of Communication from Lecturers**(n=36)**

Source: primary data, (2025).

Figure 5 shows that the majority of the respondents, 34 (94.4%), answered very clear, while the fewest, 2 (5.6%), answered not clear.

Table 6: A Table Showing Flexibility of Academic Rules (n=36)

Variable	Frequency (f)	Percentage (%)
Very flexible	07	19.4
Somewhat strict	09	25.0
Too strict	20	55.6
Total	36	100

Source: primary data 2025.

Table 6 shows that the majority of respondents, 20 (55.6%), answered too strict, while the least, 7 (19.4%), answered very flexible.

Discussion

A comprehensive analysis of the data revealed that the majority of respondents (83.3%) answered that the academic workload was heavy. This is likely due to the challenges of balancing work, study, and personal life, which can lead to physical, emotional, and mental exhaustion.

The study's findings are consistent with a study conducted in India, which showed that 76.2% of nursing students felt overwhelmed by the vast curriculum and constant academic deadlines (Hwang & Kim, 2022). This is probably due to similar academic demands, clinical requirements, high expectations, long hours, and intense clinical experiences.

However, another study conducted in Nigeria found that poor time management contributed to stress among nursing students (Ghiasvand et al., 2017). The Nigerian study revealed that 71.4% of respondents admitted difficulty in organizing their academic tasks alongside clinical responsibilities, highlighting the importance of effective time management strategies.

The current study's findings suggest that student nurses may benefit from guidance on time management, prioritization, and coping strategies to manage their academic workload.

The study investigated personal and social factors contributing to stress among student nurses in Kibuli Muslim Hospital health training schools-school of nursing and midwifery. The findings revealed that a significant majority of respondents (77.8%) experienced stress due to lack of tuition fees. This is likely because tuition fees can be expensive, leading to financial strain, and students may lack sufficient scholarships, grants, or part-time jobs to support themselves.

This finding is consistent with a study conducted in Kenya, which showed that financial constraints were a major contributor to stress among nursing students (Sharon et al., 2023). The Kenyan study found that 76.5% of participants experienced elevated stress levels due to the inability to pay tuition fees, cover transportation costs, and afford essential academic materials.

Financial constraints are a common stressor for students globally, and nursing students may face unique challenges in accessing scholarships or bursaries. The financial burden of tuition fees can have a ripple effect, impacting students' academic performance, mental health, and overall wellbeing.

Interestingly, the current study's findings contrast with a study conducted in the Philippines, which found that lack of social support—especially from family, friends, and peers—was strongly associated with higher stress levels among nursing students (Naz et al., 2024). This disparity may be attributed to differences in student nurse populations, settings, or demographics.

The study investigated institutional factors contributing to stress among student nurses in Kibuli Muslim Hospital health training schools-school of Nursing and Midwifery.

The findings revealed that a majority of respondents (55.6%) perceived academic rules as too strict, likely due to the administration's efforts to instill professionalism and maintain academic excellence. This is a common challenge in nursing education, as programs often have high academic and clinical standards.

Interestingly, the study found that 94.4% of respondents reported clear communication from lecturers, which may be attributed to the lecturers' experience and effective communication skills. Clear communication is essential in nursing education, as it helps students understand complex concepts and builds trust between students and faculty.

The study's findings are consistent with a study conducted in Malaysia, which identified rigid academic schedules and lack of flexibility as institutional contributors to student stress (Muliarta et al., 2023). However, the study contrasts with a study in Zimbabwe, which found poor communication between academic staff and students to be a significant institutional factor linked to stress (Kwame & Petrucka, 2021).

These findings highlight the importance of striking a balance between maintaining academic standards and providing a supportive learning environment. Institutions can consider implementing flexible academic schedules, providing resources for stress management, and fostering open communication channels between students and faculty.

Limitations

If only one campus or a handful of cohorts are included, the findings may not represent all extension students.

A single time snapshot can't show how stress changes over the course of the program or after graduation.

Participants might under- or over-report stress levels because of social desirability or recall issues.

Focusing mainly on academic workload may miss other influences such as family

responsibilities, part-time work, or cultural factors.

Different scales or cut-off points for "stress" make it hard to compare results with other studies.

Students who are already stressed or disengaged might be less likely to participate, skewing the picture.

Time, funding, or access to medical records can restrict the depth of data you can collect (e.g., physiological stress markers).

Conclusion

Student nurses experienced stress associated with academic workload, tuition fees, family responsibilities, and academic regulations. Despite the high level of support from clinical supervisors and peers, these stressors may negatively affect students' academic progress and overall well-being.

Recommendations

The school should therefore organize mental health camps and advocate for partnerships with organizations that would help with tuition and other study requirements for those

students who cannot fully fund their tuition, so they can academically progress.

Review course loads each semester and stagger major assignments to avoid overload.

Introduce time-management workshops early in the program.

Expand scholarship or bursary schemes for extension program students.

Offer tuition payment plans or subsidies for those struggling with fees.

Formalize mentorship by pairing each student with a clinical supervisor for regular check-ins. Recognize supervisors who consistently receive positive feedback to encourage continued support.

Set up peer support groups or counseling services tailored to nursing students.

Include brief mindfulness or relaxation sessions during clinical rotations.

Conduct periodic surveys to track stress levels and the effectiveness of interventions.

Adjust strategies based on the feedback to ensure continuous improvement.

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Conflict of interest

The author did not declare any conflict of interest.

Data availability

Data are available upon request.

Author contribution

Jannet Namuddu: Conceptualisation, Funding acquisition, Methodology, Writing – original draft, Resources, Software.

Suzan Oyesigye: Software, Supervision, Validation, Visualisation, Data curation, Formal analysis, Investigation
Jacob Usuo Kibuuka: Project administration, Supervision
Grace Denise Akwang: Writing – review & editing

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