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**ACADEMIC STRESS AND EMOTIONAL INTELLIGENCE
AMONG NURSING STUDENTS, A CROSS-SECTIONAL
ANALYSIS IN A TERTIARY NURSING COLLEGE**

Abstract

The clinical rotations in the nursing programmes are tough and laden with extensive theory, hence augmenting the performance pressures and strains. Emotional intelligence the capacity to detect, understand, and regulate feelings is one of the possible safeguarding aspects of the school setting. The article is a cross-sectional examination of the undergraduate and postgraduate nursing pupils in a large institute in Bengaluru. Academic stress was measured using perception of Academic Stress scale and emotional intelligence was measured using Schutte Self-Report Emotional Intelligence Test. The students involved were 230 in number. Most of the stress was moderate. The emotional intelligence was moderate. The weak positive relationship, which was statistically significant between academic stress and emotional intelligence on the one hand and the sociodemographic variables chosen on the other hand showed connections with stress. The paper puts these findings in the context of the available literature and then gives descriptions of the practical implications of these findings on teaching, student support, and the administrative policy.

Introduction

Nursing education leaves students at the intersect of complex curriculum, high grades of assessment, and emotionally-charged clinical experiences. The combination of such can lead to better apprehension, influence sleep, and worsen concentration. It can even motivate students towards avoidance, procrastinating or conflict with peers and supervisors. It is the role of nurse education institutions to react to this fact with appropriate measures and calculated support. EI is now a social and personal commodity which is observable in the higher educational system. The construct includes the student skills in learning how to recognize their own emotions, in recognizing other emotions, in controlling impulses, and in applying emotion in the thinking and acting process. These are not peripheral abilities of a cohort that must be able to contact patients, families and interprofessional teams. The present study is founded on the organization wide program to research student wellbeing and improve academic supports. The validated instruments were used to assess academic stress and emotional intelligence in a group of nursing students in one of the tertiary institutions in Bengaluru. The levels and variability are generalised, the association between the two constructs is explored and the nomadic demographic associations are considered. Findings are put into the perspective of the recent literature which reveals high rates of pervasive stress in nursing education and the growing focus on emotional competencies as mitigating factor. The results inform more productive recommendations to the teachers and administrators who want to institutionalize prevention, instead of the usual remediation, in the student life.

Background and Rationale

The nursing education is on a bridge between the thick theory and emotive practical experiences, and as such, the threats can be predicted in repeated programmes and regions. These needs are often accompanied by travelling, part-time jobs and caring of a loved one, which does not leave much time to rest and sleep. It has been noted to cause such effects as worry, reduced concentration and low self rated health and spillover to the motivation and placement confidence (Abdel-Maksoud, El-Sayed Abozaid and Said Mohamed, 2025). The first year of study is succeeded by an adjustment shock where the learners get to know the terms, laboratory processes and conduct in the wards. The blocks and placements in middle programme periods and deadlines are overlapped with the licensure preparations and decision fatigue in final year internships. Concisely, stressors

are not random events only, they develop a pattern to be overlaid in the academic calendar and clinical rota.

Emotional intelligence offers a complementary lens for understanding how learners appraise and regulate strain (Ali et al., 2025). In nursing it sits close to daily practice, since students must read patient cues, express empathy, de escalate conflict, and make judgments under time pressure. Studies link stronger emotional abilities with more adaptive coping, clearer help seeking, and steadier performance in simulations and wards. Programmes that support reflective practice and guided debriefs often report gains in self awareness and regulation (Benjamin et al., 2024). The institute that framed this study sought a baseline profile to guide curriculum and student services. A compact measure of academic stress and a widely used emotional intelligence scale were chosen to capture both load and capacity. An institute level view allows comparison across years and programmes, highlights where support is most needed, and informs small structural changes such as assessment pacing, mentorship access, and protected learning time on placement. Establishing this baseline creates a practical platform for targeted teaching, proportionate support, and routine monitoring that can turn awareness into action and resource allocation across services.

Research Aim and Objectives

Aim

To evaluate the prevalence of the academic stress, and emotional intelligence levels in nursing students of a tertiary institute and test their association.

Objectives

1. To quantify academic stress using the Perception of Academic Stress scale and compare levels across year of study and programme.
2. To assess emotional intelligence with the Schutte Self-Report Emotional intelligence Test and explain profiles on subscales.
3. To test the correlations between academic stress and emotional intelligence and examine the relations between the selected sociodemographic variables using the assistance of proper statistical tests.

Literature Review

Academic stress prevalence and its causes in nursing education.

The level of academic stress reported in the studies on diploma, undergraduate and post-graduate groups of nursing students is moderate to high. Regular practical tests, as exams and skill checklists, also save preparation time, and that will cut sleep and disrupt the study process. The primary issue is that the first-year entrants tend to have an adaptation shock due to new terms, working in the lab, and not being familiar with clinical etiquette. Final-year students also complain of decision fatigue when they are on internship or pre-licensure preparation. Personal factors are added to spice up this picture. Limited financial resources, commute and caring time can strain and the reverse can also hold true. Programme characteristics are also significant. Large classrooms lead to less feedback, prolonged rotation makes manifestations physically exhausting, and unstable mentoring may give students a misguided idea of the performance standards (Braimah et al., 2022). The overall impact would be registered through self-reports on sleep problems, lapses of concentration and evading difficult cases. Though this is a fact, there are also several students who do not give up and succeed, and this proves that stress is not necessarily so harmful. The trend is directed to an anticipated group of areas of pressure throughout the educational year.

Emotional intelligence in nursing education, construct and measurement

Emotional intelligence is generally described as a set of abilities that help individuals perceive, understand, regulate, and use emotions to guide thinking and action. In nursing education, these abilities sit close to core professional competencies, since learners must read patient cues, communicate with distressed families, and collaborate with interprofessional teams (Cheraghi et al., 2025). Studies with student nurses often report moderate average scores on widely used self-report instruments. Subscales for perception and self-management tend to score higher than utilisation, which suggests many students can identify feelings and dampen impulses, yet find it harder to convert emotion into purposeful task strategies under pressure. Scores vary with age, prior work experience, and exposure to structured reflection. Older or second-career students sometimes report steadier self-management, likely reflecting broader life practice with conflict and time pressure. Measurement choices shape conclusions in this field. Self-report tools capture appraisals of capability, not necessarily performance in a real ward. Ability tests use emotion-laden scenarios to rate accuracy of perception and understanding, though these tools are less common in

routine course evaluation (Das, Mohandas and Syed, 2021). Cultural context also influences expression and reporting of emotion. What counts as appropriate display or restraint differs across settings, which complicates straightforward benchmarking. Even with these caveats, most programmes treat emotional intelligence as developable. Brief, targeted practice can shift specific facets, especially when linked to clinical debriefs, simulation, and peer feedback.

Associations between academic stress and emotional intelligence, trends and mediators

Findings regarding the relationship between academic stress and emotional intelligence fail to give a uniform outcome in other contexts. Many studies anticipate an inverse link, on the logic that better appraisal and regulation should support calmer responses to high demand (Dou et al., 2022). Several cohorts do show lower stress among students with stronger emotional skills, particularly where problem-focused coping, cognitive reappraisal, and help-seeking are common habits. Other cohorts report a weak positive or non-significant correlation. One plausible reading is that emotionally aware students notice strain earlier, label it more precisely, and report it with fewer social filters. In such cases, higher reported stress may reflect awareness rather than deterioration in functioning. Moderators help explain divergent results (Gijwani et al., 2021). Assessment design influences stress expression. Dense exam clusters and high-stakes practicals can overload even well-regulated students. Social support interacts with emotional intelligence, where strong peer networks amplify benefits of regulation and reduce rumination. The outcomes are also influenced by previous clinical exposure, study year and income security. The time of measurement is also important. The lesson of practice is easy. Do not assume that the link is universal. Pay attention to observable study and clinical behaviors that would transform awareness into action, including planning ahead, walking between study blocks, and taking micro-breaks during placement shifts, and talking with faculty at the right time when the workload risk may lead to an explosion.

Instructional reactions, specific intervention, and institutional structure.

Stratified responses in the sense of dealing with individuals, teaching practice, and programme structures are to some extent indicated. The self-management, though not overloading the time schedule, could be raised at individual level through brief skills training in cognitive reappraisal, breathing and task planning. Modification of such sessions in the already existing modules boosts adoption. Debrief simulation helps the trainees to train the perception of emotions and emotional

control within acute clinical setting and apply the training to actual wards (Ibrahim et al., 2024). On an instructional level, timely feedback eliminates the element of uncertainty and thus rumination is limited and last minute overload is reduced. Educator training will enable teachers to know when there is distress, and they can make certain basic replies such as signing off work, hourly office time during exams, and counselling referrals (Jafaru and Afolabi, 2023). The indicators of wellbeing should also be tracked with the results of the course in order to ensure that the standards of support are upheld (Xu et al., 2023).

Materials and Methods

Design and setting: it was a descriptive cross-sectional based study at a big nursing institute in Bengaluru. The environment consisted of various programmes, and this enabled coverage of the academic years. The single-site structure allowed the tools to be administered and data to be treated in a similar way. Participants and sampling: the available population was nursing students who were available at the stage of data collection and were included in the study. A convenience method which was not probability sampling was employed. The sample size was 230 students and it was higher compared to the size of the sample computed with previous prevalence estimates. The size provided sufficient specificity of descriptive statistics and bivariate tests to be applied in the analysis. Sample size calculation: using the conventional inputs of confidence and precision, the minimum requirement of the sample size was estimated based on the published prevalence of stress among nursing students. The chosen final sample of 230 students provided a small safety margin over the computed minimum, which reduced risk of under-powered subgroup analyses.

Measures: the Perception of Academic Stress scale was employed in the measurement of academic stress. The tool consists of 18 questions assessed on a 5 point Likert scale, and it has pressures to perform, perceived workload and examination, academic self-perceptions, and time constraints. Emotional intelligence scale was measured using Schutte Self-Report Emotional Intelligence test, which is a measure of perception of emotion, self-emotional control, emotional control of others, and emotional operationalisation. These two terms are mostly used in education research.

Procedure: data collection was scheduled during regular academic activities to maximise participation (Jawabreh, 2024). There was a short orientation that described the purpose of the study, the use of responses and voluntary participation. The time taken to complete was bearable

during the school day. Anonymous administration helped to reduce social desirability effects. Ethical clearance was secured through the institute process before fieldwork began.

Variables and analysis: primary outcomes included total academic stress score and total emotional intelligence score, along with subscale scores for emotional intelligence. Descriptive statistics summarised central tendency and spread. Correlation analysis tested the association between stress and emotional intelligence. Associations with selected sociodemographic variables were examined using appropriate tests and predefined thresholds for statistical significance. Analyses were conducted with standard statistical software available to the research team.

Results

Ratings on academic stress: The rating of the students were between 18 to 90 with the average of 59.49 and the standard deviation of 8.45. Most of the respondents were moderate with a small percentage high and low (Paneru and Kafle, 2024). This profile will imply that the majority of learners will have strain during a significant part of the academic cycle. Emotional intelligence scores: scores on the emotional intelligence were average. According to subscale, the perception of emotion and control of own emotion were strongly perceived as compared to the utilisation scores. This trend indicates an indication that recognition and simple regulation is higher than making use of strategies in academic work among most students.

Correlation among constructs: there was a low positive association between emotional intelligence and academic stress, with statistical significance at conventional thresholds (Shubayr and Dailah, 2025). This indicates that within this cohort, higher emotional intelligence coexisted with slightly higher reported stress. The effect size was small. Interpretation requires care, since higher awareness may elevate reporting without implying poorer functioning.

Associations with sociodemographic variables: statistically significant links were identified for academic stress with selected variables, including age and monthly family income. Emotional intelligence did not show significant associations with several core sociodemographic factors in this dataset (Singh et al., 2025). These trends support the importance of the background context in support planning, without resorting to demographic profiling in a plain manner.

Discussion

The research confirms the assertion that moderate stress is typical of nursing education. The measure of pressure was around examinations, time management that corresponds to stressors recorded in similar environments. The medium mean of emotional intelligence is an indicator of a benchmark that can be reinforced through specific training. The positive correlation though having a weak correlation provides a nuance in a field that naturally tends to positively correlate. In environments that normalise reflection, students who read their inner state accurately may report stress earlier and more precisely. This can be adaptive when accompanied by skills that translate awareness into action.

Educational strategies should blend content and method. Content refers to what is taught about emotion perception, appraisal, and regulation. Method refers to how that content is delivered in a packed timetable. Short, well-timed sessions nested within existing modules are more realistic than stand-alone courses. Peer mentoring and reflective journaling can encourage students to translate abstract skills into everyday habits. Faculty development is critical. Educators who can identify distress and respond with simple evidence-based steps will improve the tone of classrooms and clinical debriefs.

Administrative policy can create the conditions for success. Routine monitoring of stress, clear signposting of support, and small structural changes in assessment calendars can reduce avoidable spikes. The present results justify low-burden screening during peak periods, followed by rapid referral for those at higher risk. This approach shifts attention from late remediation to early prevention.

Implications for Education, Administration, and Research

For education, integrate brief, practice-oriented sessions on cognitive reappraisal, problem-solving under pressure, and emotion regulation. Use simulation and guided reflection to link skills to clinical reality. For administration, set policies that recognise peak assessment loads, expand access to counselling, and support peer mentoring structures. For research, develop and validate culturally aligned tools for Indian nursing cohorts, then evaluate multi-component interventions with follow-up to test durability of gains in wellbeing and engagement.

Limitations and Future Research

The single-site design limits generalisability beyond similar institutes. The cross-sectional snapshot does not track change across the academic year. Self-report measures may reflect awareness and mood at the time of response. Future research should include multi-site longitudinal studies, combine self-report with behavioural indicators, and test embedded interventions with process evaluation to identify what works for whom.

Conclusion

The study offers a clear picture of the learning climate faced by nursing students in this institute. Most participants reported moderate academic stress that tracks predictable points in the academic calendar and clinical rota. Emotional intelligence also clustered at moderate levels across perception, self-management, management of others, and utilisation. Students who are more attuned to their inner state may label strain more precisely, which can raise self-reports without indicating poorer functioning. This nuance matters for policy and teaching practice, since it shifts the focus from chasing lower stress scores to building skills that turn awareness into healthy action.

Practical steps fall into place from these results. Faculty development is the fastest lever. When educators can spot early signs of overload and respond with clear signposting, brief check-ins, and timely feedback, students gain a sense of control. Short skills sessions on cognitive reappraisal, pacing of study blocks, and micro-breaks can be nested inside existing modules, which avoids timetable inflation. Peer mentoring gives first-year students a route to grounded advice and normalises help-seeking before problems escalate. Small structural adjustments in assessment spacing and protected learning time on placement reduce avoidable peaks without diluting standards.

Limitations must guide the next stage. A single site and a cross-sectional snapshot limit generalisation and do not capture change through the year. Self-report tools measure appraisal, not observed behaviour in wards or classrooms. The logical follow-up is a multi-site, longitudinal design that pairs self-report with behavioural indicators and pilot interventions. Even with those caveats, the path is workable now. Build faculty capacity, embed brief skills training, formalise peer support, and monitor stress at known high-load windows. These actions are proportionate to current constraints, aligned with evidence, and likely to lift both wellbeing and performance.