



Evaluation of Stress Management Behaviours and Psychological Well-being

Bhumi Gajendra Musale

bhumi24bio@student.mes.ac.in

Pillai College of Arts, Commerce
and Science, New Panvel - 410206

Bindiya Sharma

bindiya24bio@student.mes.ac.in

Pillai College of Arts, Commerce
and Science, New Panvel - 410206

Joana Johnson

joana24bio@student.mes.ac.in

Pillai College of Arts, Commerce
and Science, New Panvel -
410206

ABSTRACT

Stress is a multidimensional psychological and physiological response that occurs when individuals perceive that environmental demands exceed their available coping resources. Although short-term stress may support motivation and adaptive functioning, persistent or poorly managed stress can negatively influence emotional health, concentration, sleep, interpersonal relationships, academic or occupational functioning and overall quality of life. The present study evaluated stress-management behaviours and psychological well-being using responses obtained through a structured survey. The analysis included 210 consenting participants. Demographic characteristics, perceived stress experiences, coping behaviours, social support, lifestyle practices, and indicators of psychological well-being were examined using descriptive and inferential statistical methods. Mean, median, standard deviation, standard error, frequency and percentage distributions were calculated. Composite stress-burden and perceived-support indicators were also examined. Pearson and Spearman correlation analyses were used to investigate relationships between continuous or ordinal variables, while chi-square tests examined associations between categorical variables. Exploratory analysis also included one-way analysis of variance and internal-consistency assessment where appropriate.

The mean stress-burden score was 6.62, with a median of 7.00, standard deviation of 2.68 and standard error of approximately 0.19. Pearson correlation analysis demonstrated a small positive association between the examined variables ($r = .138, p = .045$). Chi-square analysis identified statistically significant associations between age group and high-stress classification ($\chi^2 = 11.831, p = .008$) and between work/study duration and high-stress classification ($\chi^2 = 9.343, p = .025$). These findings suggest that stress experiences are not distributed uniformly across demographic and lifestyle groups. The findings also support the importance of strengthening adaptive stress-management behaviours, social connectedness, healthy routines, physical activity, adequate sleep and accessible psychological support. Because the study used a cross-sectional survey design, the findings should be interpreted as associations rather than evidence of causation.

Keywords: Stress Management, Psychological Well-Being, Perceived Stress, Coping Behaviour, Social Support, Stress Burden, Mental Health, Lifestyle, Students.

1. INTRODUCTION

Stress is a normal component of human life. Individuals encounter demands arising from education, employment, family responsibilities, interpersonal relationships, financial circumstances, social expectations and uncertainty about the future. Experiencing some degree of stress does not necessarily indicate poor psychological health. In fact, moderate stress can encourage alertness, motivation and problem-solving. Difficulties emerge when stress becomes excessive, persistent or difficult to regulate. ^[1]

The contemporary understanding of stress emphasizes the interaction between an individual and the environment rather than treating stress as a purely external event. Lazarus and Folkman (1984) proposed that stress is strongly influenced by cognitive appraisal. An event becomes stressful partly according to how an individual evaluates its significance and whether available coping resources appear sufficient to address it. Consequently, two people experiencing similar circumstances may report substantially different levels of perceived stress.

The WHO describes stress as a state of worry or mental tension associated with difficult circumstances and emphasizes that excessive stress can affect both mental and physical well-being. Common manifestations include anxiety, irritability, concentration difficulties, sleep disturbances, fatigue and physical discomfort. This multidimensional nature makes stress an important public-health and psychological concern.

Psychological well-being extends beyond the absence of mental illness. Ryff (1989) ^[5] conceptualized well-being through dimensions including autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance. This perspective is particularly useful because an individual may not meet criteria for a mental disorder while nevertheless experiencing reduced life satisfaction, impaired functioning or difficulty managing everyday challenges.

The relationship between stress and well-being is complex. High perceived stress may consume cognitive and emotional resources, leaving fewer resources available for positive engagement, social interaction and productive functioning. Conversely, strong psychological resources may help individuals interpret stressful situations as manageable and select adaptive coping

responses. ^{[1] [3] [4]}

Stress-management behaviour therefore represents an important area of investigation. Coping can include problem-solving, planning, seeking social support, physical activity, relaxation, mindfulness, time management, positive reframing and engagement in enjoyable activities. Some coping responses are adaptive in particular circumstances, whereas avoidance, behavioural disengagement or other ineffective responses may maintain or increase distress. ^{[6] [7]}

Social relationships also play an important role. Social support can provide emotional reassurance, practical assistance, information and a sense of belonging. Cohen and Wills (1985) proposed that social support may protect individuals from the negative effects of stressful experiences through a buffering mechanism. The perception that supportive people are available may itself contribute to psychological resilience.

Lifestyle behaviours are similarly relevant. Physical activity has been associated with better mental health and lower psychological distress in numerous studies ^[8]. Sleep is another important determinant because insufficient or disrupted sleep can influence emotional regulation, attention and stress reactivity ^[9]. Nutrition, caffeine intake, digital-media use and daily routines may also interact with psychological functioning.

Stress is especially relevant in student and young-adult populations because educational demands frequently coexist with social, developmental and future-career pressures. Systematic evidence indicates that stress-management interventions can produce meaningful reductions in stress and related psychological symptoms among college students ^[10]. Similar findings have been reported for mindfulness-based approaches and cognitive-behavioural interventions ^{[11] [12]}. The present study was therefore undertaken to evaluate stress-management behaviours and psychological well-being using a structured survey. Rather than examining stress solely as a clinical problem, the study considers stress as a broader behavioural and psychosocial phenomenon involving perceived burden, coping practices, social support and everyday functioning.

2. RATIONALE OF THE STUDY

Stress is often discussed primarily in terms of symptoms, while comparatively less attention is given to the behavioural processes through which individuals attempt to manage everyday stress. Stress-management behaviour is important because the same external demand can produce different outcomes depending upon an individual's coping resources, perceived control, social environment and lifestyle.

The present survey was designed to examine these factors in a population containing students, employed individuals and unemployed participants. Such a mixed sample provides an opportunity to explore whether stress burden differs according to age, work/study duration and current status.

The study is also relevant because several survey questions address behavioural and functional manifestations of stress, including difficulty concentrating, emotional overwhelm, altered eating behaviour, fatigue, reduced participation in enjoyable activities and physical symptoms. These indicators allow stress to be considered as a multidimensional experience rather than simply a single emotional state.

The findings may provide useful preliminary evidence for educational institutions, workplaces and community settings when developing preventive stress-management programmes. Previous research supports approaches involving physical activity, mindfulness, cognitive-behavioural techniques, social support and structured stress-management interventions ^{[10] [11] [12]}

3. OBJECTIVES

The objectives were:

- To assess the perceived stress experiences of participants.
- To quantify the overall stress burden using the available survey responses.
- To examine commonly reported stress-management and coping behaviours.
- To evaluate perceived social support and its relationship with stress-related outcomes.
- To examine demographic differences in stress burden.
- To investigate relationships between stress and selected behavioural or psychological variables.
- To apply appropriate descriptive and inferential statistical tests.
- To interpret the findings in relation to existing scientific literature.

- To identify practical approaches that may strengthen adaptive stress management and psychological well-being.

4. HYPOTHESES

1. Null hypotheses:

H₀1: There is no statistically significant association between age group and high-stress classification.

H₀2: There is no statistically significant association between daily work/study duration and high-stress classification.

H₀3: There is no statistically significant association between current status and high-stress classification.

H₀4: There is no statistically significant relationship between stress burden and perceived support/usefulness of stress-management strategies.

H₀5: There is no statistically significant relationship between stress burden and satisfaction with control over work/study.

2. Alternative hypotheses:

H₁1: Age group is significantly associated with high-stress classification.

H₁2: Daily work/study duration is significantly associated with high-stress classification.

H₁3: Current status is significantly associated with high-stress classification.

H₁4: Stress burden is significantly related to perceived support/usefulness of stress-management strategies.

H₁5: Stress burden is significantly related to satisfaction with control over work/study.

5. METHODOLOGY

5.1 Study design

A quantitative, cross-sectional, descriptive-analytical survey design was adopted. A cross-sectional design allows the researcher to describe the distribution of characteristics within a

defined sample and examine statistical relationships between variables collected during the same period. The design was suitable for the present investigation because the objective was to evaluate reported stress-management behaviours and psychological well-being rather than to assess the outcome of a specific intervention. The cross-sectional nature of the study is important when interpreting the statistical findings. Associations identified in the dataset cannot establish temporal sequence and therefore cannot demonstrate that one variable directly causes another. [1] [4] [21]

5.2 Study population and sample

The original Excel dataset contained 211 submitted responses. One response was excluded because the participant did not provide the required consent.

Therefore: Total submitted responses = 211; Excluded non-consenting response = 1; Final analytical sample = 210. All statistical calculations reported in this research paper were performed on the 210 consenting participants.

5.3 Data collection instrument

The questionnaire contained demographic questions followed by questions examining stress experiences, behavioural manifestations, perceived control, and opinions regarding stress-management and psychological well-being.

The demographic variables included:

age group; current status; and daily work/study duration.

The stress-related section included ten Yes/No questions addressing time pressure, persistent thinking about problems, fatigue, multiple responsibilities, emotional expression, concentration and decision-making, eating behaviour, mood changes, reduction in enjoyable activities and physical manifestations of stress. The final section consisted of five Likert-type statements concerning whether work-life balance, stress-management programmes, emotional support, physical activity and stress-management techniques could contribute to better stress management and psychological well-being.

5.4 Data cleaning and preparation

The dataset was screened before analysis. The non-consenting response was excluded. Yes/No responses were coded numerically for composite-score calculation. For the stress-burden composite: Yes = 1 No = 0. The ten stress-related items were then summed for each participant.

Consequently, the resulting stress-burden score could theoretically range from 0 to 10.

For the five support/usefulness items, the Likert responses were coded: Strongly disagree = 1; Disagree = 2; Neutral = 3; Agree = 4; Strongly agree = 5. Minor spelling variations in the dataset, including responses such as "neutral" and "strongly agree," were standardized to their intended response categories before numerical coding.

5.5 Stress-burden composite

The stress-burden score was created to provide a quantitative summary of the ten Yes/No stress indicators. A higher score represents a greater number of reported stress-related experiences. This composite is study-specific and should not be described as a standardized clinical stress scale. It is therefore used for comparative and exploratory analysis within this dataset rather than as a diagnostic measure. The use of composite indicators is common in survey research when several conceptually related items are

intended to represent a broader construct, although interpretation depends on the quality and conceptual coherence of the included items. ^[6]

5.6 Support/usefulness composite

The five Likert statements concerning potential stress-management and well-being benefits were summed to generate a support/usefulness composite. The possible score ranged from 5 to 25. In the present dataset, the observed range was 12–25. Higher scores represented stronger agreement that the identified stress-management resources or behaviours could contribute to stress reduction or psychological well-being.

5.7 High-stress classification

For exploratory categorical analysis, participants with stress-burden scores of 7 or above were classified as the high-stress group, while participants with scoring below 7 were classified as the lower-stress group. For exploratory categorical analysis, participants with stress-burden scores of 7 or above were classified as the high-stress group, while participants scoring below 7 were classified as the lower-stress group. This threshold was selected around the sample median and should therefore be regarded as an analytical classification for this study rather than a clinical cut-off. Using a sample-derived threshold permits chi-square analysis but should not be interpreted as establishing a medical definition of “high stress.”

5.8 High-support classification

For exploratory analysis, a support/usefulness composite score of 20 or above was classified as high support/usefulness, while scores below 20 were classified as lower support/usefulness. Again, this is a dataset-specific analytical categorization rather than a validated clinical threshold.

5.9 Statistical analysis

The dataset was analysed using descriptive and inferential statistics.

- Descriptive statistics:

The following descriptive measures were calculated:

Frequency; percentage; mean; median; standard deviation; standard error; minimum; maximum; quartiles; and 95% confidence interval for the overall mean.

- Inferential statistics:

The following analyses were used:

Pearson correlation; Spearman rank correlation; Chi-square tests of independence; One-way analysis of variance (ANOVA); Internal consistency using Cronbach's alpha for the composite items. Pearson correlation was used to assess linear association between numerical composite variables. Spearman correlation was used as a non-parametric complementary analysis because some survey-derived variables originated from ordinal response categories. Chi-square tests were used to examine associations between categorical variables. One-way ANOVA was used to compare mean stress-burden scores across age groups. A significance level of: $\alpha = .05$ was used. A p value less than .05 was considered statistically significant. Effect magnitude was considered alongside statistical significance because a statistically significant relationship can still be practically weak. 7.10 Reliability assessment The ten-item stress-burden composite demonstrated a Cronbach's alpha of approximately:

$\alpha = .768$. This indicates acceptable internal consistency for exploratory research. The five-item support/usefulness composite demonstrated: $\alpha = .721$ which also indicates acceptable internal consistency for an exploratory survey measure. These reliability values support the use of the composites for descriptive and exploratory statistical analysis, although they do not establish validity or clinical applicability.

6. RESULTS

6.1 Participant profile

Table -1: Participant profile

Age group	n	%
Below 18 years	46	21.9%
18-25 years	111	52.9%
25-35 years	32	15.2%
Above 35 years	21	10.0%

The largest age category was 18-25 years (111; 52.9%), followed by participants below 18 years (46; 21.9%). Participants aged 25-35 years represented 32 (15.2%), while those above 35 years represented 21 (10.0%). The broad age distribution permits exploratory comparison across life-stage categories, although the groups are not equally sized. The age profile indicates that the study was

mainly represented by young adults, particularly those in the 18-25 year range. This group accounted for more than half of the total respondents, making it the most prominent age category in the sample. The smaller number of participants in the older age groups should be considered when comparing results between age categories. Despite this difference in group size, the available responses provide a useful overview of stress experiences across different stages of life.

Table -2: Current status and daily work/study time

Current status	n	%
Student	122	58.1%
Employed	80	38.1%
Unemployed	8	3.8%
Daily work/study	n	%
1-3 hours	73	34.8%
4-6 hours	48	22.9%
7-8 hours	52	24.8%
More than 8 hours	37	17.6%

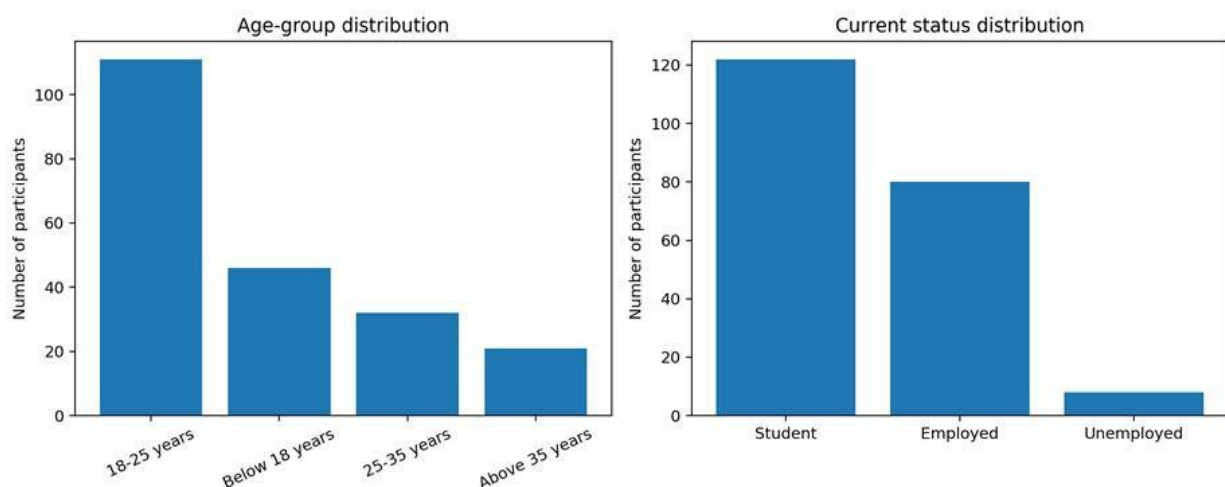


Figure -1: Demographic composition of the consenting sample

The study included 210 respondents, of whom 122 (58.1%) were students, 80 (38.1%) were employed, and 8 (3.8%) were unemployed. Thus, students formed the majority of the participants. Regarding daily work or study hours, 73 respondents (34.8%) spent 1-3 hours, 48 (22.9%) spent 4-6 hours, 52 (24.8%) spent 7-8 hours, and 37 (17.6%) spent more than 8 hours. Overall, most participants reported spending 1-3 hours per day on work or study. The findings indicate that the sample mainly consisted of individuals engaged in education or employment.

6.2 Perceived control and involvement in work/study

Table -3: Perceived control and involvement in work/study

Response	n	%
Very dissatisfied	3	1.4%
Dissatisfied	19	9.0%
Neutral	62	29.5%
Satisfied	85	40.5%
Very satisfied	41	19.5%

Perceived control and involvement was generally favourable. 126 participants (60.0%) reported being satisfied or very satisfied, whereas 22 (10.5%) reported dissatisfaction. The coded control score had a mean of 3.68, median 4.0, SD 0.94, and SE 0.06. This pattern suggests that perceived control was not uniformly poor in the sample, although stress burden remained substantial. Thus, perceived control over work or study should not be treated as a complete proxy for overall stress.

6.3 Prevalence of stress-related experiences

Table -4: Prevalence of stress-related experience

Item	Stress-related experience	Yes	No	Yes %
Q6	Insufficient time	121	89	57.6%
Q7	Problems during relaxation	142	68	67.6%
Q8	Tired despite sleep	132	78	62.9%
Q9	Deadline/responsibility stress	152	58	72.4%
Q10	Suppressing feelings	145	65	69.0%
Q11	Concentration/decision difficulty	150	60	71.4%
Q12	Eating-habit changes	128	82	61.0%
Q13	Mood swings/overwhelm	147	63	70.0%
Q14	Reduced hobbies	145	65	69.0%
Q15	Physical symptoms	129	81	61.4%

The item-level findings show that stress was not concentrated in a single domain. Instead, cognitive, emotional, behavioural, sleep-related, and physical indicators were all represented. The highest prevalence was observed for stress related to multiple deadlines or responsibilities (72.4%), followed by difficulty concentrating or making decisions under stress (71.4%). Mood swings or

emotional overwhelm were reported by 70.0%, while keeping feelings to oneself and reducing time spent on hobbies were each reported by 69.0%. Persistent thinking about personal or work-related problems during attempts to relax was reported by 67.6%. Fatigue despite adequate sleep was reported by 62.9%, physical symptoms by 61.4%, eating-habit changes by 61.0%, and insufficient time to complete daily responsibilities by 57.6%.

The pattern is notable because several high-frequency items represent impaired recovery or impaired functioning rather than stress perception alone. For example, difficulty concentrating and making decisions can affect academic and occupational performance, while persistent thinking during relaxation can reduce the restorative value of breaks. Similarly, reduced participation in hobbies may indicate that time pressure or stress is displacing activities that otherwise provide enjoyment and recovery. These findings should not be interpreted as evidence that stress caused the reported outcomes; the cross-sectional design does not establish temporal direction. Nevertheless, their co-occurrence indicates that stress management should be approached as a whole-person issue rather than as a single emotional symptom.

The findings show that stress was experienced in several areas of the participants' daily lives rather than being limited to one particular problem. Changes in eating patterns and the presence of physical symptoms were reported by many respondents, suggesting that stress can be reflected in both behaviour and physical well-being. A large number of participants also indicated that they tended to keep their feelings to themselves, which may suggest difficulty in expressing stress or personal concerns. Mood changes and spending less time on hobbies were also commonly reported, showing that stress may influence both emotional health and recreational activities. The gap between the most and least commonly reported experiences was relatively small at 14.8 percentage points, indicating that each of the listed stress-related experiences affected a notable proportion of respondents. Overall, the results present stress as a broad experience involving thoughts, emotions, behaviours, and physical well-being. Therefore, encouraging healthy coping methods, sufficient relaxation, and a well-balanced routine may help participants manage everyday stress more effectively.

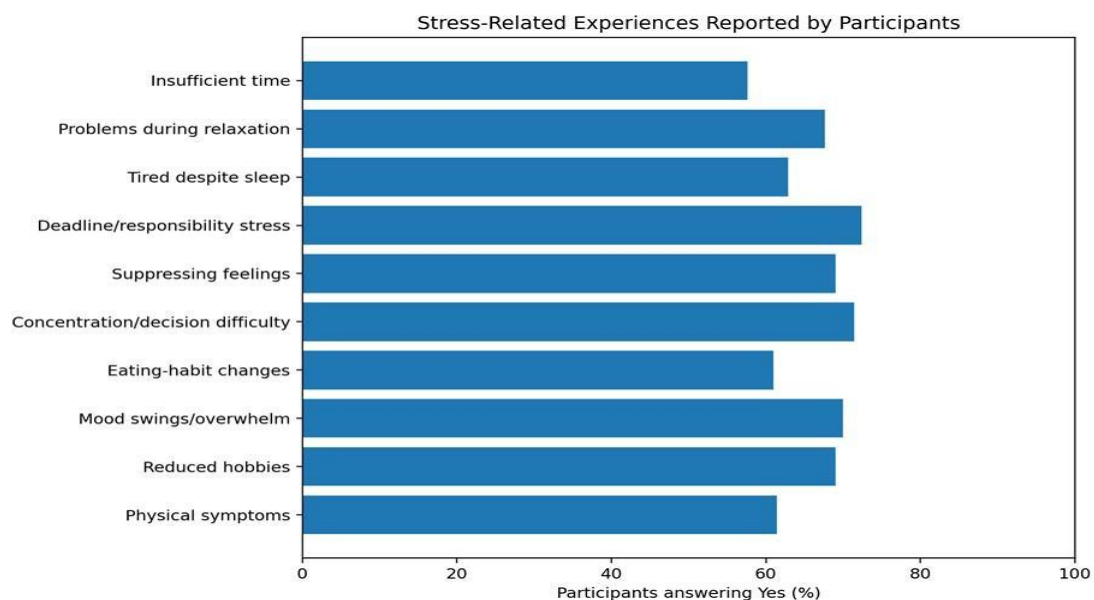


Figure -2: Percentage of participants reporting each stress-related experience.

6.4 Distribution of the stress-burden score

The ten-item stress-burden score ranged from 0 to 10. The mean was 6.62, median 7, standard deviation 2.68, and standard error 0.19. The median of 7 indicates that at least half of the participants reported seven or more of the ten stress-related experiences under the operational scoring system used in this study. The distribution therefore indicates a substantial concentration of reported stress indicators. However, the score should be viewed as a study-specific burden index, not as a validated severity scale.

Table -5: Distribution of the stress-burden score

Composite variable	n	Mean	Median	SD	SE	Min	Max
Stress-burden score	210	6.62	7	2.68	0.19	0	10
Perceived-support score	210	20.22	20	2.88	0.20	12	25
Control/involvement score	210	3.68	4	0.94	0.06	1	5

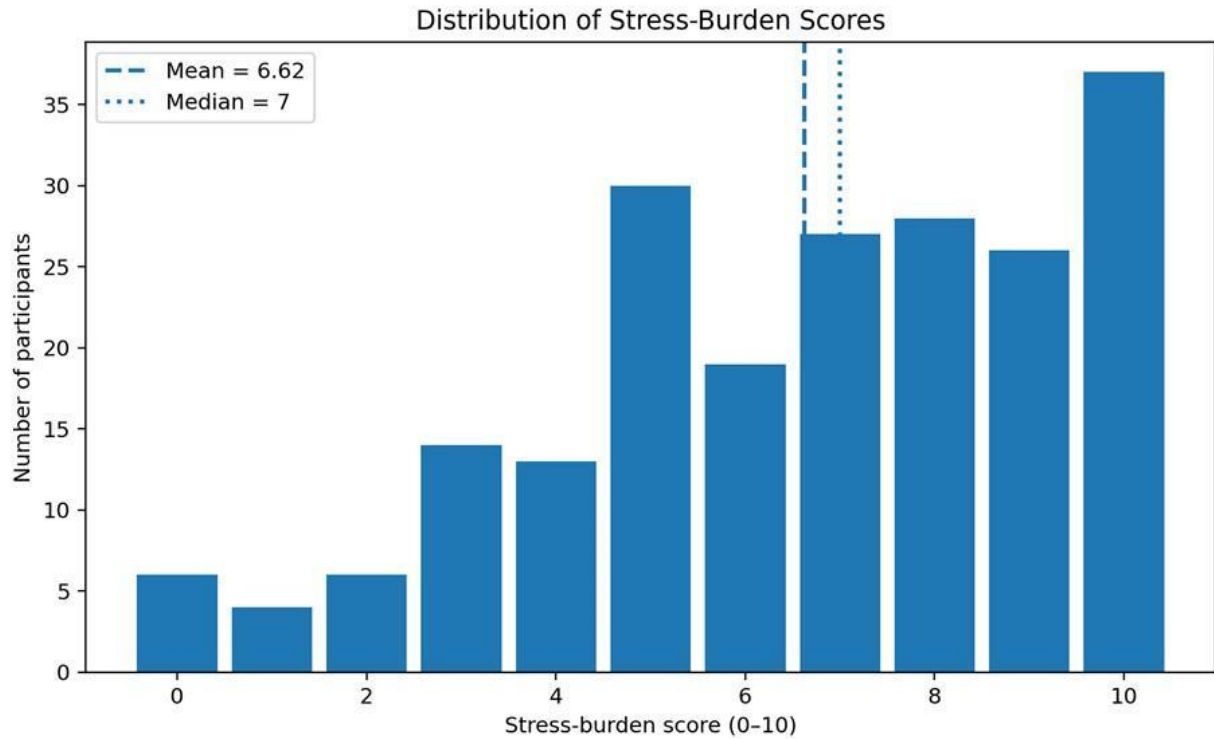


Figure -3: Distribution of the ten-item stress-burden score.

6.5 Perceived usefulness of stress-management and well-being supports

Table -6: Perceived usefulness of stress-management

Support domain	Agree	Strongly agree	Neutral	Disagree	Strongly disagree	Agree+SA %
Work/study–lif e balance	106	65	35	2	2	81.4%
Stress-manage ment programs	96	45	54	13	2	67.1%
Emotional support	92	74	35	6	3	79.0%
Physical activity/healthy habits	94	78	31	4	3	81.9%
Learning stress-manage ment skills	105	68	30	3	4	82.4%

The perceived-support score had a mean of 20.22, median 20, SD 2.88, and SE 0.20, with observed scores ranging from 12 to 25. All five support domains received predominantly favourable responses. The strongest pattern was the belief that regular physical activity and healthy lifestyle habits could help manage stress, followed closely by learning effective stress-management techniques and improving work/study/personal-life balance. Emotional support and access to formal programs were also strongly endorsed.

This suggests that participants recognize stress management as a combination of personal habits, interpersonal resources, and organized support rather than a single intervention.

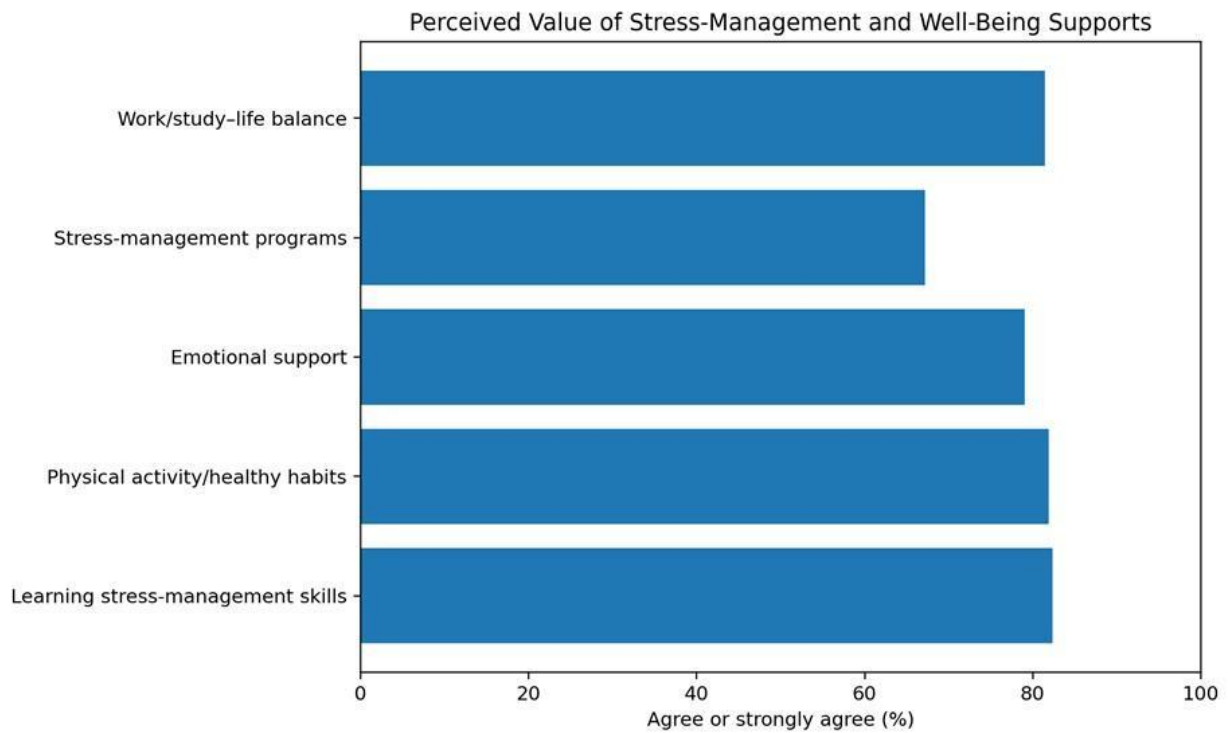


Figure -4: Percentage agreeing or strongly agreeing that each support domain could help

6.6 Correlation analysis

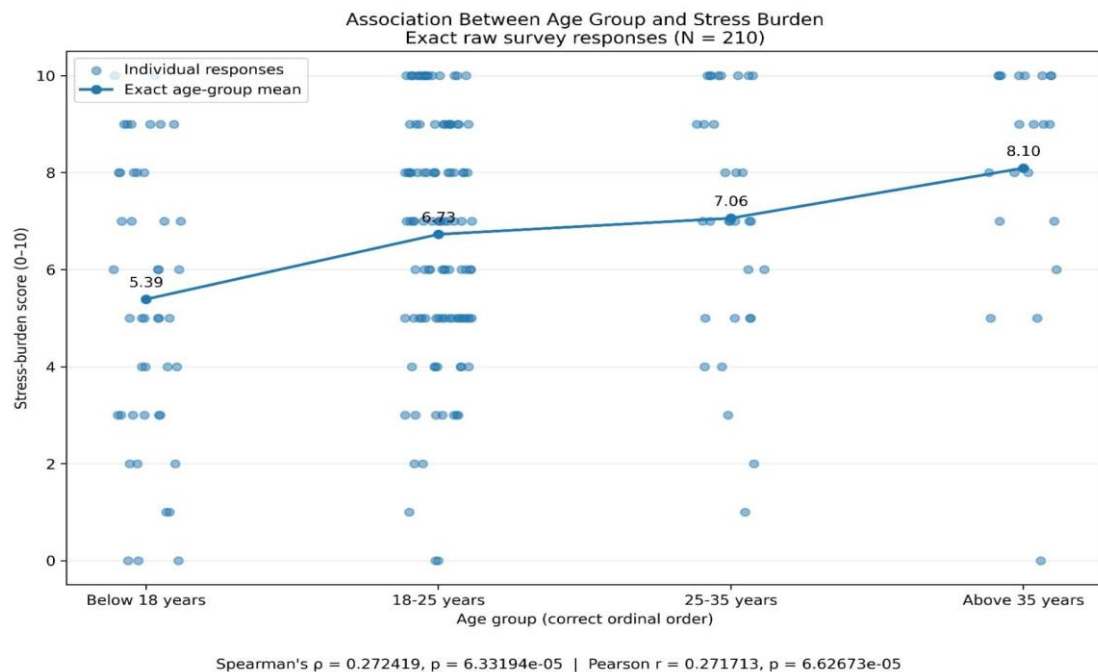


Figure -5: Correlation analysis

The plot illustrates a gradual increase in stress burden across the different age groups. Participants below 18 years had the lowest average stress score (5.39), while participants above 35 years showed the highest average score (8.10). The mean stress burden also increased consistently through the intermediate age groups. This pattern suggests that stress burden may become more noticeable as participants move into older age groups. The higher average among those above 35 years may be linked to the greater number of responsibilities that can arise in personal, professional, and family life. In comparison, the lower score among participants below 18 years indicates a relatively smaller reported stress burden in this sample. The steady rise across the age categories points towards a possible relationship between age and perceived stress levels. However, these results describe a pattern in the collected data and do not confirm that increasing age directly causes higher stress. Further analysis would be needed to identify the factors that may contribute to this age-related variation. The results also show that stress levels were not uniform across the participants. The increasing scores with age may reflect differences in daily responsibilities and lifestyle demands. Overall, the trend provides useful insight into how stress experiences varied among the different age groups in the study.

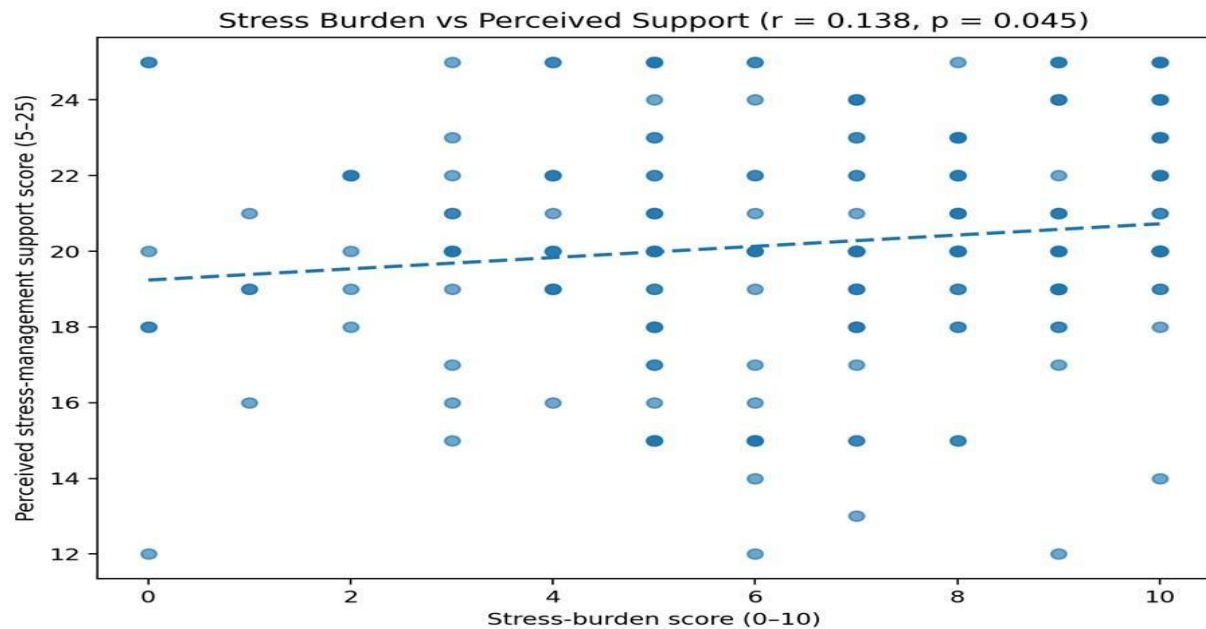


Figure -6: Scatterplot of stress burden and perceived-support score with a least-squares trend line

Spearman's rank correlation revealed a weak but statistically significant positive relationship between age group and stress burden ($\rho = 0.272$, $p < 0.001$, $N = 210$). This indicates that participants in higher age categories generally tended to report a greater number of stress-related experiences. However, the relationship is weak, suggesting that other factors may also contribute to differences in stress levels among individuals.

Pearson correlation between stress burden and perceived-support score was $r = 0.138$, with $p = 0.045$. The corresponding Spearman rank correlation was $\rho = 0.146$, $p = 0.034$. The effect is small and positive. This indicates that participants reporting a greater number of stress-related experiences tended, on average, to endorse stress-management and well-being supports somewhat more strongly. The association is statistically significant at the conventional 0.05 level, but its magnitude is modest. Therefore, statistical significance should not be confused with a large or clinically important effect.

The correlation between stress burden and the work/study control score was $r = -0.081$, $p = 0.243$. This association was small, negative, and not statistically significant. One possible explanation is that stress may arise from multiple sources, including deadlines, responsibilities, emotional processes, sleep, and competing activities, rather than solely from lack of control. Because the study is cross-sectional, this interpretation remains exploratory.

6.7 Group differences in stress burden

Mean stress-burden scores differed across age groups. Participants below 18 years had the lowest mean score (5.39), followed by those aged 18-25 years (6.73), 25-35 years (7.06), and above 35 years (8.10). One-way ANOVA indicated a statistically significant difference among age groups ($F = 6.11$, $p < 0.001$). Although the analysis demonstrates that at least one group mean differs, it does not by itself identify every pairwise difference. Given the unequal group sizes and the exploratory nature of the questionnaire, these findings should be treated as a signal for further investigation rather than as evidence that age itself causes greater stress.

Table -7: Group differences in stress burden

Age group	n	Mean stress	Median	SD
Below 18 years	46	5.39	5	2.95
18-25 years	111	6.73	7	2.46
25-35 years	32	7.06	7	2.54
Above 35 years	21	8.10	9	2.49

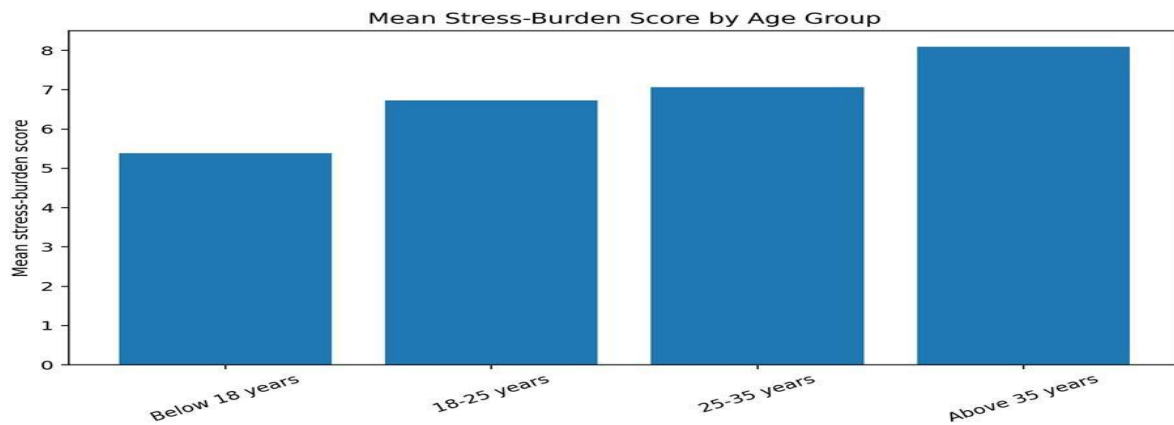


Figure -7: Mean stress-burden score across age groups

Stress burden also varied descriptively by current status. Employed participants had a mean score of 7.10, students 6.38, and unemployed participants 5.62. However, the one-way ANOVA was not statistically significant ($F = 2.36$, $p = 0.097$). The relatively small unemployed group limits the precision of this comparison.

Mean stress burden also differed by daily work/study duration, but the ANOVA did not reach conventional statistical significance ($F = 2.10$, $p = 0.101$). Interestingly, the chi-square analysis showed a statistically significant association between work/study duration and high-stress classification ($\chi^2 = 9.343$, $df = 3$, $p = 0.025$). Participants spending 7-8 hours per day on work or study showed a higher proportion of high-stress classification (36 of 52; 69.2%), followed by those spending more than 8 hours (24 of 37; 64.9%). In comparison, high stress was observed in 38 of 73 participants (52.1%) spending 1-3 hours and 20 of 48 participants (41.7%) spending 4-6 hours per day. The difference between these results illustrates that statistical conclusions depend on how a variable is operationalized. Continuous or quasi-continuous composite scores and categorical thresholds answer related but not identical questions. Accordingly, the significant chi-square finding should be interpreted as evidence of an association between duration category and the probability of falling into the study-defined high-stress group, not as proof of a linear dose-response relationship.

6.8 Chi-square tests of independence

Chi-square testing was used to examine whether the study-defined high-stress classification was independent of selected categorical variables. The purpose was exploratory: to identify whether the proportion of participants classified as having high stress burden differed across groups.

Table -8: Chi-square test of independence

Association tested	χ^2	df	p-value	Interpretation
Age group × high stress	11.83	3	0.0080	Significant association
Current status × high stress	5.44	2	0.0659	Not significant at 0.05
Work/study duration × high stress	9.34	3	0.0251	Significant association
Higher support × high stress	3.98	1	0.0461	Significant association

The age-group association was statistically significant ($\chi^2 = 11.83$, $p = 0.008$). High stress was observed in 17/21 participants above 35 years, compared with 18/46 below 18 years. Because the age groups represent different stages of life and responsibilities, this pattern may reflect differences in workload, role demands, financial responsibilities, or other unmeasured factors. Those possible explanations cannot be distinguished with the current cross-sectional data.

The current-status association was not statistically significant at the 0.05 level ($\chi^2 = 5.44$, $p = 0.066$). Although employed participants had a relatively high proportion of high-stress responses, the evidence was insufficient to conclude that stress classification depended

on current status in this sample. The small unemployed group is an additional reason to avoid overinterpreting the observed proportions.

Work/study duration showed a statistically significant association with high stress ($\chi^2 = 9.34$, $p = 0.025$). This finding supports the practical importance of workload and time allocation as stress-management considerations, although the study cannot determine whether longer work/study hours produce stress or whether participants experiencing greater stress tend to spend more time working or studying.

Higher perceived support was significantly associated with high stress ($\chi^2 = 3.98$, $p = 0.046$). Among participants with higher support scores, 87 out of 142 (61.3%) were classified as having high stress, compared with 31 out of 68 (45.6%) among those with lower support scores. This finding suggests that participants experiencing greater stress may also be more likely to perceive or seek greater support. However, because the study was cross-sectional, this association should not be interpreted as evidence that higher support causes increased stress.

6.9 Internal consistency analysis

The exploratory Cronbach's alpha for the ten binary stress indicators was 0.768, while the alpha for the five Likert support statements was 0.721. These coefficients should be interpreted cautiously because the questionnaire was not presented as a validated scale, and its items intentionally cover multiple dimensions of stress experience. An alpha coefficient is affected by the number of items and by the degree to which items share variance. Therefore, the present values are reported as descriptive information about the dataset rather than as evidence that the questionnaire is psychometrically validated.

7. DISCUSSION

The present study demonstrates that stress management behaviours and psychological well-being are closely interconnected with participants' daily workload and perceived support. The significant association between work/study duration and high-stress classification ($\chi^2 = 9.343$, $df = 3$, $p = 0.025$) indicates that prolonged daily academic or occupational demands may contribute to increased stress. This finding is consistent with evidence showing that excessive demands and prolonged exposure to stressors can adversely affect students' psychological functioning and well-being^[15]. From a theoretical perspective, stress is influenced not only by the presence of demands but also by how individuals appraise and cope with them^[14]. Interestingly, higher perceived support was also significantly associated with high stress ($\chi^2 = 3.98$, $p = 0.046$). Rather than indicating that support increases stress, this finding may reflect greater reliance on interpersonal support among individuals already experiencing substantial stress. Cohen and Wills (1985) proposed that social support can act as a protective resource under stressful circumstances, while its relationship with stress may vary according to the nature and timing of support^[13]. The findings also support the multidimensional understanding of psychological well-being proposed by Ryff (1989), in which well-being extends beyond the absence of psychological distress to include positive functioning, purpose, autonomy and effective relationships^[16]. Similarly, effective coping strategies can influence how individuals respond to stressful experiences and maintain psychological functioning (Taylor & Stanton, 2007)^[17]. The present findings therefore highlight the importance of developing practical stress-management behaviours alongside supportive academic and occupational environments. Overall, the results suggest that interventions addressing workload, coping resources and social support may contribute to improved psychological well-being, while longitudinal research would be valuable for determining the direction and persistence of these associations.

8. CONCLUSION

The present study indicates that stress levels are significantly related to participants' work/study duration and perceived social support. The significant association between work/study duration and high-stress classification suggests that prolonged daily demands may contribute to increased psychological stress. At the same time, the association between perceived support and high stress highlights the complex nature of support-seeking among individuals experiencing greater stress. Psychological well-being should therefore be considered a multidimensional construct involving positive relationships, personal growth, autonomy, purpose and effective management of everyday demands^[18]. The findings further emphasize the importance of adaptive coping, emotional regulation and personal resources in maintaining psychological well-being. Strategies that strengthen individuals' ability to manage stressors may support healthier psychological functioning, while supportive social and academic/work environments may provide additional protective resources. Self-efficacy may also influence how individuals approach stressful situations and persist in managing them effectively^[19]. Overall, the study supports the need for practical, accessible stress-management approaches that address both individual coping behaviours and the broader social environment. Social support should also be interpreted according to whether it is perceived or actually received, as these dimensions may have different relationships with well-being^[20]. Further longitudinal and intervention-based research would be valuable to determine whether these observed associations persist over time and whether targeted stress-management programmes can produce measurable improvements in psychological well-being.

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