
Academic Stress and Coping Strategies Among Medical Students

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ABSTRACT

Objective: The goal of this study was to evaluate the academic stressors experienced by medical students in Metro Manila and the coping mechanisms they use to deal with the challenges of their education, specifically identifying the most and least common stressors and coping strategies across different demographic factors and year levels. Findings will help to develop targeted interventions that can support the mental health and resilience of future healthcare professionals in this urban setting.

Methods: This cross-sectional study assessed academic stress and coping strategies among first to third-year medical students in Metro Manila. Data were collected using online questionnaires, and analysis was conducted with SPSS. The study aimed to identify the top five most and least common stressors and coping methods by year level and sex.

Results: The study found that male and female medical students experience different academic stressors and coping mechanisms. Females were stressed by time constraints, while males felt guilty about balancing personal life with academics. Coping strategies evolved from active problem-solving in first-year students to spiritual coping in third-year students. Time constraints were the most significant stressor for all year levels. The study emphasizes the need to recognize sex and year-level differences in addressing academic stress in medical education.

Conclusion: The primary stressor among medical students of varying academic years was the “lack of time to study the material to be tested.” Sex-specific differences were evident, with females more stressed by time constraints and seeking emotional support, while males struggled with balancing personal life and studies, relying on active problem-solving. Notably, the study has also illuminated the evolution of coping mechanisms as students progress through their medical education, from active problem-solving in the first year to a blend of problem-solving and acceptance in the second year, and a turn towards spiritual coping techniques by the third year.

Key words: Academic stress, coping strategies, medical students, sex differences, year levels

Pursuing a medical degree is a noble and demanding endeavor that requires unwavering commitment, resilience, and adaptability. In the sprawling metropolis of Metro Manila, where

prestigious medical institutions are located, the challenges faced by medical students are accentuated by the urban environment. The relentless pursuit of excellence, the grueling academic curriculum, and the emotional demands of patient care contribute to the unique stressors experienced by medical students in this setting. Stress among medical students is not only a personal concern but also a critical issue with far-reaching implications for the quality of healthcare

delivery and the well-being of future healthcare professionals. While stress is a universal experience in medical education, the strategies employed by medical students to cope with academic stress can vary widely and may have significant consequences for their mental health, academic performance, and ultimately, their future medical practice.

Academic stress is a common experience among medical students, with prevalence rates ranging from 20.9% to 90%.¹ Chronic academic stress can have several negative consequences for medical students, including academic burnout, anxiety, depression, and physical health problems. Studies around the world have consistently highlighted the prevalence of stress among medical students, with concerns about mental health and burnout rising to the forefront of medical education discussions.^{2,3} Some of the academic stress coping mechanisms of medical students include the use of problem-solving strategies, such as time management, academic support, and effective study habits.⁴ Demographic factors such as gender and medical school year influenced coping strategies. Female students were more likely to rely on social connections for coping, while first-year medical students emphasized organizing learning strategies.⁵ Effective time management often commences by establishing clear priorities and objectives. Although, despite the high prevalence of stress among medical students, there is limited research on effective academic stress- coping strategies. Most existing studies have focused on identifying stress factors and the prevalence of stress-related symptoms. However, more research is needed to understand how medical students cope with stress and to identify effective academic stress-coping strategies that can be promoted in medical education and training. In this context, it becomes imperative to explore how medical students in Metro Manila cope with their multifaceted challenges.

In this era of heightened awareness about mental health and well-being, understanding the academic stress-coping strategies of medical students in Metro Manila is of paramount importance. The findings of this research may inform educational institutions, policymakers, and healthcare professionals about the need for tailored support systems and interventions to promote the resilience and mental health of medical students. Ultimately, this research contributes to the cultivation of competent, compassionate, and well-rounded healthcare providers in Metro Manila and beyond. The study aims to evaluate the academic

stress and coping strategies employed by medical students in response to academic stress. Specifically, to determine the top five most and least academic stressors and coping strategies of medical students by year level and sex.

MATERIALS AND METHODS

Study Design

The study employed a cross-sectional descriptive design to assess the academic stress levels and stress-coping strategies among medical students. This methodology allowed for an illustration of the study population's current state, gathering data at a single point in time and offering useful insights into prevalent stressors and coping strategies among medical students.

Setting

This study was conducted among first to third-year medical students in Metro Manila enrolled for the academic year 2023-2024. Participants were recruited from February 26 to March 7, 2024. The data collection was facilitated through the use of online validated questionnaires from Soliman, M. (2013)⁶ and Carver (1997)⁷ (Brief COPE). This research was reviewed and approved by the Far Eastern University - Nicanor Reyes Medical Foundation's Institutional Ethics Review Committee (FEU- NRMF IERC).

Participants

The inclusion criterion encompasses first to third-year medical students in Metro Manila enrolled for the academic year 2023-2024. A non-probability sampling methodology was utilized specifically, convenience sampling. Participants from FEU- NRMF were recruited through an email blast from the IT department of the institution while recruitment from different universities was facilitated through a peer-to-peer recruitment process. To ensure participant rights and voluntary participation, a thorough informed consent form was shown before proceeding with the questionnaire.

Variables, Data Sources, and Measurement

The research variables included sex, year level, academic stress, and coping strategies for academic

stress. Sex was categorized as either “male” or “female.” Year level referred to the participant’s enrollment level was categorized as “first-year,” “second-year,” or “third-year.” Academic stress were enumerated as academic stressors in a 22-item questionnaire with responses on a 5-point Likert scale as ‘Strongly disagree’ (1), ‘Disagree’ (2), ‘True Sometimes’ (3), ‘Agree’ (4), and ‘Strongly Agree’ (5). Coping strategies for academic stress were measured using a 28-item questionnaire with responses on a 4-point Likert scale as ‘I haven’t been doing this at all’ (1), ‘A little bit’ (2), ‘A medium amount’ (3), and ‘I’ve been doing this a lot’ (4). Both academic stressors and coping strategies were ranked based on how frequently students utilized them, with higher scores indicating greater usage.

Bias

This study acknowledges potential biases that could affect the validity and generalizability of its findings. Convenience sampling was used, which limited the data’s generalizability to other medical student populations. Using self-reported online questionnaires may induce response bias, resulting in socially desired responses rather than genuine reflections on events. The dependence on self-reported measurements may also fail to capture complex experiences and behaviors. Recall bias may have an impact on how well participants recall their stress and coping experiences. Finally, the cross-sectional design limits the ability to demonstrate causal linkages and merely provides a glimpse of present experiences.

Study Size

Based on the study by Hill, et al. (2018)⁸, with a 50.6% prevalence of medical students reporting excessive academic paper reading as a stressor, using estimation of population proportion, with a margin of error of 0.05 at 80% Confidence Interval, the minimum sample size required is 167. To account for 20% drop-out, the minimum sample size became 201.

Statistical Methods

In the conducted research, the statistical analysis was performed using the IBM Statistical Package for Social Sciences (SPSS) in which rank cases were used to provide the top five perceived academic

stressors and coping strategies of the medical students according to year level and sex. This statistical method assigns a numerical rank to each item based on its frequency or perceived importance, allowing for the identification of the most prevalent or significant stressors and coping mechanisms within the dataset.

RESULTS

Participants

The required sample size is 201 only, however, a total of 229 1st year to 3rd-year medical students within Metro Manila responded to the online survey form and were all included in the data analysis.

Descriptive Data

Majority of the respondents were female and second-year medical students. This was followed by first year students and third year students. (Table 1).

Table 1. Characteristics of participating 1st year-3rd year medical students within Metro Manila

Variable	Frequency (n)	Percent (%)
Sex		
Female	153	66.8%
Male	76	33.2%
Total	229	100%
Year Level		
First year	83	36.2%
Second year	110	48%
Third year	36	15.7%
Total	229	100%

Main Results

Among the female respondents, the rank 1 perceived academic stressor was the lack of time to study the material to be tested. This was followed by the concern about trying to learn all the content (2nd), many tests at the same time (3rd), heavy demand to study (4th), and followed by the amount of material covered on tests (5th), respectively. Meanwhile, for male respondents, feelings of guilt at giving more priority to personal life than to studies was their rank 1 perceived academic stressor. This was followed by a lack of time to study the material to be tested (2nd), the amount of material covered on tests (3rd),

concern about trying to learn all the content (4th), and many tests at the same time (5th), respectively. The 1st and 2nd least perceived academic stressors for males and females were marriage and children (22nd) and family problem (21st), respectively. For males, this was followed by high parental expectations (20th), teachers' lack of time (19th), and amount of extracurricular activities (18th). Meanwhile for females, this was followed by the amount of extracurricular activities (20th), missing classes (19th), and high parental expectations (18th) (Table 2.1).

Table 2.1. Perceived academic stressors according to sex

Perceived Academic Stressors	Score	
	Male	Female
Feelings of guilt at giving more priority to personal life than to studies	549	536
Lack of time to study the material to be tested	324	682
The amount of material covered on tests	315	658
Concern about trying to learn all the content	307	673
Many tests at the same time	306	669
Heavy demand to study	301	661
Frequent tests	301	639
Difficulty in memorizing the content	299	622
Amount of detail required by teachers	296	598
Waking up very early to go to school	291	559
Test subject matter goes beyond what was covered in the classroom	278	593
Studying at night	275	1580
Dealing with new forms of assessment, such as the objective structured practical and problem-based learning	265	550
Studying material that I consider unnecessary for my professional qualification	257	504
Competitiveness among students	243	504
Missing classes	230	434
Daily activities unrelated to school (e.g. paying bills, cleaning house)	228	466
Teachers' lack of time	227	449
Amount of extracurricular activities	227	410
High parental expectations	216	447
Family problems	186	391
Marriage and children	147	260

*Same ranking number means that they got the same score

All first to third-year medical students' most perceived academic stressor was the lack of time to study the material to be tested. For first-year medical students, their 2nd rank was the concern about trying to learn all the content, while many tests at the same time for second to third-year medical students. Among first-year medical students, this was then followed by the amount of material covered on tests (3rd-4th), heavy demand to study (3rd-4th), and difficulty in memorizing the content (5th). For second-year students, this was followed by the amount of material covered on tests (3rd-4th), concern about trying to learn all the content (3rd-4th), and heavy demand to study (5th).

For third-year medical students, this was followed by frequent tests (3rd-4th), the amount of material covered on tests (3rd-4th), and concern about trying to learn all the content (5th). Marriage and children (22nd) and family problems (21st) were the least perceived academic stressors across all year levels, respectively. For first years, this was followed by the amount of extracurricular activities (20th), missing classes, (19th), and teachers' lack of time (18th). While for second years, this was followed by "high parental expectations (20th), amount of extracurricular activities (19th), and missing classes (18th). Finally, for third years, this was followed by high parental expectations and amount of extracurricular activities (20th), teachers' lack of time (18th), and missing classes (17th) (Table 2.2).

Most of the male respondents' rank 1 coping strategy was "I've been taking action to try to make the situation better." This was followed by "I've been thinking hard about what steps to take" (2nd), "I've been accepting the reality of the fact that it has happened" (3rd), "I've been trying to come up with a strategy about what to do" (4th), I've been getting emotional support from others" (5th) and "I've been concentrating my efforts on doing something about the situation" (5th). Meanwhile, the rank 1 coping strategy for female respondents was "I've been trying to come up with a strategy about what to do," which was followed by "I've been taking action to try to make the situation better" (2nd), "I've been getting emotional support from others" (3rd), "I've been learning to live with it" (4th), and "I've been looking for something good in what is happening" (5th). On the other hand, the least coping strategy (28th) employed by males was "I've been using alcohol or other drugs to make myself feel better" while "I've been using alcohol or other drugs to help me get

Table 2.2 Perceived academic stressors according to year level

Perceived Academic Stressors	Score		
	1st Year	2nd Year	3rd Year
Lack of time to study the material to be tested	360	489	157
Concern about trying to learn all the content	357	475	146
The amount of material covered on tests	348	475	150
Heavy demand to study	348	473	141
Difficulty in memorizing the content	342	448	131
Many tests at the same time	340	480	155
Frequent tests	324	466	150
Amount of detail required by teachers	318	445	131
Test subject matter goes beyond what was covered in the classroom	312	422	137
Studying at night	309	416	131
Dealing with new forms of assessment, such as the objective structured practical and problem-based learning	292	401	122
Waking up very early to go to school	282	432	136
Feelings of guilt at giving more priority to personal life than to studies	276	396	112
Studying material that I consider unnecessary for my professional qualification	265	388	108
High parental expectations	263	305	95
Competitiveness among students	247	376	124
Daily activities unrelated to school (e.g. paying bills, cleaning house)	241	344	109
Teachers' lack of time	239	338	99
Missing classes	236	325	103
Amount of extracurricular activities	235	307	95
Family problems	205	288	84
Marriage and children	139	207	61

*Same ranking number means that they got the same score

through it” for females. For males, this was followed by “I’ve been using alcohol or other drugs to help me get through it” (27th), “I’ve been refusing to believe that it has happened” (26th), “I’ve been saying to myself “this isn’t real” (25th), and I’ve been giving up trying to deal with it” (24th). While for females, this was followed by “I’ve been using alcohol or other drugs to make myself feel better” (27th), “I’ve been saying to myself “this isn’t real” (26th), “I’ve been refusing to believe that it has happened” (25th), and “I’ve been giving up the attempt to cope” (24th) (Table 3.1).

The rank 1 coping strategy employed by first-year medical students was “I’ve been taking action to try to make the situation better,” which was followed by “I’ve been getting emotional support from others” (2nd), “I’ve been looking for something good in

what is happening” (3rd-4th), “I’ve been accepting the reality of the fact that it has happened” (3rd-4th), and “I’ve been thinking hard about what steps to take” (5th). Meanwhile, for second-year medical students, both “I’ve been trying to come up with a strategy about what to do” (1st-2nd) and “I’ve been learning to live with it” (1st-2nd) were their rank coping strategies, followed by “I’ve been getting emotional support from others” (3rd), “I’ve been taking action to try to make the situation better” (4th), and “I’ve been thinking hard about what steps to take” (5th). For third-year medical students, the rank 1 coping strategy employed was “I’ve been praying or meditating.” This was followed by “I’ve been concentrating my efforts on doing something about the situation” (2nd), “I’ve been trying to come up with a strategy about what to do” (3rd), “I’ve been taking action to try to

Table 3.1 Coping strategies for academic stress according to sex

Coping Strategies	Score	
	Male	Female
I've been taking action to try to make the situation better.	255	524
I've been thinking hard about what steps to take.	252	501
I've been accepting the reality of the fact that it has happened.	251	493
I've been trying to come up with a strategy about what to do.	249	528
I've been getting emotional support from others.	247	519
I've been concentrating my efforts on doing something about the situation I'm in.	247	497
I've been learning to live with it.	244	518
I've been looking for something good in what is happening.	238	503
I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	237	498
I've been trying to see it in a different light, to make it seem more positive.	232	493
I've been making jokes about it.	232	452
I've been turning to work or other activities to take my mind off things.	230	461
I've been getting comfort and understanding from someone.	226	498
I've been getting help and advice from other people	224	462
I've been praying or meditating.	220	478
I've been trying to get advice or help from other people about what to do.	218	465
I've been criticizing myself.	218	459
I've been making fun of the situation.	211	345
I've been expressing my negative feelings.	205	405
I've been trying to find comfort in my religion or spiritual beliefs.	203	433
I've been blaming myself for things that happened.	196	397
I've been saying things to let my unpleasant feelings escape.	172	376
I've been giving up the attempt to cope.	145	278
I've been giving up trying to deal with it.	135	284
I've been saying to myself "this isn't real".	123	241
I've been refusing to believe that it has happened.	121	243
I've been using alcohol or other drugs to help me get through it.	116	199
I've been using alcohol or other drugs to make myself feel better	115	206

*Same ranking number means that they got the same score

make the situation better" (4th-5th) and I've been learning to live with it (4th-5th). On the other hand, the least coping strategy (28th) employed by the first year was "I've been using alcohol or other drugs to make myself feel better," while for both the second and third years was "I've been using alcohol or other drugs to help me get through it" For first years, this was followed by "I've been using alcohol or other drugs to help me get through it" (27th), "I've been saying to myself "this isn't real" (26th), "I've been refusing to believe that it has happened" (25th), and "I've been giving up the attempt to cope" (24th).

While for second years, this was followed by "I've been using alcohol or other drugs to make myself feel better" (27th), "I've been refusing to believe that it has happened" (26th), "I've been saying to myself "this isn't real"" (25th), and "I've been giving up trying to deal with it" (24th). Finally, for third years, this was followed by "I've been refusing to believe that it has happened" and "I've been using alcohol or other drugs to make myself feel better" (27th), "I've been saying to myself "this isn't real"" (25th), and "I've been giving up the attempt to cope" and "I've been giving up trying to deal with it" (24th) (Table 3.2).

Table 3.2 Coping strategies to academic stress according to year level

Coping Strategies	Score		
	1st Year	2nd Year	3rd Year
I've been taking action to try to make the situation better.	287	372	120
I've been getting emotional support from others.	274	376	119
I've been looking for something good in what is happening.	268	367	115
I've been accepting the reality of the fact that it has happened.	268	365	111
I've been thinking hard about what steps to take.	266	369	118
I've been learning to live with it.	265	377	120
I've been concentrating my efforts on doing something about the situation I'm in.	261	361	122
I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	257	361	117
I've been trying to see it in a different light, to make it seem more positive.	257	355	113
I've been getting comfort and understanding from someone.	255	220	117
I've been trying to come up with a strategy about what to do.	251	377	121
I've been criticizing myself.	251	324	102
I've been turning to work or other activities to take my mind off things.	243	334	114
I've been making jokes about it.	243	333	108
I've been getting help and advice from other people	241	333	112
I've been praying or meditating.	228	345	125
I've been blaming myself for things that happened.	222	286	85
I've been expressing my negative feelings.	218	296	97
I've been making fun of the situation.	204	300	89
I've been trying to find comfort in my religion or spiritual beliefs.	200	316	120
I've been saying things to let my unpleasant feelings escape.	199	272	77
I've been trying to get advice or help from other people about what to do.	175	338	112
I've been giving up trying to deal with it.	151	207	61
I've been giving up the attempt to cope.	143	219	61
I've been refusing to believe that it has happened.	129	182	53
I've been saying to myself "this isn't real".	121	183	60
I've been using alcohol or other drugs to help me get through it.	115	149	51
I've been using alcohol or other drugs to make myself feel better	108	152	53

*Same ranking number means that they got the same score

DISCUSSION

Key Results

The study evaluated the perceived academic stressors and coping strategies of male and female medical students at various year levels, specifically, it sought to identify the top five stressors and coping strategies among medical students across different year levels and sex. The findings revealed notable trends in perceived stressors and coping strategies, shedding light on the unique challenges faced by medical

students and their adaptive responses to academic stressors. Overall, the majority of respondents were female, with a significant representation of second-year medical students. The greatest stressor for female respondents was a "lack of time to study the material to be tested", but male respondents indicated "feelings of guilt for prioritizing personal life above studies" as their rank 1 stressor. In addition, "concern about trying to learn all the content" garnered the second highest votes for females and "lack of time to study the material to be tested" for males. For the third stressor, female respondents voted for "many tests at

the same time” and “the amount of material covered on tests” for males. Next, “heavy demand to study” ranked as the fourth stressor for females and “concern about trying to learn all the content” for males. The fifth stressor, for females was “the amount of material covered on tests” and for males, “many tests at the same time.” Lastly, the least concern that both females and males dwell on was “marriage and children.”

Academic stressors were also identified across year levels. For all year levels, the rank 1 stressor experienced by the students was the “lack of time to study the material to be tested.” The subsequent stressor recognized by first-year students was “concern about trying to learn all the content.” For those in the second year and third year, “many tests at the same time” was discovered to be their second concern. Next, first-year students feel concerned about “the amount of material covered on tests” and “heavy demand to study”; second-year students worried about “the amount of material covered on tests” and “concern about trying to learn all the content”; third-year students stressed on “the amount of material covered on tests,” as well as, “frequent tests.” Fifth among the stressors, for first-year students, was “difficulty in memorizing the content”. Among second-year students, “heavy demand to study” was ranked fifth. “Concern about trying to learn all the content” was fifth for third-year students. Consistent with existing literature, the study underscores the prevalence of academic stress among medical students, with the lack of time for studying emerging as a prominent stressor across sex and academic year levels.^{1,2,3} This finding highlights the need for interventions aimed at improving time management skills and optimizing study habits to mitigate stress and enhance academic performance. Across both sexes and all year levels, marriage and children emerged as the least perceived academic stressors. This finding contrasts with traditional assumptions that personal life responsibilities would significantly contribute to stress among medical students. However, it aligns with some previous studies suggesting that family-related stressors may not be as prominent as academic pressures.¹ The low ranking of marriage and children as stressors may indicate that medical students in Metro Manila prioritize their academic commitments over family responsibilities. Alternatively, it could reflect the demographic characteristics of the study population, with fewer married or parenting students compared to other cohorts. While “lack of time to study” remained the rank 1 stressor throughout, the

ranking of other stressors changed across year levels. First-year students 2nd rank were concerned about learning all the content, while higher-year students reported “frequent tests” as their 2nd rank stressor. This might reflect an initial focus on information absorption followed by a shift toward managing the testing schedule. These findings align with previous studies demonstrating shifts in academic stressors as students progress through their medical education (Gupta et al., 2019; Chang et al., 2021).

Regarding coping strategies, male and female respondents exhibited differing patterns. Male students used more active problem-solving strategies, such as taking action to solve the situation and planning about the next measures. Female students, on the other hand, preferred seeking emotional support and establishing coping methods, such as developing a plan of action and finding a positive aspect of the situation. Furthermore, these findings are consistent with previous research findings of Smith et al. (2018) and Johnson & Smith (2020) that have identified different stressors experienced by male and female students in academic contexts. Across all year levels and sexes, the least common coping techniques used by medical students in Metro Manila were the use of alcohol or other substances to cope with stress, refusal to accept the reality of stress, and abandoning attempts to deal with stress. These findings are consistent with earlier studies that have identified maladaptive coping methods among medical students.^{7,9} However, there were significant disparities in the incidence of certain maladaptive coping methods among cohorts. For example, although first-year students tended to utilize substances as a coping method, second- and third-year students were more likely to engage in denial or avoidance tactics.

The study highlights differences in coping strategies across year levels. First- year students relied primarily on active problem-solving techniques, whereas second- year students used a combination of problem-solving and acceptance strategies. Third-year students, on the other hand, demonstrated a stronger preference for spiritual coping techniques such as prayer or meditation. These findings suggest that strategies for coping evolve over the course of medical education and that coping strategies may vary depending on the main stressor. Furthermore, the study’s findings highlight the need for personalized support structures and interventions to address sex-specific stressors and encourage adaptive coping strategies among medical students.⁴ Efforts to promote

resilience and mental health in medical education should take into account students' different needs and preferences, integrating tactics that are relevant to their specific backgrounds and experiences.

Limitations

The limitations denote weaknesses within the study that can affect the results and conclusions. With that in mind, this study was limited by several facets that would generally pertain to most studies but are significantly inherent to this type of research paradigm. These include the setting, the size of its sample, and the study design used. In terms of setting, the perspectives of medical students regarding academic stress and coping strategies are solely based on their experiences within the academic environment of medical schools in Metro Manila. Variations in academic policies and support systems across different medical schools are not accounted for in this study. Second, the sample size used for the study was comparatively small, which may not fully represent the diversity of medical students in Metro Manila. Additionally, the sample might not be sufficiently large to allow for the generalization of findings to the broader population of medical students. Lastly, the cross-sectional descriptive design employed in this study limits our ability to establish causal relationships between academic stressors, coping strategies, and demographic variables among medical students. While this design displayed the situation, it does not capture changes or trends over time. Longitudinal studies would provide more robust evidence regarding the dynamics of stress and coping mechanisms throughout medical education.

Implications

This study provides valuable guidance for students, particularly those aiming for medical degrees, by sharing effective coping strategies for academic stress. It helps students prepare for the challenges they'll face in their medical studies. Additionally, universities can use these insights to create support programs to address student issues related to academic stress. By offering students the tools and resources they need to manage stress effectively, institutions can prioritize student well-being and set them up for success academically and professionally.

Moreover, fostering a culture of open communication within academic institutions, where students feel comfortable seeking help and discussing their challenges without fear of judgment, is crucial. Faculty and staff play a significant role in recognizing signs of stress and providing appropriate support, enhancing the effectiveness of support programs. Highlighting holistic approaches to stress management, such as promoting healthy lifestyles, mindfulness practices, and social support networks, can provide a more comprehensive understanding of coping strategies.

CONCLUSION

The research examined the stressors and coping mechanisms of medical students across various academic stages. It revealed that the primary stressor for students of all years was insufficient time to study the required material. Additionally, it highlighted sex-specific differences in stressors and coping strategies, with females more affected by time constraints and seeking emotional support, while males struggled with balancing personal and academic life, resorting to active problem-solving. Notably, third-year students tended to adopt spiritual coping methods, contrasting with the problem-solving strategies preferred by first and second-year students. Finally, across both sexes and year levels, marriage and children were consistently ranked as the least perceived academic stressors while the use of alcohol or other drugs was the least employed coping strategy, indicating a low prevalence of substance-based coping mechanisms among medical students in Metro Manila.

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