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College Students' Perceptions of Anxiety and Coping: Physical Activity Versus Alcohol Use

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in the School of Nursing

By
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Under the mentorship of Dr. Joshua Kies

ABSTRACT

Anxiety is likely to impact every single person in the world. It can, at times, be advantageous; however, at other times, it can be crippling. There is not a consensus as to its cause. But, through years of research it has been discovered it results from structural and chemical changes within the brain. It is believed these changes contribute largely to the development of anxiety. Other factors such as stressors, trauma, and substance abuse may exacerbate anxiety and accelerate its development. This has prompted researchers, scientists, and clinicians to explore ways in which individuals may cope with this condition. For example, physical activity, specifically exercise, may be used. Exercise affects the brain chemically, possibly increasing the amount of norepinephrine and serotonin which have been associated with decreased anxiety. This coping mechanism can induce positive outcomes for an individual. Conversely, alcohol use is a coping strategy that individuals who suffer from anxiety may employ. Alcohol has been shown to increase the effects of GABA which may induce a sedative-like effect. However, alcohol use can instigate negative consequences, both physical and emotional, for individuals. The present research focuses on anxiety experienced by college students as well as their use of the aforementioned coping mechanisms. Barriers, including poor linkage to psychiatric-mental health services for students, are explored, and possible solutions are discussed.

Keywords: anxiety, coping mechanisms, neurotransmitters, Georgia, Savannah, Statesboro

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Introduction

Globally, there is a debilitating condition that affects millions of people. This disorder demands attention, as it can have profound effects on individuals, ranging from an increased heart rate to self-harm. This condition is known as anxiety. Anxiety exists on a continuum, ranging from mild to panic levels (Giddens, 2017). According to Varcarolis (2021), anxiety can be defined as having persistent worry, apprehension, or fear of daily experiences, often lacking a rational cause. Anxiety, while being subjective to the individual experiencing it, can present with signs and symptoms such as irritability, restlessness, palpitations, increased respirations, and impaired learning and problem solving abilities (2021). Anxiety, like many mental health conditions, is often socially stigmatized and viewed as a weakness that should be suppressed, thus leading to a lack of diagnosis and treatment. However, it is a real problem characterized by structural and chemical changes in the brain. Anxiety can diminish an individual's self-esteem, feelings of worth, and physical health (2021). Regardless of its presentation along the continuum, anxiety can impact a person's ability to function, often interfering with activities such as work performance, school, and development of relationships (National Institute of Mental Health, 2017).

To better understand anxiety, its etiology and pathophysiology must be examined. There are several neurotransmitters that have been identified as contributing factors in this condition; these include norepinephrine, serotonin, and gamma-aminobutyric acid (GABA) (Chand & Marwaha, 2021). Research reveals one cause of anxiety is related to decreased serotonin system activity and increased noradrenergic system activity. These systems are the primary factors that account for the manifestation and progression of

clinically apparent anxiety (Munir & Takov, 2021). This explains why selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, and serotonin-norepinephrine reuptake inhibitors (SNRIs), such as duloxetine, have been traditionally used as first-line agents for the treatment of anxiety (2021). Additionally, there is vast evidence that indicates the role of GABA as a contributing factor. Savage, et al (2017) explains that GABA is an inhibitory neurotransmitter whose inhibition has been linked to anxiety. This knowledge aids understanding of the therapeutic benefits of anxiolytics, such as benzodiazepines. This classification of drugs produces its effect at the GABA receptors within the brain. The stimulation of these receptors causes reduced excitability within neurons, resulting in decreased anxiety and sedative-like effects.

The etiology of anxiety involves a plethora of complex reactions and interactions. Chand and Marwaha (2021) state that it seems to be a result of a combination of factors, including the interaction between biopsychosocial factors and genetic predispositions and vulnerabilities. Some of the most common attributable factors to the development of anxiety include medications, substance abuse, trauma, adverse childhood experiences, and panic disorders (2021). Therefore, it is abundantly clear there is not one correct answer regarding the cause of anxiety, as there are a myriad of factors that contribute to its development.

As mentioned, anxiety affects millions of people worldwide. According to the National Institute of Mental Health (2017), in the span of one year, it was found that 19.1% of adults and 31.9% of adolescents had an anxiety disorder in the United States. These statistics enlighten us to the profound significance of anxiety and why there is an ever-increasing need for more research on the best methods for its treatment. For those

who suffer from anxiety, there are coping methods that have been created, including patterns of thinking and doing, to help alleviate the negative effects of this condition. These thoughts and actions are known as coping mechanisms and are tools used to manage stressful situations. Coping mechanisms provide an outlet through which stress can be reduced or tolerated (Algorani & Gupta, 2021). Everyone possesses individualized coping styles that can help one work through stressors, whether they be healthy or unhealthy. Healthy coping mechanisms can lead to lasting positive outcomes, while unhealthy coping mechanisms can lead to long-term negative consequences. There are two coping mechanisms, one healthy and one unhealthy, that will be explored in this research. The unhealthy coping mechanism that will be explored is alcohol use, and the healthy coping mechanism that will be explored is exercise, or other types of physical activity.

Literature Review

Abubakar, et al. (2021) recently published research on anxiety and its pathophysiology, prevalence, and treatment. The article concludes that anxiety results from a myriad of factors, including biochemical, genetic, biological, and environmental alterations. Within the body, there are many complex changes and interactions that occur to produce the clinical signs and symptoms evident in individuals with anxiety. Brain structures, including the amygdala and hippocampus, have been shown to respond to anxiety in differing ways. The amygdala, responsible for the regulation of emotions, has been shown to have increased activity during anxiety-inducing events. On the contrary, the hippocampus, a structure responsible for the storage of memories, has been shown to have a disruption of function during anxious events. These changes are a consequence of

the activation of the hypothalamus-pituitary-adrenal (HPA) axis as well as adrenergic neurons. The HPA axis and adrenergic neurons produce cortisol and norepinephrine, consequently activating the aforementioned brain structures and several other connected structures. These connections work together to produce signs and symptoms, such as tachycardia, palpitations, tachypnea, increased blood pressure, and restlessness.

Additionally, there are multiple neurotransmitters that have been suggested as contributing factors in the development of anxiety. GABA, an inhibitory neurotransmitter, plays a vital role in decreasing excitability within the synaptic clefts of neurons. A reduction of activity at GABA receptors has been shown to be associated with increased anxiety. Serotonin has also been indicated as an important neurotransmitter involved with anxiety, as a decrease in serotonergic activity can produce anxiety and stress-producing effects on the body.

There are many modalities utilized to alleviate the signs and symptoms associated with anxiety; these include medications, psychotherapy, and individualized coping mechanisms. It is often advised that more than one of these modalities be used to treat anxiety, as these treatments work synergistically to produce desired effects. For example, SSRIs or SNRIs may be prescribed; however, pharmacological therapies, such as these, should be accompanied with non-pharmacological approaches such as cognitive behavioral therapy (Abubakar et al., 2021).

Turner, Mota, Bolton, and Sareem published information regarding the relationship between mood alterations, anxiety, and the use of alcohol. The article expresses the need to better understand the prevalence at which anxiety and mood disorders (AD/MD) co-occur with substance use disorder (SUD). A common belief

surrounding this topic is the self-medication hypothesis (SMH). Substances, such as alcohol, are widely-used coping mechanisms that individuals employ in order to manage the symptoms caused by AD/MD. With anxiety, the consumption of alcohol can depress the central nervous system and produce sedative-like effects, thus easing some of the effects of anxiety. However, with long-term use of this coping strategy, the development of SUD can arise. Upon review, it has been found that those who self medicate are markedly more likely to develop SUD. The researchers highlight that it is crucial for treatment to be directed at managing AD/MD as well as substance abuse, because they often co-exist. Interventions such as cognitive behavioral theory (CBT) and motivational interviewing have both been indicated as effective treatments for these conditions (Turner et al., 2018).

Pontifex, Parks, Paoli, Schroder, and Moser published a study within the past year outlining the therapeutic benefits surrounding exercise for individuals with anxiety. Anxiety is a prevalent issue that has been shown to produce numerous negative effects, including cognitive impairments. The researchers looked specifically at college-aged females and how they performed on tests created to measure inhibition, attention, and cognition. The investigators obtained a baseline by assessing these measures before a session of aerobic exercise. After the intervention of a twenty-minute aerobic exercise routine, the investigators tested the same aforementioned measures to see if the subjects' performance improved, declined, or stayed the same. It was concluded that the type of exercise the researchers studied in their experiment induced positive outcomes. The participants showed improvement in the areas examined in the study, meaning the negative effects produced by anxiety were reduced as a result of the exercise routine.

More research is needed to assess different factors such as the intensity and duration of exercise and how those factors affect anxiety. However, the investigators concluded that there are benefits surrounding exercise for reducing anxiety-induced effects (Pontifex et al., 2021).

Heffer and Willoughby published a study on coping strategies and their differing efficacies. First-year college students were investigated specifically in this study, as this group of individuals often experience an increase in anxiety and an abundance of new stressors as compared to life prior to university. In response to these difficulties, coping mechanisms, both positive and negative, are employed. This study dove into differing coping strategies and how their frequency and intensity of use impacted outcomes in undergraduate students. The students in this study participated in a survey that asked them information regarding whether they used many coping strategies infrequently or only one to two strategies often, and they were also asked to specify the specific strategies utilized. Overall, it was found that the use of a greater number of negative strategies resulted in poorer outcomes as compared to the use of a greater number of positive strategies. Regardless of the ability of an individual to use a coping strategy, not all strategies elicit desirable outcomes. For example, the study explains we would expect someone who copes by seeking meaningful relationships with others to have better outcomes than those who cope with alcohol use (Heffer & Willoughby, 2017).

Abubakar, et al (2021) explains that anxiety results from a plethora of chemical and structural changes within the brain, and these changes contribute to the symptoms exhibited in individuals who suffer from anxiety. A few of these symptoms include tachycardia, palpitations, restlessness, and a feeling of impending doom. Turner, et al

(2018) describes a mechanism that individuals may utilize to manage such symptoms. The researchers explain how substances, such as alcohol, are commonly used, because they can significantly decrease the severity of symptoms experienced by sufferers of anxiety. They described this as the self-medication hypothesis. However, they brought light to the reality that individuals who cope with self-medication are at high risk for developing a substance use disorder; therefore, it is crucial that treatment is directed at healthily managing anxiety/mood disorders. Further, Pontifex and associates (2021) describe another mechanism that individuals may employ to reduce the symptoms provoked by anxiety. A study of college students showed that aerobic exercise is effective at reducing the severity of anxiety-related symptoms. However, further research is needed to assess different variables related to this intervention. The aforementioned coping mechanisms, substance use and exercise, can be described as negative and positive coping strategies. Heffer & Willoughby (2017) examine these two types of strategies and how factors, such as frequency and intensity of use, contribute to positive or negative outcomes. It was revealed, in doing a study on first-year college students, that utilizing a larger number of negative coping strategies contributes to poor outcomes when compared to utilizing a larger number of positive strategies. The investigators discuss that it is expected to see better outcomes when positive coping mechanisms, such as exercise, are employed, as these strategies promote health and well-being. Conversely, negative coping mechanisms, such as alcohol use, are likely to induce poorer outcomes overall, as these strategies can diminish one's health and well-being.

Methodology

Participants and sampling

The sample that was examined in this study included students within the School of Nursing at Georgia Southern University. Within the School, there are two distinct campuses at different locations (Statesboro and Savannah), and both had the opportunity to participate. This population was comprised of individuals who were at least 18 years of age and who voluntarily responded to an online survey. There were a total of 134 students who participated. This sample was voluntary response, based primarily on ease of access. Instead of the researcher actively finding, choosing, and contacting participants, individuals volunteered themselves by responding to the online survey previously mentioned.

Design

This study was a mixed methods design, meaning both quantitative and qualitative methods were used to gather and interpret data. This allowed the researcher to use a variety of means to effectively discuss a complex topic. According to Grove and Gray (2019), mixed methods studies provide a way in which investigators can utilize the advantages of numbers and words, resulting in a strong study that can respond to the research question adequately.

Distribution and Data Collection

The data collected in this study were obtained via a survey through Qualtrics, an internet-based data collection program. Approval for this study was obtained from the Institutional Review Board (IRB) at Georgia Southern University and identified as project H22033. Prior to participation, subjects were required to read and agree with the

project's informed consent which confirmed their confidentiality and anonymity.

Additionally, the participants were informed that participation was voluntary and they could decide to exit the survey at any point.

The data collected via Qualtrics were broken down by survey question and compiled to search for overarching themes. Quantitative and qualitative data were sorted by topic and statistically analyzed. Numerical responses were calculated into percentages, while written responses were evaluated for significance. Block quotes containing abstract keywords were isolated and used to validate literature review data. All data and subsequent research from this project is stored electronically and encrypted on a password-protected, secure database at Georgia Southern University. This data will be kept for a period of no longer than three years and will then be destroyed using university-based regulations.

Results

Over the course of approximately three months, there were 134 undergraduate nursing students who responded to the Qualtrics survey. Out of these respondents, 132 (n=132) elected to select their gender. There were 12 (n=12) students who selected male, 119 (n=119) students who selected female, and one student (n=1) who preferred not to say; the proportions of gender were 9.09%, 90.15%, and 0.76% respectively.

To assess the ages of the sample, the participants were presented with a free response question in which they could input their age. Of the respondents, 109 (n=109) answered this question. There were 98 (n=98) individuals who fell within the 18-25 age range, 7 (n=7) who fell within the 26-35 age range, and 4 (n=4) who fell within the greater than 35 age range. This equates to 89.91%, 6.42%, and 3.67% respectively.

To gauge the degree at which the respondents suffered from anxiety, on average, the undergraduate nursing students were asked to rate their level of anxiety on a Likert-scale from zero to ten. The numeric value of zero represented a level at which individuals experienced very little to no anxiety, while the numeric value of ten represented a level at which individuals suffered from extremely high levels of anxiety. For this question, there were 117 (n=117) respondents, and there was one individual (n=1) who selected an anxiety level of two, five individuals (n=5) who selected an anxiety level of three, seven individuals (n=7) who selected an anxiety level of four, twenty one individuals (n=21) who selected an anxiety level of five, twenty two individuals (n=22) who selected an anxiety level of six, twenty individuals (n=20) who selected an anxiety level of seven, nineteen individuals (n=19) who selected an anxiety level of eight, ten individuals (n=10) who selected an anxiety level of nine, and twelve individuals (n=12) who selected an anxiety level of ten. This reveals the top three most commonly reported anxiety levels as 6, 5, and 10, with proportions of 18.80%, 17.95%, and 17.09% respectively. There was an outlier in which one respondent reported an anxiety level of 2 which equates to 0.85% of the sample.

To assess the proportion of students who had received a medical diagnosis of an anxiety-related disorder from a healthcare provider, the respondents were presented with a question asking if they had received a diagnosis and subsequent options including yes, no, and prefer not to say. There were a total of 129 (n=129) individuals who responded to this question, with 44 (n=44) students who selected yes and 85 (n=85) students who selected no. This equates to 34.11% of the sample having received a medical diagnosis of anxiety and 65.89% of the sample having not received a medical diagnosis of anxiety.

One survey question focused on determining the prevalence at which the nursing students employed exercise as a coping mechanism for their anxiety. There were a total of 122 (n=122) individuals who answered this question, with 11 (n=11) who selected everyday, 48 (n=48) who selected several times per week, 25 (n=25) who selected once a week, 10 (n=10) who selected every other week, and 28 (n=28) who selected not applicable (N/A). The majority of respondents responded that they exercised several times per week to cope with their anxiety, with 39.34% who selected this response. Conversely, the response that received the lowest number of selections was every other week, with 8.20% who selected this response.

The next question focuses on alcohol use as a coping mechanism. This survey question received a total of 122 (n=122) responses, with 4 (n=4) students who selected they use alcohol everyday as a coping mechanism, 21 (n=21) students who selected several times per week, 21 (n=21) students who selected once a week, 10 (n=10) students who selected every other week, and 66 (n=66) students who selected not applicable (N/A). Using this data, it is revealed that the majority of students responded with not applicable (N/A) while the lowest number of students chose everyday, with proportions of 54.10% and 3.28% respectively.

One of the questions the participants were presented with pertained to other coping mechanisms that they may utilize. This was a question in which multiple (one, some, or all) options could be selected. There were 65 (n=65) students who selected psychotherapy/counseling, 58 (n=58) students who selected medication, 57 (n=57) students who selected yoga, 78 (n=78) students who selected deep breathing, and 41 (n=41) students who selected journaling.

A question was presented to identify the respondents' perspectives regarding the impact that anxiety has on their health. The students could select no impact, some/little impact, moderate impact, and large impact. There were a total of 117 (n=117) students who answered this question, and the survey showed a total of 2 (n=2) respondents who selected no impact, 27 (n=27) respondents who selected some/little impact, 49 (n=49) respondents who selected moderate impact, and 39 (n=39) respondents who selected large impact. These results revealed the majority of students selected moderate impact and the lowest number of students selected no impact, with proportions of 41.88% and 1.71% respectively.

“I used to attend therapy often, but COVID-19 and having only telehealth as the option for therapy, I stopped going. I try to exercise as a prophylactic measure, because if I exercise while I'm anxious I end up making it worse. Recently, I have caught myself drinking a glass or two of wine to cope rather than trying something else.”

Other students reported, “No current coping methods besides medication.” “I see a counselor and take antidepressants”; “I use nicotine and weed at least twice weekly”; “I vape, self harm, and cry”; “I exercise and read the bible”; “I take hot showers and enjoy sitting outside for a break and not thinking about nursing at all”; “I stress eat.”

Respondents reported the factors that contribute to their overall anxiety the most include: nursing school; tests; workload; relationships; pressure; and professors. Some other responses included: other people; comparing my success to others; deadlines; COVID; money; fear of the unknown; disorganization of the program and lack of ability to ask professors questions and get a straight answer.

Discussion

Anxiety is a prevalent concern that affects a numerous amount of individuals. When completing this study, this fact was supported as evidenced by the majority of students selecting an average level of anxiety above five (70.94%). Additionally, no students selected their anxiety level as zero or one, indicating that all respondents perceived themselves as having some level of anxiety. Despite this fact, however, only 34.11% of students stated they had received a medical diagnosis of an anxiety-related disorder. With an overwhelming majority of respondents who experience more severe forms of anxiety (>5), it can be interpreted that there may be a lack of needed treatment. This may be due, in part, to the stigma that anxiety holds. Mental health conditions, as perceived by society, are notorious for having negative connotations associated with them, and anxiety is no exception as it is often viewed as a weakness and is often minimized (Beyond Blue, 2022). This can instigate fear and hesitation to seek professional mental health services, and individuals who experience more severe forms of anxiety may not have the skills and knowledge to safely and healthily cope.

Knowing this, it is expected that the respondents may find individualized coping mechanisms or strategies that work for them. These mechanisms may induce positive outcomes; however, with stigma and a lack of treatment, it can be expected that some mechanisms may be employed that induce negative outcomes. This indeed is what was seen through research. Almost half (45.90%) of the respondents reported they use alcohol to some extent as a coping strategy for their anxiety. This finding is significant, as according to Turner et al (2018), individuals may use substances such as alcohol to cope with stressors. With this type of negative coping, people are at high risk for developing

substance use disorders. This is why proactive and prompt treatment is needed for the management of anxiety and anxiety-related conditions.

Conversely, it was revealed that the other half (54.10%) of the sample employed the positive coping strategy of exercise/physical activity. This result is significant, as according to Pontifex et al (2021), a study on exercise and its effects on anxiety indicated that physical activity can produce positive outcomes and a reduction in anxiety-related symptoms. This result shows promise for potential strategies to combat anxiety, as it seems to be a widely-used method for coping.

Further research revealed alternate ways the students cope with anxiety. As a whole, it seemed that there was a blend of positive and negative strategies. On one end of the spectrum, many students reiterated they utilize physical activity, and a number of individuals reported time outdoors and set boundaries from school helped them cope. On the other hand, some students reported drug use, vaping, crying, and self-harm as methods they use for coping. This finding is enlightening as it emphasizes the need for intervention. While there are a number of students who have found positive ways to cope, there are still many who are in dire need of help.

To effectively intervene, it is crucial to identify factors that contribute to the respondents' anxiety the most. Some of the main factors reported included school, relationships, workload, and professors. With this knowledge, a plan for intervention can effectively be created as focused interventions can be implemented for specific stressors.

Additionally, through a multi-select question, the students identified strategies they felt would alleviate their anxiety. The top two responses were deep breathing (n=78) and psychotherapy (n=65). This finding highlights the fact that many students understand

positive coping and that certain strategies can be utilized to help their anxiety; however, whether it be due to lack of education, resources, or stigma, these strategies do not appear to be commonly used.

As described above, this research was voluntary response in nature. A limitation of this type of sample is that they can be somewhat biased, as some people will inherently be more likely to respond than others. This results in data that may be skewed in favor of those who feel strongly about the research topic. Additionally, another limitation of this study is that the results can only be generalized to the nursing student population. The sample was limited to nursing students; therefore, it can be reasonably concluded that the results found may differ from the general population. The stressors and factors that play a role in nursing students' anxiety differ largely from the stressors that others may experience.

Conclusion

From this research, there are several findings that came to light. First and foremost, it was found, through the review of literature and survey findings, that anxiety is a condition that has a profound impact on individuals. This can clearly be seen as 75.21% of respondents reported they perceived anxiety as having moderate to large effects on their health. Despite this and the finding described above regarding the majority of students having a more severe level of anxiety ($>5/10$), it seems that a large proportion of respondents have not sought professional help. Despite the students' responses that they believe interventions such as deep breathing and psychotherapy would be beneficial, there seems to be a lack of these types of coping mechanisms and treatments. This has resulted in respondents finding individualized coping mechanisms,

and while many students have found and developed healthy strategies such as exercise/physical activity, there are many who have turned to unhealthy, negative coping strategies such as alcohol and substance use.

Taking the findings of this research into account, there are several clinical suggestions this researcher has developed. One recommendation is for there to be school-wide implementation of syllabus changes in which information regarding mental health services are incorporated into each class syllabus. As evidenced by the results of this research, students perceive that there may be benefits in psychotherapy/counseling services; however, there seems to be a lack of treatment sought. This may be attributed to stigma, lack of resources, or education. To combat these barriers, access to information regarding mental health services could be implemented in students' syllabi. Within each class, students must refer to their syllabi for information regularly, so this would allow for repeated exposure to information about mental health and the services that are available. Additionally, instructors could bolster this intervention by providing and promoting open, thorough discussion about the services and information provided in the syllabus.

An additional intervention that could be implemented includes the creation of forums in which open dialogue can be exchanged between students and professors/faculty with the School of Nursing. There are numerous student responses that highlight anxiety-inducing factors including professors and a lack of open communication with faculty, staff, and school as a whole. There is a need for a change in the process by which students can communicate and voice their concerns to professors and the School of Nursing. To combat this issue, one potential solution is to create an online forum in which students can anonymously voice their questions and concerns to

faculty and staff within the School of Nursing. This may allow for more honest communication and a feeling of being heard. Through successful implementation, this may reduce a large portion of students' school-related stressors, thus decreasing anxiety levels. However, for successful implementation, there may need to be systemic change within the School of Nursing in which the issues brought up within the forum can be effectively addressed.

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