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1 Peer mentorship, wellbeing and academic performance of nursing students: a single
center prospective study in an eastern Nigeria federal institution 2 Abstract 3 Background:
Mentorship is widely recognised as a key strategy for supporting academic 4 success and
professional development in nursing education. In resource-constrained settings, 5 peer
mentorship has emerged as a feasible alternative to faculty-led models, yet empirical 6
evidence on its combined academic and psychological effects remains limited in Nigeria. 7
Aim: This study examined the effect of a structured peer mentorship programme on 8
psychological wellbeing (anxiety, depression, and stress) and academic performance
among 9 nursing students in a federal institution in eastern Nigeria. 10 Methods: A
prospective single-centre study design was adopted. Psychological wellbeing was 11
assessed among 93 nursing students using validated instruments—the Generalised
Anxiety 12 Disorder Scale (GAD-7), Patient Health Questionnaire (PHQ-9), and University
Stress Scale 13 (USS)—before and after participation in a peer mentorship programme.
Academic 14 performance outcomes were analysed for 108 peer-mentored students and
compared with 15 examination scores from previous non-mentored cohorts. Paired-
samples t-tests, McNemar 16 tests, and independent-samples t-tests were used for data
analysis, with statistical 17 significance set at $p < .05$. 18 Results: Peer mentorship was
associated with significantly improved academic performance, 19 with the peer-mentored
cohort achieving higher mean examination scores than previous non-20 mentored cohorts
($p < .01$). Psychological wellbeing outcomes were mixed. Although anxiety 21 and
depression scores showed slight, non-significant reductions following the intervention, 22
perceived stress levels increased significantly post-intervention ($p = .013$). Categorical 23
analyses revealed no statistically significant changes in anxiety or depression severity,
while 24 a higher proportion of students reported stress levels predictive of psychological
distress after 25 mentorship. 26 Conclusion: Structured peer mentorship appears to be an
effective academic support 27 intervention for nursing students in resource-constrained
educational contexts. However, its 28 impact on psychological wellbeing is limited and may
be accompanied by increased 29 perceived stress. Integrating targeted psychosocial

support and mental health training into 30 peer mentorship programmes may enhance their overall effectiveness. These findings provide 31 context-specific evidence to inform mentorship policy and practice in nursing education in 32 Nigeria and similar settings.

33 34 35 36 37 38 39 40 41 42 43 44 45 46

2 Introduction 47 Mentorship has long been recognised as a fundamental component of professional 48 development in nursing education, serving as a structured mechanism for academic guidance, 49 psychosocial support, and professional socialisation of students [Jokelainen et al., 2011]. 50 Historically, mentorship in nursing evolved from informal apprenticeship models into more 51 formalised educational strategies designed to bridge the gap between theoretical instruction 52 and clinical practice [Arinze et al., 2026]. In contemporary nursing education, mentorship is 53 increasingly viewed as a critical support system that enhances students' learning experiences, 54 confidence, and readiness for professional practice [Myall et al., 2008]. 55 The growing complexity of nursing education, coupled with rising academic demands and 56 emotional stressors, has heightened the need for effective mentorship programmes. Nursing 57 students frequently encounter stress related to academic workload, clinical exposure, and 58 adaptation to professional expectations, which can negatively affect both academic 59 performance and psychological wellbeing [Labrague, 2013]. Evidence from previous studies 60 highlights that students who lack adequate mentorship are more vulnerable to anxiety, stress, 61 poor academic outcomes, and attrition [Pulido-Martos et al., 2012]. As such, mentorship has 62 been positioned as a protective intervention that promotes resilience, academic engagement, 63 and emotional stability among nursing students [Levett-Jones & Lathlean, 2008]. 64 Peer mentorship has emerged as a particularly relevant model within nursing education, 65 especially in resource-constrained settings. Unlike traditional faculty-led mentorship, peer 66 mentorship involves students at more advanced stages providing academic and psychosocial 67 support to junior colleagues. This model 6 has been shown to enhance approachability, reduce 68 power differentials, and foster a supportive

learning environment [Stone et al., 2013]. In 69 contexts where faculty shortages and high workloads limit the feasibility of one-to-one 70

3 faculty mentoring, peer mentorship offers a cost-effective and scalable alternative [WHO, 71 2016]. 72 In Nigeria, nursing education institutions continue to face systemic challenges, including 73 limited staffing, high student enrolment, and inadequate student support structures [Kolbugri 74 et al., 2024]. These challenges are further compounded by increasing mental health concerns 75 among students, with reports of elevated stress, anxiety, and depressive symptoms during 76 training [Ibrahim et al., 2013]. Despite the acknowledged importance of mentorship, its 77 implementation across Nigerian nursing institutions remains inconsistent, with considerable 78 variation in structure, intensity, and outcomes [Okoronkwo et al., 2013]. Moreover, empirical 79 evidence examining the combined effect of peer mentorship on both academic performance 80 and student wellbeing within Nigerian nursing education remains limited. 81 While existing studies have explored mentorship broadly, there is a paucity of prospective 82 empirical research focusing specifically on peer mentorship and its measurable outcomes in 83 single-institution contexts. Most available evidence is either cross-sectional or focused 84 predominantly on academic outcomes, with less attention given to psychological wellbeing 85 indicators such as stress, anxiety, and depression [Sambunjak et al., 2006]. This gap limits the 86 ability of educators and policymakers to design evidence-based mentorship programmes that 87 address both academic and psychosocial needs of nursing students. 88 Against this backdrop, the present study investigates the impact of a structured peer 89 mentorship programme on the wellbeing and academic performance of nursing students in a 90 federal institution in eastern Nigeria. Adopting a prospective design and utilising validated 91 measures of psychological wellbeing alongside academic performance data, this study 92 contributes context-specific empirical evidence to inform mentorship practice, policy, and 93 programme development within nursing education. 94

4 Research Objectives 95 The major **1 aim of this study is to examine** the effect of a structured peer mentorship 96 programme on the psychological wellbeing and academic performance of nursing students in 97 a federal institution in eastern Nigeria. 98 The specific objectives of the study are to: 99 1. Assess changes in psychological wellbeing (anxiety, depression, and stress) among 100 nursing students before and after participation in a peer mentorship programme. 101 2. Compare the academic performance of nursing students exposed to peer mentorship 102 with that of previous non-mentored cohorts within the same institution. 103 3. Determine the overall contribution of peer mentorship to students' academic 104 adjustment and psychosocial support within a resource-constrained nursing education 105 context. 106 107

5 Materials and Methods 108 Study Design - This study adopted a prospective single-centre study design to evaluate the 109 effect of a structured peer mentorship programme on the psychological wellbeing and 110 academic performance of nursing students. A prospective approach was considered 111 appropriate to allow assessment of changes in wellbeing outcomes before and after the 112 mentorship intervention, as well as comparison of academic performance with previous non113 mentored cohorts [Creswell & Creswell 2018]. 114 Study Setting - **1 The study was conducted at** a federal nursing education institution located in 115 eastern Nigeria. The institution offers undergraduate nursing training and admits students 116 from diverse socio-economic backgrounds. Like many nursing institutions in low- and 117 middle-income countries, the study setting is characterised by high student enrolment, limited 118 academic staff, and constrained student support services, which informed the adoption of a 119 peer mentorship model [WHO, 2020]. 120 Study Population and Participants - The study population comprised undergraduate nursing 121 students enrolled at the institution during the study period. Students who participated in the 122 peer mentorship programme constituted the intervention group. Academic performance data 123 from previous cohorts **2 who did not participate in** any formal mentorship programme were 124 used as comparator data for

assessing academic outcomes. 125 Eligible participants were nursing students who: 126 □ were officially registered in the institution, 127 □ consented to participate in the study, and 128 □ completed both baseline and post-intervention wellbeing assessments. 129 Students with incomplete questionnaire responses were excluded from the final analysis. 130

6 Description of the Peer Mentorship Intervention - The peer mentorship programme was 131 structured such that senior nursing students served as mentors to junior students. Mentors 132 were selected based on academic standing and willingness to participate. Each mentor was 133 assigned a small group of mentees and provided academic guidance, emotional support, and 134 informal counselling throughout the intervention period. 135 Mentorship activities included regular meetings, academic discussions, examination 136 preparation support, and informal peer engagement. The programme was coordinated within 137 the institution and implemented alongside routine academic activities [Topping 1996]. 138 Data Collection Instruments - Psychological wellbeing was assessed using validated self139 report instruments: 140 □ Generalised Anxiety Disorder Scale (GAD-7) to measure anxiety symptoms, 141 □ Patient Health Questionnaire (PHQ-9) to assess depressive symptoms, and 142 □ University Stress Scale (USS) to evaluate perceived stress levels among students. 143 Academic performance was assessed using end-of-year examination scores, obtained from 144 institutional academic records. These scores 6 were used to compare the performance of the 145 peer-mentored cohort with that of previous non-mentored cohorts. 146 Data Collection Procedure - Baseline wellbeing data were collected from participants prior to 147 commencement of the peer mentorship programme. Post-intervention data were collected at 148 the end of the mentorship period using the same instruments. Academic performance data for 149 the peer-mentored cohort and comparator cohorts were extracted after completion of the 150 academic session. 151

7 Data Analysis - Data were analysed using appropriate statistical methods. Continuous variables were summarised using **1 means and standard deviations**, while categorical variables were presented as frequencies and percentages. **154** Paired-samples t-tests were used to assess changes in wellbeing scores before and after the mentorship intervention. **156** McNemar tests were applied to examine changes in categorical wellbeing classifications. **158** Independent-sample t-tests were used to compare academic performance between the peer-mentored cohort and previous non-mentored cohorts. **160** Statistical significance was set at $p < .05$. **161** Ethical Considerations - Ethical approval for the study was obtained from the appropriate **162** institutional ethics committee. Participation was voluntary, and informed consent was **163** **1 obtained from all participants**. Confidentiality and anonymity were maintained throughout the **164** study by using coded identifiers and restricting access to study data [World Medical **165** Association, 2013]. **166** Results **167** Participant Characteristics **168** A total of 93 nursing students completed both baseline and post-intervention psychological **169** wellbeing assessments and were included in the wellbeing analysis. Academic performance **170** analysis included 108 peer-mentored students, whose examination scores were compared **171** with those of non-mentored cohorts from previous academic sessions. **172** Participants represented different levels of undergraduate nursing training. All respondents **173** completed the study instruments fully and were included in the final analysis. **174**

8 Effect of Peer Mentorship on Psychological Wellbeing **175** Table 1 presents changes in anxiety, depression, and stress scores before and after **176** participation in the peer mentorship programme. **177** Outcome Measure Baseline Mean \pm SD Post-Intervention Mean \pm SD Mean Difference Test Statistic pvalue Anxiety (GAD7) 8.08 \pm 5.84 7.34 \pm 6.00 0.60 $t = 1.25$.215 Depression (PHQ-9) 8.63 \pm 6.89 8.67 \pm 6.97 -0.25 $t = -0.39$.694 Stress (USS) 15.54 \pm 9.45 18.00 \pm 9.96 -2.46 $t = -2.52$.013 Mean anxiety scores showed a non-significant reduction following the intervention (baseline: **178** 8.08 \pm 5.84; post-intervention:

7.34 ± 6.00; p = .215). Similarly, no statistically significant 179 change was observed in depressive symptoms (baseline: 8.63 ± 6.89; post-intervention: 8.67 180 ± 6.97; p = .694). 181 In contrast, perceived stress scores increased significantly following the mentorship 182 programme (baseline: 15.54 ± 9.45; post-intervention: 18.00 ± 9.96; p = .013), indicating 183 higher reported stress levels after participation. 184 185 186 187 188

9 189  Figure 1. Line chart or clustered bar chart showing mean anxiety, depression, and stress 190 scores at baseline and post-intervention. 191 192 193 Distribution of Psychological Wellbeing Categories 194 Table 2 summarises the categorical distribution of anxiety, depression, and stress levels 195 before and after the intervention. 196 Outcome Level Baseline n (%) Post-Intervention n (%) Test Used p-value Anxiety McNemar .660 None/Mild 61 (65.6) 64 (68.8) Moderate–Severe 32 (34.4) 29 (31.2) Depression McNemar .908 None/Mild 58 (62.4) 60 (64.5)

10 Outcome Level Baseline n (%) Post-Intervention n (%) Test Used p-value Moderate–Severe 35 (37.6) 33 (35.5) Stress McNemar .121 Normal 41 (44.1) 31 (33.3) Predictive of distress 52 (55.9) 62 (66.7) The proportion of students with moderate-to-severe anxiety decreased slightly from 34.4% at 197 baseline to 31.2% post-intervention, although this change 1 was not statistically significant (p = 198 .660). Similarly, moderate-to-severe depressive symptoms decreased marginally from 37.6% 199 to 35.5%, with no significant difference observed (p = .908). 200 Conversely, the proportion of students with stress levels predictive of psychological distress 201 increased from 55.9% at baseline to 66.7% post-intervention, though this categorical shift did 202 1 not reach statistical significance (p = .121). 203 Figure 2. Stacked bar chart showing proportions of wellbeing categories (none/mild vs 204 moderate–severe) at baseline and post-intervention. 205

11 206 207 Academic Performance Outcomes 208 Table 3 compares academic performance between the peer-mentored cohort and previous 209 non-mentored cohorts.

210 Group n Mean Score (%) ± SD Mean Difference Test Statistic pvalue Peer-mentored cohort 108 58.58 ± 11.07 2022/2023 cohort (nonmentored) 324 54.30 ± 10.73 4.28 t = -2.56 < .001 Peer-mentored cohort 108 58.58 ± 11.07 2021 cohort (non-mentored) 321 54.86 ± 10.24 3.72 t = -3.20 .001

12 Peer-mentored students achieved a significantly higher mean examination score (58.58 ± 11.07) compared with the 2022/2023 non-mentored cohort (54.30 ± 10.73; p < .001). A similar statistically significant difference was observed when compared with the 2021 non-mentored cohort (54.86 ± 10.24; p = .001). These findings indicate that participation in the peer mentorship programme was associated with improved academic performance relative to cohorts without structured mentorship. Hence, peer mentorship was associated with significant academic performance gains among nursing students. However, its impact on psychological wellbeing was mixed, with no significant improvements observed in anxiety or depression and a significant increase in perceived stress following the intervention. Discussion This study examined the effect of a structured peer mentorship programme on psychological wellbeing and academic performance among nursing students in a federal institution in eastern Nigeria. The findings indicate that peer mentorship was associated with significant improvement in academic performance, while changes in psychological wellbeing were mixed, with no significant reductions in anxiety or depression and a significant increase in perceived stress following the intervention. The improvement in academic performance observed among peer-mentored students suggests that peer mentorship can function as an effective academic support mechanism within nursing education. Mentorship relationships likely facilitated academic guidance, study collaboration, and access to experiential knowledge shared by senior students. These forms of peer-assisted learning are known to enhance academic engagement and self-efficacy, which may translate into improved examination performance [Bandura, 1997]. In resource-constrained

13 educational environments where faculty mentorship opportunities are limited, peer 234
mentorship provides a practical and scalable strategy for strengthening academic
outcomes. 235 The academic performance findings also support the broader view that
structured mentorship 236 programmes can promote academic adjustment and
persistence among nursing students. 237 Senior students serving as mentors may help
mentees navigate academic expectations, 238 examination preparation, and time
management demands, thereby reducing uncertainty 239 associated with professional
training [Vygotsky, 1978]. The observed performance 240 differences between the peer-
mentored cohort and previous non-mentored cohorts reinforce 241 the value of structured
peer-support interventions in nursing education settings. 242 In contrast to the academic
findings, the psychological wellbeing outcomes were less 243 consistent. Anxiety and
depression scores showed slight reductions following the mentorship 244 programme,
although 7 these changes were not statistically significant. This suggests that while 245
peer mentorship may offer emotional reassurance and social support, it may not be
sufficient 246 on its own to produce measurable changes in clinical indicators of
psychological wellbeing 247 over a relatively short intervention period [Dyrbye et al., 2006].
Psychological wellbeing is 248 influenced by multiple academic, social, and personal
factors, and mentorship alone may not 249 address all sources of emotional distress
experienced by nursing students. 250 Interestingly, perceived stress scores increased
significantly following participation in the 251 mentorship programme. One possible
explanation is that increased academic engagement and 252 awareness of professional
expectations during mentorship interactions may heighten students' 253 perception of
academic responsibility and performance pressure. As mentees become more 254
academically involved and exposed to expectations discussed by mentors, they may report
255 higher levels of perceived stress even while performing better academically. This
pattern has 256 been reported in studies where academic support interventions improved
performance but 257

14 coincided with increased workload awareness or performance expectations [Misra & McKean 258 2000]. 259 Another explanation relates to the demanding nature of nursing education itself. Clinical 260 exposure, academic workload, and professional socialisation may intensify during the period 261 in which mentorship programmes are implemented, thereby influencing stress levels 262 independently of mentorship effects. Peer mentorship may help students cope with academic 263 challenges without necessarily reducing perceived stress associated with professional training 264 [Gibbon, 2010]. This distinction between academic support and psychological stress 265 reduction is important when designing mentorship programmes in nursing education. 266 The findings highlight the need to integrate psychosocial support training into peer 267 mentorship programmes. While peer mentors can provide academic guidance and informal 268 emotional support, structured training in mental health awareness, stress management, and 269 supportive communication may strengthen the wellbeing impact of mentorship initiatives. 270 Institutional counselling services and student support systems could also complement peer 271 mentorship to address psychological wellbeing more effectively [Stallman, 2010]. 272 This study contributes to the growing body of empirical evidence on mentorship in nursing 273 education within low- and middle-income contexts. By using a prospective design and 274 validated wellbeing measures, the study provides context-specific insights into how peer 275 mentorship influences both academic and psychological outcomes among nursing students. 276 The findings reinforce the importance of structured mentorship programmes while also 277 highlighting their limitations when implemented without integrated mental health support. 278 Conclusion 279 This 8 study examined the impact of a structured peer mentorship programme on the 280 psychological wellbeing and academic performance of nursing students in a federal 281

15 institution in eastern Nigeria. The findings demonstrate that peer mentorship is associated 282 with significant improvement in academic performance, highlighting its

value as an academic 283 support strategy in nursing education, particularly within resource-constrained institutional 284 environments. 285 However, the influence of peer mentorship on psychological wellbeing was less consistent. 286 While anxiety and depression scores showed slight reductions following the intervention, 287 these changes were not statistically significant. Perceived stress levels increased significantly 288 after participation in the mentorship programme, suggesting that mentorship alone may not 289 be sufficient to address the psychological demands associated with nursing education. These 290 findings indicate that peer mentorship programmes may be more effective in supporting 291 academic outcomes than in directly improving psychological wellbeing. 292 Hence, the study contributes empirical evidence supporting the role of peer mentorship as a 293 practical and scalable intervention for enhancing academic performance among nursing 294 students. At the same time, it underscores the importance of integrating structured 295 psychosocial support into mentorship programmes to achieve more comprehensive student 296 wellbeing outcomes. 297 Recommendations 298 Based on **1** **the findings of this study**, the following recommendations are proposed: 299 Institutional Practice - Nursing education institutions should formalise peer mentorship 300 programmes as part of their academic support systems. Clearly defined mentorship structures, 301 mentor–mentee pairing processes, and regular monitoring mechanisms can improve 302 programme effectiveness and sustainability. 303 Mentor Preparation and Training - Peer mentors should receive basic training in 304 communication skills, academic guidance strategies, and mental health awareness. Such 305

16 preparation may enhance mentors' ability to support mentees both academically and 306 emotionally. 307 Student Support Integration - Peer mentorship programmes should be complemented by 308 institutional student support services, including counselling and stress management 309 interventions, to address psychological wellbeing more comprehensively. 310 Policy development educational administrators and nursing education regulators should 311 consider incorporating mentorship frameworks into

institutional policies to ensure continuity 312 and consistency in mentorship implementation across training institutions. 313 Future Research 314 Further studies should: 315 □ examine long-term effects of peer mentorship on student wellbeing, 316 □ include multi-institutional samples for broader generalisability, and 317 □ compare peer mentorship with faculty-led or hybrid mentorship models. 318 319 320 321 322 323 324 325 326

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