

Assessment of Adjustment Problems among First-Year Nursing Students in Selected Colleges at Chennai.

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Abstract

Background: The entry into professional nursing education is often accompanied by increased academic expectations and psychosocial transitions, particularly among first-year students. Such changes may pose challenges to effective adaptation and influence students' overall functioning. **Objectives:** This study was undertaken to assess the level of adjustment problems among first year B.Sc. Nursing students., To find the association between the level of adjustment problems and selected demographic variables. **Methods:** A quantitative descriptive research design was adopted, and 40 students were selected through a non-probability Purposive sampling technique. Data were obtained using the Bell Adjustment Inventory and analyzed using descriptive statistical measures. **Results:** The analysis revealed that a large majority of students (97.5%) experienced moderate adjustment difficulties, while a small proportion (2.5%) exhibited severe maladjustment. No participant was found to have a high level of adjustment, indicating that adjustment challenges were present across the study group. **Conclusion:** The findings suggest that the initial stage of nursing education involves considerable adjustment demands, highlighting the importance of early recognition and the provision of structured support strategies to facilitate effective adaptation and enhance student well-being.

Introduction

Adjustment can be understood as a complex and dynamic psychological process in which individuals adapt their thoughts, emotions, and behaviors to maintain balance within changing circumstances. The transition from

secondary education to college constitutes a pivotal developmental phase, often marked by diverse challenges such as increased academic demands, shifts in social roles, emotional instability, and adaptation to a new

environment. In the context of first-year Bachelor of Science in Nursing students, this phase assumes heightened significance due to the inherently rigorous, multidimensional, and competency-driven nature of nursing education. Nursing as a discipline necessitates the integrative assimilation of theoretical constructs with clinical praxis, thereby imposing substantial cognitive demands and emotional responsibilities upon students. The inaugural year, in particular, is characterized by an abrupt escalation in academic expectations, exposure to unfamiliar and often student-centered pedagogical methodologies, and the necessity to acquire clinical competencies within real-world healthcare settings. Concurrently, students frequently contend with linguistic barriers, especially when transitioning into institutions where the medium of instruction differs from prior educational experiences, as well as the psychosocial strain associated with separation from familial support systems. The cumulative burden of these stressors may precipitate pronounced adjustment difficulties, which may manifest in diverse forms such as heightened anxiety, depressive tendencies, cognitive fatigue, impaired concentration, interpersonal maladjustment, reduced self-efficacy, and compromised scholastic performance.

Furthermore, within a metropolitan milieu such as Chennai, the student demographic is marked by considerable heterogeneity in cultural, linguistic, and socioeconomic backgrounds. While such diversity undeniably enriches the academic environment and fosters broader perspectives, it may simultaneously engender

challenges in social integration and identity negotiation, particularly for students hailing from rural or semi-urban contexts. The complexities inherent in urban living including rapid lifestyle changes, increased financial demands, transportation challenges, and exposure to a highly competitive academic atmosphere may further exacerbate the adaptive strain experienced by these students. Additionally, the expectations embedded within professional nursing education, including adherence to clinical protocols, ethical responsibilities, and patient-centered care, may intensify performance-related stress during the formative stages of training.

Adequate adjustment is, therefore, indispensable for the preservation of psychological well-being, optimization of academic achievement, and the progressive cultivation of clinical competence and professional identity. Conversely, maladjustment may exert deleterious effects on multiple domains, including learning outcomes, clinical performance, interpersonal relationships, and overall quality of life, thereby potentially impeding the holistic development of future nursing professionals. In this regard, the early identification, systematic assessment, and comprehensive understanding of adjustment-related challenges assume paramount importance. Such insights can facilitate the implementation of timely, evidence-based interventions, including structured counseling services, peer-support and mentorship programs, resilience-building initiatives, and stress management strategies tailored to the unique needs of nursing students.

Against this conceptual and contextual backdrop, the present study is undertaken to critically examine the extent and dimensions of adjustment problems among first-year B.Sc. Nursing students in selected colleges in Chennai. The study endeavors to identify salient areas of vulnerability, elucidate the underlying contributory factors, and generate empirical evidence that may inform the development of targeted, contextually appropriate support systems aimed at enhancing adaptive capacity, academic success, and overall psychosocial well-being among nursing students.

Objectives of the Study

To assess the level of adjustment problems among first year B.Sc. Nursing students.

To find the association between the level of adjustment problems and selected demographic variables.

Methodology

The present investigation was predicated upon a quantitative research paradigm, meticulously employed to facilitate the systematic quantification and objective appraisal of adjustment-related difficulties among first-year Bachelor of Science in Nursing students. Such an approach was considered methodologically appropriate, as it permits the precise measurement of variables and the application of statistical techniques to derive empirically grounded inferences. Within this framework, a descriptive research design was adopted with the intent of eliciting a comprehensive and authentic portrayal of the prevailing

levels of adjustment challenges within the specified cohort. This design is inherently non-interventional in nature, thereby enabling the delineation of phenomena in their naturalistic context without experimental manipulation, thus preserving the ecological validity and credibility of the findings.

The study was undertaken in selected B.Sc. Nursing colleges situated in Chennai, thereby providing a pertinent academic and clinical milieu for examining the multifaceted dimensions of student adjustment. The target population encompassed all first-year B.Sc. Nursing students enrolled within these institutions. From this population, a sample comprising 40 participants was delineated in accordance with predetermined eligibility criteria. A non-probability Purposive sampling technique was employed, wherein participants were recruited based on their accessibility and voluntary willingness to partake in the study during the stipulated period of data collection. This sampling strategy was deemed pragmatically appropriate in light of logistical feasibility and temporal constraints, notwithstanding its inherent limitations with respect to generalizability.

The determination of a sample size of 40 participants was underpinned by both methodological justification and contextual feasibility. Given that the present investigation adopts an exploratory and descriptive research design, the emphasis was placed on obtaining in-depth, contextually grounded insights rather than achieving broad population-level generalization. In such designs, smaller yet

adequately representative samples are considered methodologically acceptable for identifying patterns, trends, and associations within a defined cohort. Moreover, the sample size satisfies the minimum requirements for the application of basic inferential statistical techniques, thereby ensuring analytical validity. The selection was further constrained by the finite number of first-year students meeting the inclusion criteria during the data collection period, coupled with institutional schedules, clinical postings, and participant availability. Additionally, considerations of data quality, participant engagement, and manageability of data collection favored a moderately sized sample, enabling meticulous administration of instruments and minimizing response fatigue. Thus, the sample size of 40 was deemed sufficient to achieve the study objectives while maintaining methodological rigor within existing practical constraints.

The inclusion criteria incorporated first-year B.Sc. Nursing students who were present at the time of data collection and who provided informed consent to participate in the study. Conversely, the exclusion criteria encompassed those who were absent during the data collection phase or who declined to participate. Data were elicited through a structured, self-administered questionnaire specifically devised to capture both the sociodemographic profile of participants and the extent of their adjustment-related difficulties. The instrument was meticulously developed following an exhaustive review of extant literature and was subsequently subjected to rigorous expert validation to ensure content adequacy, conceptual clarity, and contextual relevance.

Prior to the initiation of the data collection process, ethical clearance was duly obtained from the Institutional Ethics Committee, thereby ensuring adherence to established ethical norms and research governance standards. Formal administrative permission was also secured from the authorities of the selected institutions. Participants were comprehensively apprised of the purpose, scope, and voluntary nature of the study, and written informed consent was obtained in accordance with ethical protocols. Stringent measures were instituted to safeguard participant confidentiality and anonymity, with explicit assurance that the data would be utilized exclusively for academic and research purposes.

The data collection procedure was executed over a predetermined duration, during which the investigator personally administered and retrieved the questionnaires to ensure methodological consistency and completeness. Participants were afforded adequate time to respond, and clarifications were provided as necessary to mitigate ambiguity and enhance the accuracy of responses. The Bell Adjustment Inventory was employed as the principal instrument for assessing adjustment levels across multiple domains, providing a standardized and reliable measure of students' adaptive responses. This tool facilitated the systematic evaluation of emotional, social, and educational adjustment dimensions among the participants. Upon completion, the data were systematically organized, coded, and subjected to analysis using descriptive statistical methods, including frequency distributions and percentage analysis, to ascertain the magnitude and distribution of

adjustment problems within the sample. The findings were subsequently interpreted in alignment with the stated objectives of the study, thereby yielding meaningful and contextually grounded insights into the nature and extent of adjustment challenges encountered by first-year nursing students.

Results

The level of adjustment among first-year Bachelor of Science in Nursing students was assessed utilizing the Bell Adjustment Inventory (BAI), a standardized and psychometrically established instrument designed to evaluate individual adjustment across four principal domains: home, health, social, and emotional functioning. The overall distribution of adjustment levels is presented in Table 1.

The analysis demonstrated that a substantial majority of the participants, 39 (97.5%), exhibited moderate adjustment difficulties as per the BAI scoring criteria. This predominance suggests that most students are situated within an intermediate phase of adaptation, wherein partial accommodation to academic and environmental demands has been achieved, yet notable stressors and internal disequilibrium persist. Conceptually, within the Bell Adjustment framework, moderate maladjustment is indicative of a state of incomplete adaptation, characterized by functional coping alongside ongoing negotiation of psychological and environmental pressures.

From a domain-specific perspective, these moderate adjustment challenges manifest in varied forms. In the domain of

home adjustment, particularly among students residing in hostels, common difficulties include homesickness, emotional reliance on family, and challenges in adapting to structured institutional living. Students may report a sense of detachment from familial support systems and difficulty maintaining personal routines independently.

In the domain of health adjustment, moderate issues may be reflected through both physical and psychological symptoms, including fatigue, sleep disturbances, reduced appetite, and stress-related complaints. The intensive academic schedule, combined with early clinical exposure, may contribute to physical exhaustion and mental strain. For instance, students may experience irregular sleep patterns due to academic workload or heightened anxiety related to examinations and clinical responsibilities.

Social adjustment also emerges as a significant area of concern. Moderate maladjustment in this domain may involve difficulty in forming new interpersonal relationships, reluctance in group participation, and challenges in effective communication with peers, faculty, and healthcare professionals. Students from diverse linguistic or cultural backgrounds may encounter initial barriers in integration, leading to limited participation in academic or social interactions.

Similarly, within the emotional adjustment domain, students may exhibit symptoms such as anxiety, mood variability, self-doubt, and diminished self-confidence. The pressure to meet academic expectations and perform effectively in clinical settings

may contribute to emotional instability. For example, students may feel apprehensive during initial patient care experiences or fear making procedural errors.

In contrast, only 1 (2.5%) participant was identified as experiencing severe adjustment difficulties, reflecting a markedly compromised adaptive capacity. Severe maladjustment, as delineated by the BAI, signifies substantial impairment in coping mechanisms, with individuals experiencing pronounced psychological distress. Such manifestations may include persistent anxiety, social withdrawal, impaired concentration, and significant decline in academic or clinical performance. In practical terms, this may be observed in behaviors such as avoidance of classes or clinical duties due to overwhelming stress.

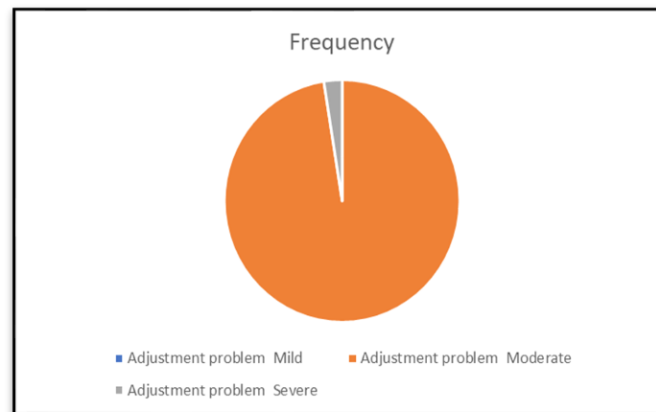
Notably, no participants were categorized under mild or well-adjusted levels, indicating that all students experienced at least a moderate degree of adjustment challenge. This finding underscores the inherently demanding nature

of the transition into professional nursing education and highlights the near-universal presence of adaptation-related stress during the initial phase of training.

Overall, the findings derived from the Bell Adjustment Inventory reinforce the understanding that adjustment among first-year nursing students is a complex, multidimensional, and evolving process influenced by academic demands, environmental transitions, and individual coping capacities. While moderate maladjustment may represent a normative response to transitional stress, the presence of severe maladjustment in a minority necessitates timely identification and intervention. The implementation of structured support mechanisms, including counseling services, mentorship initiatives, and stress management programs, is essential to facilitate adaptive functioning, strengthen resilience, and promote both academic success and psychological well-being among nursing students.

Table 1: Assessment of Adjustment Problems among First-Year Nursing Students

Selected variable	Grade	Frequency	Percentage
Adjustment problem	Mild	0.0	0
	Moderate	39	97.5%
	Severe	1	25.5%



This Figure shows that the 39 students (97.5%) are moderate adjustment problem and 1 student (2.5%) has severe adjustment problems and nobody have mild adjustment problem.

Discussion

The present inquiry was undertaken to systematically examine the magnitude of adjustment difficulties among first-year Bachelor of Science in Nursing students through the application of the Bell Adjustment Inventory. The findings demonstrated a marked predominance of moderate maladjustment (97.5%), with only a minimal proportion (2.5%) exhibiting severe maladjustment. These outcomes suggest that adjustment-related challenges are both widespread and multifactorial during the initial phase of professional nursing education. The high prevalence of moderate maladjustment indicates that most students are situated in a transitional phase of partial adaptation, wherein they are able to maintain functional academic engagement despite experiencing persistent psychosocial strain and environmental pressures. The findings of the present study are largely consistent with earlier empirical investigations conducted among nursing and other professional student populations. Prior studies have consistently documented that a considerable proportion of

first-year students experience moderate levels of adjustment difficulties, particularly within emotional, social, and academic domains. Similarly, research focused on nursing students has reported that the majority tend to fall within moderate adjustment categories, with relatively fewer individuals demonstrating severe maladjustment. Such convergence of findings reinforces the notion that transitional stress is a normative and expected phenomenon during the early stages of entry into professional education.

However, certain studies have reported comparatively higher levels of severe maladjustment, particularly in settings characterized by intensified academic demands, competitive environments, or limited institutional support systems. In contrast, the present study identified only a small proportion of severe maladjustment (2.5%) ($p = 0.032$; 95% CI: 0.3% -8.7%), which may indicate relatively favorable coping resources, peer support, or institutional facilitation within the selected study context. This variation highlights the

role of contextual and environmental factors in shaping adjustment outcomes among students.

Beyond descriptive observations, the inferential analysis provided additional insights into the association between selected demographic variables and adjustment levels. Age emerged as a statistically significant factor ($\chi^2 = 6.84$, $p = 0.009$), with younger students (≤ 18 years) demonstrating relatively higher adjustment difficulties compared to their older counterparts. This finding is in alignment with developmental perspectives, which suggest that younger individuals may possess comparatively limited coping experience, emotional regulation, and adaptability when confronted with demanding academic and clinical environments.

In contrast, parental education did not exhibit a statistically significant association with adjustment levels ($\chi^2 = 2.13$, $p = 0.345$), indicating that parental literacy alone may not directly influence students' ability to adapt. This finding suggests that immediate environmental and psychosocial factors within the educational setting may exert a more substantial influence. Similarly, family income was not found to be significantly associated with adjustment problems ($\chi^2 = 1.76$, $p = 0.415$), implying that economic status may not independently determine adjustment capacity, possibly due to the buffering effects of shared institutional environments and peer interactions.

Notably, residential background (rural versus urban) demonstrated a statistically significant association with

adjustment ($\chi^2 = 5.97$, $p = 0.015$). Students originating from rural areas exhibited comparatively greater adjustment challenges, which may be attributed to factors such as linguistic differences, cultural transition, and limited prior exposure to urban academic settings. Likewise, type of family showed a significant relationship with adjustment ($\chi^2 = 7.21$, $p = 0.007$), with students from nuclear families experiencing relatively higher levels of difficulty, potentially due to comparatively reduced emotional and social support when contrasted with joint family systems. Conversely, parental occupation did not reveal a significant association with adjustment levels ($\chi^2 = 1.29$, $p = 0.524$), suggesting that occupational status may have limited direct influence on students' adaptive experiences. This observation supports the view that individual coping strategies, resilience, and institutional support mechanisms may play a more decisive role than broader socioeconomic indicators.

From a theoretical perspective, these findings can be interpreted through established psychological frameworks. In relation to Maslow's Hierarchy of Needs, the transition into a demanding academic and clinical environment may temporarily disrupt the fulfillment of fundamental needs related to safety, belongingness, and emotional security. The predominance of moderate maladjustment may thus reflect a stage of partial need fulfillment, wherein students are in the process of adapting but have not yet achieved full psychological equilibrium.

Furthermore, the findings are congruent with Lazarus and Folkman's Transactional Model of Stress and Coping,

which conceptualizes adjustment as an outcome of cognitive appraisal and coping responses. The predominance of moderate maladjustment suggests that while students are actively engaging in coping processes, the effectiveness of these strategies may vary. Developmentally, the findings also align with the perspective that late adolescence is a critical period marked by identity formation and role transition, wherein individuals are required to adapt to new academic, social, and professional expectations.

In synthesis, the integration of descriptive and inferential findings underscores that moderate adjustment difficulties are highly prevalent among first-year nursing students, whereas severe maladjustment, though limited, remains clinically significant. The observed associations with selected demographic variables highlight the need for targeted and context-specific interventions. The establishment of structured support systems, including mentorship programs, psychological counseling, peer support initiatives, and stress management training, is essential to facilitate adaptive coping, strengthen resilience, and promote holistic well-being and academic success among nursing students.

Conclusion & Recommendation

The present investigation underscores that the initial phase of nursing education necessitates profound personal, academic, and professional adaptation, compelling students to recalibrate their cognitive, emotional, and behavioral responses to unfamiliar learning environments and evolving role expectations. This transitional

period accentuates the critical need to strengthen students' adaptive capacity, enabling them to effectively negotiate emerging academic demands while preserving psychological stability and sustained engagement in learning processes. Accordingly, it becomes imperative for educational institutions to adopt proactive and anticipatory strategies that prioritize the early identification of adjustment-related concerns. Such efforts may be operationalized through structured orientation and transition programs designed to facilitate gradual acclimatization to both academic and clinical settings, thereby mitigating the intensity of initial stressors.

Equally essential is the establishment of accessible and student-centered mental health support systems, including counseling services, academic guidance units, and peer-support networks, which can provide timely assistance in addressing emotional, social, and situational challenges. Institutional frameworks should also be thoughtfully structured to prevent excessive academic overload, ensuring a balanced distribution of curricular and clinical responsibilities that promotes meaningful learning without compromising student well-being. The integration of skill-based training modules focusing on interpersonal communication, emotional regulation, resilience building, and problem-solving can further enhance students' capacity to adapt effectively within complex healthcare environments.

In this context, the role of nurse educators and practicing nurses assumes particular significance. As primary facilitators of both theoretical instruction and

clinical training, nurse educators are uniquely positioned to identify early signs of maladjustment among students through continuous observation and interaction. By adopting a supportive, empathetic, and non-judgmental approach, they can foster a psychologically safe learning environment that encourages students to express concerns without fear of stigma. Mentorship initiatives led by experienced nursing faculty and clinical nurses can provide individualized guidance, role modeling, and emotional support, thereby easing the transition into professional practice.

Furthermore, nurses can actively contribute to enhancing students' adjustment by promoting collaborative learning, facilitating constructive feedback, and encouraging reflective practice. In clinical settings, staff nurses play a pivotal role in orienting students to real-world healthcare dynamics, helping them develop confidence, clinical competence, and professional identity. By demonstrating effective coping strategies, ethical practice, and compassionate patient care, nurses serve as influential role models who shape students' attitudes and adaptive behaviors.

Creating an institutional culture that values inclusivity, open communication, and mutual respect is equally vital. Responsive administrative practices, such as regular feedback mechanisms, student welfare committees, and flexible support policies, can further reinforce a supportive educational ecosystem. Collectively, these measures contribute to the development of a nurturing environment that not only addresses adjustment challenges but also fosters

resilience, emotional well-being, and professional growth.

In essence, a coordinated effort involving institutional policies, educational strategies, and active engagement of nurse educators and clinical practitioners is essential to facilitate holistic adjustment. Such an approach will ultimately contribute to the formation of competent, confident, and resilient nursing professionals capable of delivering high-quality patient care while maintaining their own well-being.

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