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ACADEMIC AND PSYCHOSOCIAL STRESS AMONG NOVICE AYURVEDA STUDENTS IN KERALA: A COMPARISON OF STUDENT AND FACULTY PERSPECTIVES

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Abstarct:
Stress is a widespread and well-documented challenge for undergraduate students worldwide, with consequences for mental health and academic performance. College-level stressors commonly include Academic overload, insufficient study time, low motivation, pressure from family,[1] adjustment to a new learning environment and competing social/financial demands — factors that together increase anxiety and reduce relaxation, satisfaction and well-being. Along with other major sources of stress, fear of failure is especially prevalent among undergraduate students.[2]
Since stress is the perceived imbalance between the demands encountered in daily life and a person's ability to respond to them, medical students experience stress when curricular demands exceed their available resources[3]. They have been reported to suffer from higher levels of perceived stress compared to the general population and students in other academic fields. Ayurveda undergraduate students face particular pressures because they need to deal with a complex curriculum that combines classical Ayurveda in Sanskrit with modern biomedical sciences and clinical skills. Studies among Ayurveda students report that more than 80% perceive moderate-to-high levels of stress.[4]
The discipline-specific features make it important to study stress in novice Ayurveda student cohorts rather than assuming findings from general university populations directly apply. There is a need to focus on the early detection of stress among novice ayurveda students and explore the measures to reduce it and to achieve high academic, clinical outcomes.

INTRODUCTION:

Stakeholder perspectives constitute a critical dimension in understanding academic stress in undergraduate college students. There could be a considerable mismatch between faculty and student perceptions of students' stressors and reactions to stressors [5]. Faculty members frequently identify behavioural and performance-related indicators of student distress—such as absenteeism, decreased study time and reduced classroom engagement—and often attribute these patterns to structural or curricular factors. In contrast, students typically articulate more subjective experiences of pressure arising from frequent assessment demands, parental expectations and the challenges associated with academic and social transition. Addressing academic-related stress requires coordinated efforts across multiple levels to equip students with the intellectual, emotional, and institutional support necessary for their success. Systematically comparing student and faculty perspectives is therefore essential, as it enables the identification of discrepancies in how stressors are recognised, prioritised, and interpreted. Such comparison also helps reveal divergences in the strategies each group proposes for remediation, including curricular modifications, assessment redesign, and enhancements to mentoring and institutional support systems. However, research that simultaneously examines both student and faculty viewpoints on academic stress remains limited, creating a substantial gap in the literature that warrants focused exploration.

METHODOLOGY

Considering the lack of clarity regarding how students and faculty perceive the academic stress experienced by novice Ayurveda undergraduates, this article aims to examine both students' and faculty members' perspectives on academic and psychosocial stress among novice BAMS students in Kerala and to compare student-reported stressors with faculty interpretations of student stress and its underlying causes.

Method of data collection:

Since the objective primarily considers a social issue, qualitative methods were employed. The students' perception on Academic stress was collected by conducting a Focus group discussion and the faculty perceptions were gathered in Key informant interviews. Key informants have been used widely in a range of applied qualitative health research

methodologies including grounded theory, interpretive description, and qualitative description.[6] Key informants have been referred to as informants, experts, stakeholders, and "key knowledgeables"[7]. The Focus group discussion was conducted initially and the Key informant interviews were conducted later.

Participant selection:

For the Focus group discussion, the students from Ayurveda colleges across different sectors, with first-hand or second-hand experience with various stressors and coping strategies, were selected as the participants of the Focus group discussion. One student each from the First and Second Professional BAMS classes was selected from Ayurveda colleges in the government sector, the private sector with government aid and the private sector without government aid to participate in the FGD. Since the majority of BAMS students are female, and to reflect this distribution, only one male participant was included in the discussion, while the remaining five participants were female. Outspoken students were purposely selected with the help of the nodal officers of the Student Support and Guidance Program in the respective colleges, as outspoken students are more likely to share personal experiences and those of their close friends without inhibition.

For interview: Representatives of the faculties of Government, Government-aided aided and Self-financing college with experience on the matter and having personal opinions on the matter and willing to share their views were purposely selected for interviews.

Tools for data collection:

Focus Group Discussion (FGD) guide- A Focus group discussion guide was prepared to help keep both the participants and the moderator focused on the topics to be explored. The following points were considered while preparing the FGD guide:

- Common academic issues faced by First BAMS students
- Common psychosocial issues faced by First BAMS students, including financial and relationship issues
- The greatest stressor for a First BAMS student
- Coping strategies used by First BAMS students to deal with stress, and the possible reasons behind choosing a particular strategy
- Suggestions to improve the situation

Key informant Interview guide: On the basis of the available literature, expert's opinion and the outcome of the Focus group discussion, the interview guide was prepared. The questions were set under three main domains, academic issues, psychosocial issues and miscellaneous. Under each domain, the subdomains were distributed as follows.

- Academic issues - Challenges in curriculum, Learning environment, Assessment and feedback and Time management.
- Psychosocial issues - Mental health and stress, Social support, Work life balance and Burnout and Maladaptive coping
- Miscellaneous - Support system and resources and Suggestions for improvement

The conduct of Focus Group Discussion:

The participants were contacted over the phone a week before the scheduled date of the Focus Group Discussion (FGD) to explain the objective of the study and to obtain their verbal consent to participate. Following this, written consent was obtained by sending them an information sheet and requesting confirmation via email. The researcher herself served as the moderator, and a note-taker—familiar with the Ayurvedic academic setting—was arranged to document the main points of the discussion.

The FGD was conducted online using the Google Meet platform. The moderator followed a structured guideline, and the ground rules were explained at the beginning to ensure the smooth and ethical conduct of the discussion. The entire session was video recorded with the participants' consent.

The conduct of Key informant interviews:

The selected faculty members were first contacted by phone and informed about the purpose of the study, the nature of the data required, and the assurance of confidentiality and voluntary participation. An information sheet and the key informant interview guide were subsequently provided in person, by email, or via WhatsApp. Written consent was obtained directly from participants interviewed in person, while those interviewed through phone or online submitted written consent through email or WhatsApp. With consent, all interviews were recorded. Redundancy of information was observed after interviewing seven faculty members. The average duration of one interview was 60 to 80 minutes

After the conduct of FGD, and each Key informant interview, the entire discussion was transcribed into Malayalam, the local language and later translated into English for further thematic analysis.

RESULT

The summary of the ideas evolved from the outcome of the Focus group discussion follows

Thematic Analysis Table1: Academic and psychosocial stress Among Novice BAMS Students- Students' perspective

Theme	Subtheme	Description
1. Academic Stressors	Vast syllabus & unfamiliar subjects	Students felt overwhelmed by the extensive content and lack of prior exposure to many of the First Professional subjects.
	Memorisation demands	Heavy reliance on rote learning increased perceived workload.
	Limited study resources	Inadequate availability of textbooks and absence of model-answer guides hindered effective preparation.
2. Psychosocial Stressors	Restricted social interaction	Students had limited time for old friends/relatives and faced challenges forming new close friendships.
	Minimal homesickness	Many students had previously lived away from home for entrance coaching, reducing homesickness.
	Negative societal perception	Public scepticism toward Ayurveda demotivated students.
	Pride in the course but fear of the future	Students valued learning an ancient science but were anxious about job prospects.
	Financial stability	Government grants prevented major financial stress for most students.
	Stable personal relationships	No major romantic relationship issues were reported among first-year students.
3. Challenges of Out-of-State Students	Language barriers	Difficulty understanding lectures and academic materials due to unfamiliar local language.
	Increased homesickness	Infrequent ability to travel home intensified feelings of isolation.
	Food-related discomfort	Difficulty accessing preferred or familiar food options.
4. Major Stressor Identified	Unfamiliarity vs. Year-Back System	Current first-years stressed unfamiliar subjects; seniors believed the Year-Back system caused the greatest stress.
5. Impact of Stress	Academic difficulties	Stress impaired concentration and attention to studies.
	Sleep disturbances	Students experienced disrupted or insufficient sleep.
	Emotional symptoms	Mild to moderate depression and anxiety were present.
	Physical symptoms	Migraine, digestive problems, hair fall, and general weakness were noted.
6. Coping Strategies	Social media use	Most commonly used method for temporary stress relief.
	Peer conversations	Talking with classmates was considered the most effective coping method.
	Occasional outings	A few students used trips or outings to relax.
	Procrastination	Some students admitted to delaying tasks as a response to stress.
	No substance abuse	No students reported using substances as a coping strategy.
7. Suggestions for Improvement	Activity-based learning	Proposed as a method to enhance engagement and reduce cognitive overload.
	Improved student–teacher and student–senior interaction	Suggested to strengthen academic and emotional support systems.
	Regular mentor–mentee meetings	Expected to address both academic concerns and psychosocial difficulties.

Thematic Analysis Table2: Academic and psychosocial stress Among Novice BAMS Students - Faculty Perspective

Theme	Subtheme	Description
1. Academic Issues	Unfamiliarity with subjects	First-year students struggle with new and unfamiliar subject matter and terminology, contributing to early academic stress.
	Language as a barrier	Learning a new technical language poses significant difficulty for beginners.
	Frequent assessments	Excessive assessment frequency limits time for assimilation of new content and increases stress.
	Heavy content load	Some subjects contain disproportionately high content volume, increasing workload.
	Lack of regular study habits	One informant attributed stress primarily to poor study habits rather than academic load.
	Curriculum adequacy	Mixed opinions on whether the curriculum adequately prepares students for real-life clinical and academic challenges.
	Assessment effectiveness	Some faculty feel assessments reflect actual learning; others view them as mechanical and unrepresentative of true knowledge.
	Quality and delivery of feedback	Effective feedback is inconsistent; some faculty believe teachers still prioritise marks over learning.
	Suggested reforms in assessment load	Reducing the number of written assessments (e.g., fewer periodic assessments) may ease academic stress.
	Better horizontal integration	Balancing and aligning related subjects may reduce early academic overload.
Theme	**Subtheme**	**Description**
2. Psychosocial Issues	Reduced personal time	Greater study demands reduce time for personal life, contributing to stress and emotional exhaustion.
	Social isolation	Students feel isolated due to unfamiliar terminology and limited connection with non-Ayurveda peers.
	Poor interpersonal skills	Limited communication skills lead to formation of small, closed peer groups; students struggle with larger social interactions.
	Nuclear family effects	Students from nuclear families are perceived as more attention-seeking and less equipped for peer interaction.
	Excess mobile usage	Overuse of mobile phones contributes to reduced communication skills and weak peer relationships.
	Out-of-state difficulties	Language difficulties, homesickness, and lack of preferred food options create additional stress.
	Lack of interest in Ayurveda	Some students lack intrinsic motivation for the course, affecting engagement and morale.
	Negative societal perceptions	Public attitudes towards Ayurveda create demotivation and negatively affect students' sense of identity.
	NEET-related stress	Students preparing for NEET alongside BAMS struggle with divided attention and time pressure.
	Identity issues after MBBS rejection	Students who narrowly missed MBBS admission experience low self-esteem.
	Senior interference	Excessive interference by seniors reduces study time and contributes to stress.
Theme	**Subtheme**	**Description**

Theme	Subtheme	Description
3. Coping Strategies	Social media use	Entertainment via mobile phones and social media is the most common coping mechanism.
	Limited peer support	Peer support helps reduce stress, but students rarely initiate help-seeking.
	Poor time management	Failure in time management—considered a maladaptive coping strategy—is widespread among students.
	Sleep deprivation	Students often compromise sleep rather than leisure time, increasing the risk of future lifestyle disorders.
	Lack of substance use	Narcotic use is reportedly rare among Kerala Ayurveda college students.
	Mentoring & communication as solutions	Faculty emphasise enhanced mentoring systems and better communication as the most effective long-term solutions.

DISCUSSION

Only a limited number of studies have compared students' and faculty members' viewpoints on academic-related issues. The absence of consensus between these groups is, in fact, a commonly observed phenomenon across multiple disciplines [8,9]. The comparison of student and faculty perspectives on academic and psychosocial stress reveals both areas of convergence and points of divergence in how each group interprets the same concerns.

1. Academic Issues

Convergence

Both groups agree that new language, new subjects, and content load contribute significantly to academic stress. Both mention assessment frequency as a problem.

Divergence

Students emphasise academic overload and frequency of exams; some faculty argue the real issue is time management or poor study habits. Students feel a lack of feedback clarity; faculty believe students who use feedback improve, but some admit teachers lack skills in giving effective feedback.

2. Psychosocial Issues

Convergence

Both students and faculty identify Social isolation, Language barriers, Hostel-related challenges and Low self-esteem due to public scepticism toward Ayurveda, especially among NEET-focused students as psychosocial issues

Divergence

Students speak more about the loss of personal time due to workload as a contributor to social isolation. Faculty emphasises psychosocial immaturity, lack of communication skills and inefficient help seeking, and overuse of mobiles as core contributors. Faculty highlight identity crisis among students who aspired for MBBS; students mention it, but with less emphasis.

3. Coping Strategies

Convergence

Both groups confirm mobile-based coping and sleep deprivation. Both acknowledge limited use of positive coping strategies.

Divergence

Students underreport maladaptive patterns; faculty emphasise them more. Improved student–teacher and student–senior interaction is highlighted by students as a means to enhance the educational environment. Faculty place higher importance on structured mentoring than students do.

The areas of agreement and disagreement among students and faculty can be summarised as follows:

- **Areas of agreement**: Language barriers, new subject difficulty, frequent assessments, social isolation, hostel and cultural challenges, overuse of mobile phones, and reduced sleep.
- **Areas of disagreement**: Students attribute stress to academic overload; faculty partly attribute it to student habits and attitudes. Students underplay maladaptive coping; faculty see it as central. Faculty emphasise the need for mentoring; students do not mention it spontaneously.

Differences in perception between students and faculty are expected, as both groups approach academic and psychosocial stress from fundamentally different viewpoints. Students experience stress directly through heavy coursework, frequent assessments, peer dynamics, and the challenges of adjusting to hostel life and a new professional culture. Their views are shaped by immediate emotional and social pressures, including unfamiliar subject matter, loss of personal time and concerns about self-esteem, especially among those who narrowly missed MBBS admission.

Faculty, on the other hand, interpret stress largely through observable behaviours such as absenteeism, reduced engagement in academic activities or poor communication. Their interpretations are further shaped by their professional responsibilities, expectations for academic rigor and their own prior educational experiences, which often differ significantly from those of the current student generation. Such variation in the perspectives of students and faculty has been observed in previous studies as well. A study conducted by Khatskevich et al. reported that faculty tended to overestimate the impact of certain stressors on medical students. Although faculty were able to anticipate most student stressors, significant gaps remained that need to be addressed to reduce and respond to the stress experienced by medical students more efficiently. These findings indicate the presence of systematic differences between faculty and student perceptions, suggesting that even when both groups consider the same stressors, their assessments may diverge. Moreover, generational differences, communication barriers, and variations in coping resources contribute to divergence in perspectives. Students may underreport emotional difficulties or structural challenges due to hierarchical boundaries. As faculty are not fully aware of students' actual concerns, they may attribute stress solely to issues such as poor study habits, inadequate time management, or excessive mobile phone use. This doesn't mean that faculty members are insensitive to the struggles of students. A study conducted by Misra, R et.al has observed that the faculty members perceived the students to experience a higher level of stress and to display reactions to stressors more frequently than the students actually perceived.[5] This may simply result from faculty observing students only during moments of stress in the classroom, and partly from being only partially informed about the stresses students experience. This supports the possibility that faculty interpretations (based on visible signs) misalign with students' subjective experience. Moreover, each group also prioritises different outcomes—students focus on managing workload and personal well-being, while faculty emphasise competency development and curriculum coverage. These contextual and role-based differences make variation in opinion not only plausible but also valuable, as they highlight the multifaceted nature of academic stress and highlight the need for interventions that address both student-reported and faculty-observed challenges.

CONCLUSION

The comparison of student and faculty perspectives demonstrates that while both groups recognise several common academic and psychosocial stressors, their interpretations and priorities differ in meaningful ways. Convergences—such as acknowledging language barriers, new subject difficulties, frequent assessments, social isolation, hostel challenges, mobile phone overuse, and sleep disturbances—indicate a shared awareness of the core issues influencing student well-being. However, divergences arise because students experience stressors directly and emotionally, whereas faculty view them through behavioural signals and with professional expectations. This leads students to emphasise academic overload and personal time loss, while faculty focus on study habits, communication skills, psychosocial maturity and the need for structured mentoring. Previous research reinforces these findings, showing that faculty estimate certain stressors differently from students, highlighting systematic gaps in understanding. These differences are not contradictions but reflections of the distinct roles, experiences, and generational contexts each group occupies. Recognising and integrating both perspectives is therefore essential for designing effective academic and psychosocial interventions that are sensitive to student realities while supported by faculty insights. Such an approach can foster a more responsive, empathetic, and collaborative educational environment. In essence, open interaction among all stakeholders is not just beneficial—it is the key to creating lasting, positive change.

Declaration by Authors
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