

Perception of B.Sc. Nursing Students towards Challenges of the Semester System in Colleges of Nursing, Gwalior, Madhya Pradesh

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ABSTRACT

The transition from an annual examination system to the semester system in nursing education has introduced a paradigm shift in pedagogical delivery, academic evaluation, and student workload management. While the semester system is intended to promote continuous assessment and enhance learning outcomes, its implementation in nursing colleges has been associated with several perceived challenges among students. To assess the perception of B.Sc. Nursing students towards the challenges of the semester system in selected colleges of nursing, Gwalior, Madhya Pradesh. A descriptive survey design was employed. A total of 200 B.Sc. Nursing students (Years I-IV) were selected using convenience sampling from government and private nursing colleges in Gwalior, M.P. Data were collected using a structured, self-administered Likert scale questionnaire comprising 40 items across five domains. Data were analysed using descriptive and inferential statistics. The majority of students (68%) reported high perceived challenges associated with the semester system. The domain of 'Academic Workload and Examination Pressure' obtained the highest mean score (4.21 ± 0.63), followed by 'Clinical Posting and Practical Training' (4.09 ± 0.71). A statistically significant association



was found between year of study and overall perception score ($\chi^2 = 18.42, p < 0.05$). Students in Year I reported the highest level of challenges. B.Sc. Nursing students perceive significant challenges with the semester system, particularly concerning academic overload, compressed clinical exposure, and insufficient preparation time for examinations. Institutional reforms addressing workload distribution, faculty and instructor support, student support systems, and clinical scheduling are urgently warranted.

1. Introduction

Nursing education constitutes the cornerstone of healthcare delivery, and its quality is inextricably linked to the academic structures and pedagogical frameworks within which future nurses are trained. In India, the restructuring of undergraduate nursing curricula from annual to semester-based systems has been a prominent policy directive over the past two decades. This transition, mandated by the Indian Nursing Council (INC) and operationalised across affiliated universities, was envisioned to promote continuous evaluation, reduce end-of-year examination anxiety, foster research aptitude, and align Indian nursing education with international standards.

The semester system, in its ideal form, divides an academic year into two semesters of approximately six months each, with formal examinations conducted at the conclusion of each semester. This model offers inherent advantages such as structured pacing of curriculum delivery, reduced subject load per examination cycle, and greater frequency of formative assessments. Globally, the semester system has demonstrated efficacy in improving academic performance and time-management skills among health sciences students.

However, the practical implementation of the semester system in Indian nursing colleges has not been straightforward. Several institutional, academic, and psychosocial challenges have emerged, including disproportionate academic workload, inadequate library and laboratory resources, compressed clinical postings, faculty shortages, and the psychological burden of frequent high-stakes examinations. These challenges are further exacerbated by the unique nature of nursing education, which demands an intricate balance between theoretical knowledge acquisition and hands-on clinical skill development.

Despite growing concern among nursing educators regarding these implementation challenges, empirical evidence examining student perceptions remains scarce, particularly in the central Indian



setting of Madhya Pradesh. The views of B.Sc. Nursing students — who are direct stakeholders and among those most affected by the structural changes — remain underexplored. Understanding student perception is pivotal, as it directly influences academic motivation, mental well-being, clinical readiness, and, ultimately, patient care quality.

The present study was therefore designed to systematically assess the perceptions of B.Sc. Nursing students towards the challenges of the semester system in selected nursing colleges in Gwalior, Madhya Pradesh, with the intent of generating evidence to inform curricular policy, institutional reform, and faculty development initiatives.

2. Need of the Study

The semester system in nursing education represents a significant structural transformation with direct implications for student learning, faculty planning, and institutional governance. Despite national-level mandates favouring the semester pattern, the ground-level realities faced by nursing students in resource-limited colleges of central India remain inadequately documented. The following observations underscore the imperative need for this study:

- Increasing reports from nursing students and faculty regarding academic overload and frequent assessment-related stress have been noted informally at institutional and university levels; yet no structured empirical study has been conducted to quantify these perceptions in the Gwalior region.
- The INC mandates continuous internal assessment as part of the semester system; however, the mechanisms for implementation vary significantly across institutions, often resulting in inconsistency in evaluation practices.
- Clinical training in nursing requires sustained and structured exposure. The semester system, with its tightly packed theoretical schedules, may inadvertently curtail clinical hours, affecting competency development — a matter of direct relevance to patient safety and public health.
- Student mental health concerns, including examination-related anxiety, depression, and burnout, have been reported anecdotally in Indian nursing colleges following the adoption of the semester system, warranting formal investigation.
- Evidence-based data regarding student challenges can serve as a foundation for advocating curriculum reforms, improving resource allocation, and designing student support systems at the college and university levels.



- National and international nursing education bodies have emphasised the importance of learner-centred research to guide policy formulation. The present study responds directly to this call within the Indian context.

3. Objectives of the Study

The primary objectives of the present study were as follows:

1. To assess the perception of B.Sc. Nursing students regarding the challenges of the semester system across five domains: (i) academic workload and examination pressure, (ii) clinical posting and practical training, (iii) faculty and instructor support and student support systems, (iv) library and infrastructure resources, and (v) psychosocial well-being.
2. To determine the overall level of perceived challenges (low, moderate, or high) among B.Sc. Nursing students in relation to the semester system.
3. To identify the most challenging domain of the semester system as perceived by B.Sc. Nursing students.
4. To determine the association between demographic variables (year of study, gender, type of institution, residential status, and previous board examination performance) and the overall perception score of students regarding semester system challenges.

3.1 Research Hypotheses

- H1: There is a significant association between the year of study and the level of perceived challenges of the semester system among B.Sc. Nursing students.
- H2: There is a significant association between gender and the perception of challenges of the semester system.
- H3: There is a significant association between the type of institution (government/private) and the perceived challenges of the semester system.

4. Methodology

4.1 Research Design

A non-experimental, descriptive survey research design was adopted for the present study. This design is appropriate for assessing attitudes, opinions, and perceptions of a defined population at a specific point in time without the manipulation of variables. The descriptive survey approach facilitated



the systematic collection of data from a large sample using a standardised instrument, thereby enabling generalisable findings within the study context.

4.2 Setting

The study was conducted in selected nursing colleges — both government and private — affiliated to recognised universities in Gwalior, Madhya Pradesh, India. These colleges offer the four-year B.Sc. Nursing programme under the directives of the Indian Nursing Council (INC) and the Madhya Pradesh Nursing Council (MPNC). The setting was chosen on the basis of accessibility, the presence of sufficient eligible participants, and institutional willingness to participate.

4.3 Population and Sample

The target population comprised all B.Sc. Nursing students (Years I through IV) enrolled in nursing colleges in Gwalior, M.P. during the academic year 2024–25. The accessible population was restricted to students enrolled in the selected colleges who met the eligibility criteria.

Inclusion Criteria

- B.Sc. Nursing students enrolled in Years I, II, III, or IV at selected colleges of Gwalior.
- Students who had completed at least one full semester under the semester system.
- Students willing to provide informed consent and participate voluntarily.

Exclusion Criteria

- Students absent during the entire data collection period.
- Students who declined to provide informed consent.

A total sample size of 200 B.Sc. Nursing students was determined, allocating approximately 50 students per year of study (Years I–IV). This sample size was computed using Yamane's formula for finite populations with a 95% confidence level and a margin of error of 5%, and was deemed sufficient for the objectives of a descriptive survey study.

4.4 Sampling Technique

Convenience (availability) sampling was employed to recruit participants from the selected nursing colleges. Although this non-probability technique may introduce some degree of selection bias, it was considered pragmatically appropriate given the institutional access constraints and the relatively



homogeneous nature of the student population within nursing colleges of a single city. Students available at the time of data collection and meeting eligibility criteria were recruited until the desired sample size was achieved.

4.5 Ethical Considerations

Ethical clearance was obtained from the Institutional Ethics Committee (IEC) of the concerned college prior to data collection (Ref. No.: IEC/INSSR/2024/07). Written informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity of responses were assured. Participation was entirely voluntary, and students were informed of their right to withdraw at any time without penalty. No personally identifiable information was collected or recorded.

4.6 Data Collection Procedure

Data were collected over a period of four weeks (October–November 2024). The researcher obtained prior permission from the Principals of the selected nursing colleges. Questionnaires were administered in group sessions within classroom settings during non-clinical hours. Instructions were provided both verbally and in written form. Students completed the self-administered questionnaire in approximately 20–25 minutes. Completed questionnaires were collected on the same day. A response rate of 97% was achieved, yielding 194 usable responses from the 200 distributed questionnaires.

4.7 Data Analysis

Data were analysed using IBM SPSS Statistics Version 26.0. Descriptive statistics (frequency, percentage, mean, standard deviation) were used to summarise demographic profiles and domain-wise perception scores. The overall perception level was categorised as Low (score < 40%), Moderate (40–69%), or High ($\geq 70\%$) based on the total Likert score. The chi-squared test was applied to determine the association between categorical demographic variables and the level of perceived challenges. Statistical significance was set at $p < 0.05$.

5. Research Tool Description

5.1 Tool Development and Structure

A structured, self-administered Likert scale questionnaire was developed by the researcher specifically for this study, based on an extensive review of related literature, consultation with nursing



education experts, and pilot-testing on 20 students (not included in the main sample). The tool comprised two sections:

Section A: Demographic and Academic Profile — This section collected information on age, gender, year of study, type of institution (government/private), residential status (hostel/day scholar), prior board examination result (percentage category), and prior exposure to the annual system.

Section B: Likert Scale Questionnaire on Perceived Challenges — This section comprised 40 items distributed across five domains, each rated on a five-point Likert scale: Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1). Five negatively worded items were reverse-scored to maintain internal consistency.

5.2 Domains of the Tool

Table 1 Domains of the Structured Likert Scale Questionnaire

S.No.	Domain	No. of Items	Content Focus
I	Academic Workload and Examination Pressure	10	Frequency of exams, study time, syllabus volume, exam stress, preparation time
II	Clinical Posting and Practical Training	8	Clinical hours, skill acquisition, case availability, supervision adequacy
III	Academic support	8	Teaching quality, instructor availability, academic feedback, tutorial support, clarity of instruction, student mentoring and academic assistance
IV	Library and Infrastructure Resources	7	Availability of textbooks, e-resources, laboratory materials, study spaces
V	Psychosocial Support	7	Stress levels, anxiety, peer support, counselling services, sleep and recreation

Note. Total items = 40. Five items are negatively worded and reverse-scored.

5.3 Scoring and Interpretation



The minimum possible score on the 40-item tool was 40, and the maximum was 200. The total score for each respondent was converted to a percentage, and perception levels were categorised as follows: Low Perceived Challenges (score < 40%: 40–79 marks), Moderate Perceived Challenges (40–69%: 80–137 marks), and High Perceived Challenges (\geq 70%: 138–200 marks).

5.4 Validity and Reliability

Content validity of the tool was established through expert review by a panel of seven specialists, including nursing educators (n = 3), clinical nursing supervisors (n = 2), a medical educationist (n = 1), and a psychologist (n = 1). The Content Validity Index (CVI) was computed as 0.89, indicating excellent content validity. Face validity was confirmed through pilot testing. Reliability was assessed using Cronbach's alpha coefficient on pilot data (n = 20), yielding alpha = 0.87, indicating high internal consistency of the instrument.

6. Results

Data from 194 usable questionnaires were analysed. The results are presented under the following sub-sections: (1) demographic profile, (2) domain-wise perception scores, (3) overall level of perceived challenges, and (4) association between demographic variables and perception level.

6.1 Demographic Profile of the Participants

Table 2 Demographic Profile of B.Sc. Nursing Students (N = 194)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Year of Study	Year I	52	26.8
	Year II	50	25.8
	Year III	49	25.3
	Year IV	43	22.2
Gender	Female	163	84.0
	Male	31	16.0
Type of Institution	Government	82	42.3
	Private	112	57.7



Demographic Variable	Category	Frequency (n)	Percentage (%)
Residential Status	Hostel	128	66.0
	Day Scholar	66	34.0
Prior System Exposure	Annual System	71	36.6
	Semester Only	123	63.4
Board Exam Result	≥ 75%	89	45.9
	60–74%	76	39.2
	< 60%	29	14.9

Note. Some percentages do not sum to 100.0 due to rounding.

6.2 Domain-wise Perception Scores

Table 3 presents the mean and standard deviation of perception scores for each of the five domains. Higher mean scores indicate greater perceived challenges.

Table 3 Domain-wise Mean Perception Scores on Semester System Challenges (N = 194)

S.No.	Domain	Items	Max Score	Mean (SD)	% Mean Score
I	Academic Workload and Examination Pressure	10	50	4.21 (0.63)	84.2%
II	Clinical Posting and Practical Training	8	40	4.09 (0.71)	81.8%
III	Faculty and Instructor Support, and Student Support Systems	8	40	3.78 (0.82)	75.6%
IV	Library and Infrastructure Resources	7	35	3.62 (0.79)	72.4%
V	Psychosocial Well-being and Student Support	7	35	3.91 (0.68)	78.2%

S.No.	Domain	Items	Max Score	Mean (SD)	% Mean Score
	Overall Total	40	200	3.94 (0.61)	78.8%

Note. Mean scores are per item (on a 1–5 scale). SD = Standard Deviation.

6.3 Overall Level of Perceived Challenges

Based on the total Likert score, students were categorised into three levels of perceived challenges. The results are presented in Table 4.

Table 4 Overall Level of Perceived Challenges among B.Sc. Nursing Students (N = 194)

Level of Perception	Score Range	Frequency (n)	Percentage (%)
Low Perceived Challenges	40–79 (< 40%)	8	4.1
Moderate Perceived Challenges	80–137 (40–69%)	54	27.8
High Perceived Challenges	138–200 (\geq 70%)	132	68.0
Total		194	100.0

Note. High perceived challenges (\geq 70%) were reported by 68.0% of the sample.

6.4 Association Between Demographic Variables and Perceived Challenge Level

Chi-squared tests were conducted to examine the association between selected demographic variables and the overall level of perceived challenges. Results are presented in Table 5.

Table 5 Association between Demographic Variables and Level of Perceived Challenges (N = 194)

Demographic Variable	χ^2 Value	df	p-value	Significance
Year of Study	18.42	6	0.005	Significant*
Gender	3.76	2	0.153	Not Significant
Type of Institution	8.91	2	0.012	Significant*



Demographic Variable	χ^2 Value	df	p-value	Significance
Residential Status	5.44	2	0.066	Not Significant
Prior Board Exam Result	6.18	4	0.186	Not Significant

Note. * $p < 0.05$ indicates statistical significance. df = degrees of freedom. Chi-squared test used for all comparisons.

The analysis revealed that year of study ($\chi^2 = 18.42$, $df = 6$, $p = 0.005$) and type of institution ($\chi^2 = 8.91$, $df = 2$, $p = 0.012$) were significantly associated with the level of perceived challenges. Year I students demonstrated the highest proportion of high perceived challenges (78.8%), while Year IV students showed comparatively lower proportions (55.8%), suggesting progressive adaptation over time. Students from private institutions reported significantly higher challenges compared to those from government institutions. Gender, residential status, and prior academic performance did not show statistically significant associations with the perception level.

Table 6 Year-wise Distribution of Perceived Challenge Levels (N = 194)

Year of Study	n	Low n (%)	Moderate n (%)	High n (%)	Total
Year I	52	1 (1.9)	10 (19.2)	41 (78.8)	52
Year II	50	2 (4.0)	14 (28.0)	34 (68.0)	50
Year III	49	2 (4.1)	16 (32.7)	31 (63.3)	49
Year IV	43	3 (7.0)	16 (37.2)	24 (55.8)	43

Note. Values in parentheses represent row percentages within each year group.

7. Discussion

The findings of the present study provide a comprehensive, empirically grounded portrait of B.Sc. Nursing students' perceptions regarding the challenges of the semester system in Gwalior, Madhya Pradesh. The overall results indicate that the majority of participants (68%) experienced high levels of perceived challenges, with a mean overall perception score of 78.8% of the maximum possible score. These findings are significant and demand careful interpretation in light of existing literature.



The domain of 'Academic Workload and Examination Pressure' emerged as the most challenging, with a mean item score of 4.21 (84.2%). This finding is consistent with the observations of Bhatt and Bhattacharya (2016), who reported that nursing students in Maharashtra perceived the semester system as substantially more demanding in terms of examination frequency and study load compared to the annual system. Similarly, a study by Patil and Bhatte (2018) found that 72.4% of health sciences students considered frequent examinations a major stressor under the semester system. The intensity of examination pressure in the present study may be attributable to the inadequacy of preparation time between successive semester examinations, which is further compounded by concurrent clinical postings.

The second most challenging domain was 'Clinical Posting and Practical Training' (mean = 4.09, 81.8%). This finding is particularly noteworthy given the centrality of clinical competence in nursing practice. Compressed theoretical schedules in the semester format may restrict the number of hours available for sustained clinical exposure, a concern that has been echoed by several nursing education scholars. Kumar and Singh (2019) similarly documented that 65% of B.Sc. Nursing students felt that the semester system compromised the depth and duration of their clinical training. The INC mandates minimum clinical hours for specific skill areas; however, the practical implementation of these requirements within the semester framework remains uneven across institutions.

The domain of 'Psychosocial Well-being and Student Support' also yielded a high mean score (3.91, 78.2%), indicating considerable psychological burden among students. This aligns with the findings of Sharma et al. (2020), who reported elevated levels of examination-related anxiety, sleep disturbances, and perceived stress among nursing students following the adoption of the semester system in northern Indian nursing colleges. The present study's findings suggest that the psychological sequelae of the semester system extend beyond academic performance concerns to encompass broader mental health dimensions, including burnout and social isolation.

Faculty and instructor support, and student support systems constituted another area of significant concern (mean = 3.78, 75.6%). This is consistent with the national concern regarding faculty shortages in nursing education and the uneven implementation of tutorial and academic mentoring systems. The INC's mandate for a specific student-to-teacher ratio is not consistently met across all nursing colleges, particularly private institutions, which may partly explain the significantly higher perceived challenges reported by students from private colleges ($\chi^2 = 8.91$, $p = 0.012$) in the present study.

The association between year of study and the level of perceived challenges ($\chi^2 = 18.42$, $p = 0.005$) is particularly illuminating. Year I students reported the highest proportion of high perceived



challenges (78.8%), which progressively declined across subsequent years, reaching 55.8% in Year IV. This pattern suggests a trajectory of adaptation and coping skill development over the course of the nursing programme, a phenomenon consistent with Lazarus and Folkman's transactional model of stress and coping (1984). The initial period of transition into the semester system is most stressful, and students who persist tend to develop greater academic resilience. These findings have important implications for early intervention strategies targeting newly enrolled nursing students.

The absence of a significant association between gender and perceived challenge level ($p = 0.153$) is notable. While some prior studies have suggested gender differences in academic stress responses, the present study's findings indicate that the structural challenges of the semester system are perceived with broadly similar intensity across genders in this cohort. This may reflect the relatively homogeneous academic environment of nursing colleges, where the vast majority of students share similar learning conditions.

The library and infrastructure resources domain, while yielding the lowest mean score among the five domains (3.62, 72.4%), still fell within the high perceived challenge range. This suggests systemic resource inadequacy that requires institutional attention. Inadequate access to current textbooks, limited e-resource subscriptions, and insufficient study spaces within nursing college libraries have been consistently documented as barriers to academic achievement in the Indian nursing education literature.

Regarding the sample distribution by institution type, private colleges accounted for a higher proportion of participants (57.7%) compared to government colleges (42.3%). This distribution reflects the greater number of private nursing colleges operating in the Gwalior region relative to government institutions, a pattern consistent with the broader national trend of rapid private sector growth in nursing education in India (Nair et al., 2016). The significantly higher perceived challenges among students from private institutions ($\chi^2 = 8.91$, $p = 0.012$) may be attributable to resource disparities, including lower compliance with prescribed student-to-faculty ratios and relatively limited institutional support infrastructure in private settings.

Collectively, the findings of this study indicate that the semester system in its current form of implementation in Gwalior's nursing colleges imposes a multi-dimensional burden on students spanning academic, clinical, psychological, and infrastructural domains. These results corroborate and extend the findings of national studies, while providing context-specific evidence relevant to the central Indian nursing education landscape.



8. Conclusion

The present study provides compelling evidence that B.Sc. Nursing students in Gwalior perceive significant and multi-domain challenges associated with the semester system. With 68% of the sample reporting high perceived challenges, the study underscores the urgent need for systemic institutional and policy-level interventions to optimise the implementation of the semester system in nursing education.

Academic workload management, scheduling of clinical postings, psychosocial support mechanisms, and infrastructural development emerge as the most pressing areas requiring reform. The progressive reduction in perceived challenges from Year I to Year IV suggests the potential value of targeted orientation programmes and mentorship systems for newly enrolled students.

The statistically significant association between year of study and institutional type with perceived challenge level provides actionable direction for policy differentiation: Year I students and those in private colleges require intensified support. The findings of this study are intended to serve as an evidence base for nursing college administrators, university bodies, the Indian Nursing Council, and state nursing councils in the ongoing endeavour to align nursing education structures with the learning needs and well-being of students.

9. Recommendations

9.1 For Nursing Educational Institutions

- Introduce a structured academic orientation programme for all Year I students at the commencement of each semester, covering time management, examination strategies, and study skills.
- Constitute a Student Academic Support Cell offering regular tutorial sessions, doubt-clearing clinics, and peer mentoring to reduce examination-related anxiety and workload burden.
- Review and rationalise the clinical posting schedule to ensure that mandatory clinical hours are not compromised by examination preparations, and that adequate supervision is maintained during all postings.
- Establish or strengthen college counselling services, making professional psychological support accessible and destigmatised for nursing students.
- Augment library holdings, subscribe to relevant nursing and health sciences e-databases (e.g., CINAHL, PubMed, Cochrane Library), and expand study infrastructure proportional to enrolment.



9.2 For University and Regulatory Bodies (INC/MPNC)

- Conduct a formal, multi-site, state-level review of the semester system's implementation in nursing colleges, with particular attention to compliance with prescribed student-to-faculty ratios, clinical hours, and examination schedules.
- Consider phasing examination dates to provide adequate inter-semester preparation time, and regulate the minimum gap between internal and external examinations.
- Introduce mandatory faculty development programmes focused on student-centred pedagogical approaches, formative assessment design, and student welfare within the semester framework.
- Develop differentiated guidelines for government and private nursing colleges to address their disparate resource capacities and student support requirements.

9.3 For Future Research

- Longitudinal studies tracking the evolution of student perceptions across all four years of the B.Sc. Nursing programme are warranted to examine adaptation patterns and long-term academic outcomes.
- Qualitative or mixed-methods studies exploring the lived experiences of nursing students within the semester system would provide richer contextual understanding.
- Comparative studies between nursing colleges with and without structured student support systems would provide robust evidence for the effectiveness of specific interventions.
- Multi-centre studies spanning multiple states of India would enhance the generalisability of findings and inform national nursing education policy.

9.4 Limitations of the Study

- The use of convenience sampling limits the generalisability of findings beyond the selected colleges of Gwalior.
- Self-reported data may be subject to social desirability bias and recall limitations.
- The study captures perceptions at a single point in time; longitudinal measurement would offer a more complete picture.
- The absence of faculty and administrator perspectives represents a gap that future qualitative components could address.



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