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Research Paper

Effectiveness of a Structured Teaching Programme on Resilience Building to Enhance Academic Self-Efficacy among Nursing Students: A Pre-Experimental Study

B. Parkavi[1], Dr. Saharsh Walter[1]*

ABSTRACT

This pre-experimental study investigates the effectiveness of a structured teaching programme aimed at enhancing resilience and academic self-efficacy among second-year B.Sc. Nursing students in Bangalore. A total of 100 students were selected through purposive sampling. The Nicholson McBride Resilience Questionnaire (NMRQ) and Academic Self-Efficacy Scale (2006) were used to assess pre- and post-intervention scores. The intervention, a resilience-building teaching module, was delivered over a defined period, and post-test data were collected after 7 weeks. The results, analyzed using paired t-tests, demonstrated a statistically significant improvement in both resilience and academic self-efficacy levels ($p < 0.05$). The study suggests that resilience training can be an effective academic strategy for nursing students to improve performance and cope with academic stressors.

Keywords: *Structured Teaching Programme, Resilience Building, Enhance Academic Self-Efficacy, Nursing Students, Pre-Experimental Study*

Nursing education is known for its rigorous academic demands and emotionally challenging clinical components. These challenges can significantly affect the psychological well-being and academic performance of students, particularly in the early years of their training. The high levels of stress that nursing students experience have been documented both globally and in India, with consequences ranging from burnout and anxiety to academic underperformance. In this context, two psychological constructs—resilience and academic self-efficacy—have emerged as crucial in helping students manage academic and emotional stressors effectively. Resilience is broadly defined as an individual's ability to recover and adapt positively in the face of adversity (Hart, Brannan, & De Chesnay, 2014). Academic self-efficacy, a concept introduced by Bandura (1997), refers to the belief in one's ability to organize and execute academic tasks successfully. Both are essential for nursing students, who must often navigate high-pressure environments while building the competencies required for professional practice. Numerous international studies have demonstrated that resilience and academic self-efficacy not only reduce the negative impact of academic stress but also promote persistence, motivation, and overall academic achievement. However, in the Indian context, the exploration of structured teaching interventions targeting these constructs remains relatively limited. A few Indian studies have

[1]School of Nursing, Shri Venkateshwara University, Gajraula, UP, India
*Corresponding Author

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addressed either resilience or academic self-efficacy independently, but integrated interventions remain under-researched. A cross-sectional study conducted by Sam and Lee (2020) involving 620 nursing students in India revealed a concerning trend: a majority of students reported high levels of stress and low levels of resilience. The study strongly recommended incorporating resilience-building programs into nursing curricula to enhance psychological well-being. Similarly, Vijayalakshmi et al. (2023) conducted a study in Bangalore that showed a negative correlation between resilience and perceived stress ($r = –0.307$, $p < 0.001$), as well as fear of COVID-19 ($r = –0.260$, $p < 0.001$). These findings suggest that resilience acts as a psychological buffer against stress and anxiety, reinforcing the need for targeted educational interventions in Indian nursing colleges.

Some efforts have been made in India to introduce resilience training for nursing students, albeit in isolated studies. For example, a pre-experimental study conducted in Hyderabad tested the effectiveness of a structured teaching program on emotional resilience among first-year B.Sc. Nursing students ($n = 32$). The study reported a statistically significant increase in knowledge scores after the intervention, with means increasing from 12.4 to 16.5 (paired $t = 18.6$, $p < 0.05$) (Hyderabad study, 2019). Although promising, the study did not examine changes in actual resilience behaviors or long-term academic outcomes. Another significant initiative was carried out in Tamil Nadu, where 257 nursing students participated in an eight-week life skills training program focused on self-awareness, empathy, interpersonal relationships, and creative thinking. The intervention led to statistically significant improvements in all domains ($p < 0.001$), further validating the effectiveness of structured programs (Ramakrishnan & Sylvia, 2024). However, these studies largely addressed psychosocial aspects without linking them directly to academic self-efficacy or educational performance metrics. The importance of integrating resilience with academic performance is supported by a recent meta-analysis of six studies involving 472 nursing students, which revealed that resilience training showed modest immediate gains but more substantial improvements at one-month follow-up (standardized mean difference [SMD] = 0.54, 95% CI 0.12–0.95) (Nurse Educ Pract, 2024). These delayed effects underscore the need for follow-up assessments and longitudinal program designs. Moreover, a quasi-experimental study in Pune applied a Resiliency and Recovery Program among 100 nursing officers, focusing on five key resilience skills: self-regulation, intentionality, self-care, social support, and self-awareness. The intervention significantly increased compassion satisfaction and reduced burnout and traumatic stress ($p < 0.001$), suggesting that structured psychological training can be adapted to different levels of the nursing profession (Indian J Nurs Stud, 2024). This is relevant for student populations as well, indicating that the development of structured and scalable programs could benefit learners during their formative academic years. Despite this growing body of evidence, there is a lack of comprehensive studies that assess both resilience and academic self-efficacy together, particularly in the Indian nursing education system. This gap is especially pertinent in cities like Bangalore, which hosts a large number of nursing institutions with culturally and linguistically diverse student populations. The present study is thus designed to fill this void by evaluating the effectiveness of a structured teaching intervention aimed at enhancing both resilience and academic self-efficacy among first-year nursing students in Bangalore. The program incorporates key components from successful Indian and international models, including emotional intelligence training, cognitive-behavioral techniques, time management skills, and academic goal-setting strategies. Delivered over a six- to eight-week period, the curriculum is designed to integrate seamlessly into the existing academic calendar.

The intervention includes modules on understanding stress and resilience, developing emotional regulation skills, building social support networks, and setting realistic academic goals. Teaching methods include interactive lectures, group discussions, reflective journaling, role-play, and mindfulness exercises. These strategies are selected based on their effectiveness in similar interventions conducted in Tamil Nadu and Pune. A qualified mental health nurse or trained psychologist delivers the sessions, ensuring professional oversight and psychological safety. Assessments are conducted at three points: pre-intervention (T0), immediately post-intervention (T1), and one-month follow-up (T2). Standardized instruments such as the Connor-Davidson Resilience Scale (CD-RISC) and Bandura's Academic Self-Efficacy Scale are used to measure outcomes, along with the Perceived Stress Scale (PSS) as a secondary variable. Preliminary expectations based on similar studies suggest that students will demonstrate significant gains in knowledge about resilience and stress management techniques immediately after the program. Academic self-efficacy scores are also expected to improve, reflecting increased confidence in handling academic challenges. Resilience scores may not show substantial improvement immediately but are expected to rise at the one-month follow-up, reflecting the delayed impact observed in the 2024 meta-analysis. Stress levels, as measured by the PSS, are expected to decline over time, correlating negatively with increased resilience and self-efficacy. These outcomes would validate the dual benefit of the intervention: fostering both psychological well-being and academic success. The study's implications are significant for curriculum designers, faculty members, and policymakers. First, it supports the inclusion of resilience and self-efficacy modules in the first-year nursing curriculum. Second, it highlights the importance of using culturally relevant teaching methods and content to ensure student engagement and applicability. Third, the delayed impact of the program on resilience suggests the need for follow-up sessions or booster modules to sustain gains. Fourth, the findings can inform the design of similar interventions across different states and healthcare education systems in India, promoting a standardized approach to mental health and academic support in nursing education.

Furthermore, the study encourages nursing institutions to invest in faculty training and capacity-building for psychological education. Teachers and administrators can be trained to identify students at risk of stress-related academic decline and to refer them to structured support programs. In the long run, such initiatives can lead to improved academic retention rates, higher levels of student satisfaction, and better preparedness for clinical responsibilities. Ultimately, integrating psychological resilience and academic self-efficacy training into nursing education aligns with broader goals of producing competent, confident, and emotionally balanced healthcare professionals. This study aims to contribute to the limited but growing body of literature on integrated psychological training in Indian nursing education. By addressing both resilience and academic self-efficacy through a structured teaching intervention, it proposes a practical, evidence-based approach to enhancing nursing student well-being and performance. The program, implemented in the Bangalore context, holds promise for scalability and adaptation across India, ensuring that the next generation of nurses is both academically prepared and emotionally resilient.

METHODS

Research Design and Sampling

A pre-experimental one-group pre-test post-test design was used for this study to evaluate the effectiveness of a structured teaching programme on resilience and academic self-efficacy among nursing students. This design is commonly applied in educational research

where control groups are not feasible but pre- and post-intervention comparisons are necessary (Polit & Beck, 2017). The study was conducted among 100 second-year B.Sc. Nursing students enrolled at a selected nursing college in Bangalore. Purposive sampling was employed to recruit participants who fulfilled the inclusion criteria, which included current enrollment in the second year of the program and voluntary consent to participate in the full duration of the study. This sampling technique ensured that only students with adequate academic exposure and clinical experience were included, thus enhancing the relevance of the intervention (Creswell & Creswell, 2018).

Instruments Used

To assess the key outcome variables—resilience and academic self-efficacy—two standardized instruments were used. Resilience was measured using the Nicholson McBride Resilience Questionnaire (NMRQ), a 12-item scale designed to assess components such as optimism, problem-solving ability, and purposefulness (McBride, 2010). The NMRQ is brief and easy to administer, making it appropriate for use among students. Academic self-efficacy was measured using the Academic Self-Efficacy Scale (2006), which evaluates students' confidence in completing academic tasks, managing coursework, and achieving academic success (Jerusalem & Schwarzer, 2006). Both instruments have been validated in prior studies and demonstrated good psychometric properties. In the present study, internal consistency was reassessed, with Cronbach's alpha coefficients exceeding 0.8 for both instruments, indicating strong reliability (Tavakol & Dennick, 2011). These tools were selected due to their relevance and reliability in measuring the constructs within educational contexts.

Structured Teaching Programme

The intervention comprised a structured teaching programme on resilience building, which was delivered over four sessions across a two-week period. Each session lasted approximately 60 minutes and was designed to cover both theoretical and practical components. The content was developed based on existing literature on resilience education and cognitive-behavioral techniques shown to enhance self-efficacy (Thomas & Revell, 2016; Bandura, 1997). The first session introduced the concept of resilience and its significance in the nursing profession. The second session focused on stress management techniques such as deep breathing, cognitive reframing, and relaxation. The third session emphasized goal-setting, prioritization, and time management strategies—skills essential for improving academic self-efficacy (Zimmerman, 2000). The final session included self-reflection exercises and positive psychology strategies aimed at fostering optimism and gratitude (Seligman et al., 2005). Instructional methods included interactive lectures, group discussions, real-life case scenarios, and guided journaling, which were designed to promote engagement and retention of content. This participatory approach aimed to ensure practical application of the strategies taught.

Data Collection Procedure

The study was conducted in three phases: pre-test, intervention, and post-test. During the pre-test phase, baseline data were collected using the NMRQ and the Academic Self-Efficacy Scale. These assessments established participants' initial resilience and self-efficacy levels. In the intervention phase, the structured teaching sessions were delivered as planned, with attendance tracked to ensure consistent participation. The post-test phase occurred seven weeks after the final session, allowing time for participants to internalize and apply the strategies taught. This time gap was intended to assess the sustained impact of the

intervention rather than immediate changes, which is important for determining long-term effectiveness (Hattie, 2009). All procedures followed ethical guidelines, including informed consent, the right to withdraw at any time, and the confidentiality of data, in accordance with the Declaration of Helsinki (World Medical Association, 2013).

Statistical Analysis

All collected data were analyzed using SPSS version 20.0. Descriptive statistics, including mean and standard deviation, were used to summarize participants' demographic characteristics and pre- and post-test scores. These values helped to describe the overall profile of the sample and initial measures of the key variables. To test the effectiveness of the intervention, paired t-tests were conducted to compare pre-test and post-test scores of resilience and academic self-efficacy. This inferential test is suitable for analyzing changes in the same group over time (Field, 2018). A p-value less than 0.05 was considered statistically significant, indicating a meaningful difference in scores following the intervention. Additionally, Cronbach's alpha was used to confirm the internal consistency of the instruments, which further supported the reliability of the findings.

RESULTS AND DISCUSSION

Participant Demographics

Understanding the demographic profile of participants is essential in interpreting the relevance, applicability, and potential impact of an intervention. Table 1 presents the demographic characteristics of the 100 nursing students who participated in this study. Key demographic variables included gender, age group, family type, and self-reported academic stress levels.

Table 1: Participant Demographics (N = 100)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	90	90%
	Male	10	10%
Age Group	19–21 years	85	85%
	22 years and above	15	15%
Family Type	Nuclear	78	78%
	Joint	22	22%
Academic Stress Level	Moderate	72	72%
	High	20	20%
	Low	8	8%

The gender distribution in this study was highly skewed toward female participants (90%), which reflects existing trends in nursing education in India and globally. The Indian Nursing Council (2020) reports that over 85% of nursing students in India are women, which is consistent with international observations (Labrague et al., 2018). This gender concentration is significant because research suggests that female nursing students may be more vulnerable to stress and burnout due to societal and academic expectations (Turner & McCarthy, 2017). The age distribution was also consistent with typical enrollment patterns in Indian nursing colleges, with 85% of students aged between 19 and 21 years. This age group is particularly susceptible to academic pressure and emotional challenges as they transition from adolescence to early adulthood. Sharma and Kaur (2021) reported that younger nursing

students tend to show lower resilience scores and higher academic anxiety, further justifying the need for targeted interventions.

Regarding family type, the majority of students came from nuclear families (78%), which mirrors urbanization trends in cities like Bangalore. Joint families, though traditionally common in Indian society, are gradually being replaced by nuclear family structures due to increased mobility and career-driven relocation (Patel & Bhavnani, 2020). Family environment can play a key role in shaping coping strategies and stress responses. For instance, Gupta and Basu (2019) found that students from joint families reported better emotional support, which positively influenced their academic confidence. This demographic factor may subtly influence outcomes like resilience and self-efficacy.

The data also reveal that most participants experienced moderate levels of academic stress (72%), with 20% reporting high stress and only 8% reporting low stress levels. These findings are consistent with several international studies indicating that nursing students routinely face high academic demands. Pulido-Martos et al. (2012) concluded that stress among nursing students is typically moderate to high due to clinical placements, exams, and coursework deadlines. Similarly, Thomas and Revell (2016) emphasized that second-year nursing students are particularly vulnerable as they often juggle theoretical learning with real-world clinical exposure. The prevalence of stress observed in this study highlights the urgent need for institutional support mechanisms such as structured resilience training and academic mentoring. The demographic characteristics of the participants reflect the typical profile of Indian nursing students—young, predominantly female, from nuclear families, and experiencing moderate academic stress. These factors make the study population highly suitable for resilience and self-efficacy interventions. The findings are in line with previous literature, suggesting that similar demographic groups in other countries also benefit from such psychological support programs, thus supporting the relevance and transferability of this study's outcomes.

Effectiveness of Structured Teaching Programme on Resilience and Academic Self-Efficacy

To assess the impact of the structured teaching programme, pre-test and post-test data were collected and statistically analyzed for two key psychological variables: resilience and academic self-efficacy. The table 2 below presents the comparison of mean scores before and after the intervention.

Table 2: Pre- and Post-Test Comparison of Scores

Variable	Pre-test Mean ± SD	Post-test Mean ± SD	t-value	p-value
Resilience (NMRQ)	37.8 ± 5.2	42.6 ± 4.9	9.24	<0.001*
Academic Self-Efficacy	68.3 ± 6.5	75.4 ± 5.9	8.76	<0.001*

***Significant at p < 0.05**

The findings indicate a statistically significant improvement in both resilience and academic self-efficacy following the intervention. Specifically, the mean resilience score increased from 37.8 in the pre-test to 42.6 in the post-test, suggesting enhanced coping ability, emotional strength, and adaptability among participants. Likewise, academic self-efficacy scores improved from 68.3 to 75.4, indicating a stronger belief in their ability to accomplish academic tasks and handle educational challenges. The very low p-values ($p < 0.001$) for

both variables confirm that these changes were highly significant and unlikely due to chance. These outcomes are consistent with previous research that emphasizes the effectiveness of resilience training for nursing students. Thomas and Revell (2016) demonstrated that structured resilience interventions can improve stress management, academic engagement, and emotional balance. Similarly, McAllister and McKinnon (2009) highlighted that resilience-focused programs are especially beneficial in clinical education settings, where students are exposed to high emotional and cognitive demands. The observed increase in academic self-efficacy also supports Bandura's (1997) theory, which suggests that when individuals are equipped with appropriate skills and supportive environments, their belief in their own academic capabilities improves significantly. Chemers et al. (2001) further validated this by showing that students with higher self-efficacy tend to achieve better academic outcomes and exhibit greater perseverance.

These findings are particularly relevant in the Indian context, where few studies have integrated resilience-building techniques into nursing education through structured teaching. Given that the majority of the study participants reported moderate to high academic stress levels prior to the intervention, the positive shift in resilience and academic self-belief reflects the practical utility of this approach. Moreover, the short duration of the programme just four sessions over two weeks demonstrates that even brief interventions can have substantial psychological benefits when well-designed and interactive. The structured teaching programme had a significant and positive impact on both resilience and academic self-efficacy among second-year nursing students. These improvements not only support the programme's effectiveness but also reinforce the growing need for integrating psychological skill-building interventions into nursing curricula to enhance students' academic and emotional success.

Improvement in Mean Scores and Percentage Change Following the Intervention

To further assess the impact of the structured teaching programme on nursing students' psychological well-being and academic functioning, a calculation of mean score improvements and percentage changes was performed. This provides a more intuitive understanding of the extent to which the intervention affected the two primary variables: resilience and academic self-efficacy.

Table 3: Improvement in Mean Scores and Percentage Change

Variable	Mean Improvement	Percentage Improvement (%)
Resilience (NMRQ)	4.8	12.7%
Academic Self-Efficacy	7.1	10.4%

As shown in Table 3, the mean resilience score improved by 4.8 points, representing a 12.7% increase from the pre-test baseline. This notable improvement indicates that students developed stronger emotional adaptability, problem-solving ability, and stress management skills as a result of the programme. Similarly, academic self-efficacy improved by 7.1 points, equating to a 10.4% increase in students' confidence in managing academic tasks and challenges. These percentage gains highlight the practical significance of the structured intervention, especially considering that it was delivered over just two weeks. The results are consistent with previous literature, which demonstrates that resilience training contributes to measurable psychological growth in nursing students. For example, Thomas and Revell (2016) found a 10–15% improvement in resilience scores among nursing students who underwent resilience-enhancement interventions. Similarly, McAllister and McKinnon

(2009) emphasized that structured resilience education leads to sustained improvements in coping skills, emotional regulation, and academic focus. The improvement in academic self-efficacy also reflects Bandura's (1997) assertion that even brief mastery experiences—when structured effectively—can significantly boost individuals' belief in their abilities. In a related study, Chemers et al. (2001) reported a 9–12% increase in academic self-efficacy after psychological skills training among university students, comparable to the 10.4% observed in this study.

This quantitative evidence affirms the effectiveness of structured, skills-based interventions in bridging psychological gaps commonly seen in healthcare education. Particularly in high-pressure fields like nursing, students often struggle with self-doubt and burnout. By fostering key resilience competencies and self-efficacy through targeted sessions, the current intervention demonstrates how small, focused changes can lead to meaningful personal and academic development. Furthermore, the use of interactive teaching methods such as group discussions, real-life scenarios, and self-reflection exercises likely contributed to the observed improvement by engaging students actively in the learning process, as also noted by Sharma and Kaur (2021). The percentage changes illustrated in Table 3 substantiate the claim that resilience and academic self-efficacy are modifiable traits that can be significantly enhanced through structured training. These findings reinforce the recommendation for integrating psychological training into nursing education to promote both academic performance and emotional well-being.

Statistical Significance of Intervention Effects on Resilience and Academic Self-Efficacy

To confirm the effectiveness of the structured teaching programme, statistical tests were performed to determine whether the observed improvements in resilience and academic self-efficacy were significant. The use of p-values offers a reliable method to assess whether the changes are likely due to the intervention rather than chance. Table 4 presents the statistical significance results for both variables.

Table 4: Significance Interpretation of Intervention Effects

Variable	p-value	Interpretation
Resilience (NMRQ)	<0.001	Highly significant
Academic Self-Efficacy	<0.001	Highly significant

As reflected in Table 4, the p-values for both resilience and academic self-efficacy are less than 0.001, indicating highly significant changes post-intervention. This means that the probability of the improvements occurring by chance is less than 0.1%, underscoring the effectiveness of the structured teaching programme. In statistical terms, any p-value less than 0.05 is considered significant; hence, p-values less than 0.001 denote a robust and reliable outcome. These results suggest that the intervention had a genuine impact on enhancing the psychological readiness and academic confidence of the participants. These findings are consistent with previous empirical studies that support the efficacy of resilience-focused interventions in healthcare education. For instance, Thomas and Revell (2016) concluded that structured resilience-building programmes led to statistically significant improvements in nursing students' emotional adaptability and academic persistence. Similarly, McAllister and McKinnon (2009) emphasized that well-planned, evidence-based interventions yield significant psychological outcomes, particularly when integrated into the nursing curriculum. The current study's p-values match the pattern observed in earlier work

by Chemers et al. (2001), who reported significant improvements ($p < 0.01$) in academic self-efficacy after psychological skills training in university students.

Furthermore, the findings align with Bandura's (1997) theoretical framework, which holds that structured mastery experiences, when properly reinforced, lead to statistically significant increases in self-efficacy. By creating a safe, supportive, and interactive learning environment, the intervention enabled students to internalize new coping mechanisms and apply them to real-world academic challenges, thus translating into measurable, significant gains. The statistically significant results observed in Table 4 affirm that the structured teaching programme was highly effective in promoting resilience and academic self-efficacy among nursing students. These outcomes strongly support the incorporation of psychological and skill-based training in nursing education to ensure that students are not only academically competent but also emotionally resilient in the face of professional stressors.

CONCLUSION

The present study aimed to evaluate the effectiveness of a structured teaching programme on enhancing resilience and academic self-efficacy among second-year B.Sc. Nursing students in Bangalore. The findings clearly indicate that the intervention led to statistically and practically significant improvements in both psychological constructs. Specifically, students demonstrated a 12.7% increase in resilience and a 10.4% rise in academic self-efficacy following the intervention. The p-values for both variables were less than 0.001, confirming that the observed improvements were highly significant and attributable to the structured programme. These results underscore the importance of incorporating resilience-building strategies into nursing education. As the nursing curriculum is known for its academic rigor and emotional challenges, students must be equipped not only with clinical knowledge but also with the psychological tools to handle stress, setbacks, and demanding clinical environments. This study supports previous research by Thomas and Revell (2016) and McAllister and McKinnon (2009), who emphasized that structured resilience training enhances students' ability to cope with academic pressures and improves their confidence in completing academic tasks.

Furthermore, the improvements observed in academic self-efficacy align with Bandura's (1997) social cognitive theory, which posits that individuals' beliefs in their capabilities are shaped by mastery experiences, verbal persuasion, and emotional regulation, all of which were addressed in the intervention sessions. By using interactive, skill-based approaches such as stress management, time planning, and goal setting, the programme provided students with practical strategies they could immediately apply to their academic and personal lives. The structured teaching programme proved to be an effective, evidence-based approach to strengthen both resilience and academic self-efficacy among nursing students. It is recommended that such interventions be integrated into the regular curriculum, especially during the early stages of clinical exposure, to help students build psychological strength, reduce burnout risk, and enhance academic success. Further research with control groups and longitudinal follow-up is encouraged to assess long-term benefits and scalability across different nursing institutions in India.

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Conflict of Interest

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