

# Mental Health and University Education in Nursing: Perceptions, Challenges, and Preparation for Comprehensive Care

Mariuxi Magdalena Moreira Flores<sup>1</sup>, Inés de la Luz Bajaña Mendieta<sup>2</sup>, Mireya Del Rosario Prado Gaibor<sup>3</sup>

<sup>1</sup> Universidad Técnica Estatal de Quevedo. Email: [mmoreiraf@uteq.edu.ec](mailto:mmoreiraf@uteq.edu.ec) | ORCID: <https://orcid.org/0000-0002-5997-1413>

<sup>2</sup> Universidad Técnica Estatal de Quevedo. Email: [ibajana@uteq.edu.ec](mailto:ibajana@uteq.edu.ec) | ORCID: <https://orcid.org/0000-0002-8330-547X>

<sup>3</sup> Universidad Técnica Estatal de Quevedo. Email: [mpradog@uteq.edu.ec](mailto:mpradog@uteq.edu.ec) | ORCID: <https://orcid.org/0009-0002-7039-0369>

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## ABSTRACT

The training of nursing professionals currently faces the challenge of effectively integrating mental health as a fundamental part of the academic curriculum. This article aims to analyze nursing students' perceptions regarding their preparation to address patients' mental health and their own emotional well-being during their academic formation. Using a structured survey, various dimensions were explored, including the presence of mental health content, the ability to identify common disorders in clinical practice, strategies for promoting psychological well-being, and the experience of academic stress. Results reveal a perceived lack of practical mental health training and an urgent need to strengthen emotional coping strategies and institutional support. Gaps were also identified in preparation for intervention in rural or underserved communities. The study concludes that a curricular revision is necessary to promote the comprehensive education of future nurses, incorporating mental health as a cross-cutting axis and essential competency for ethical and humanized professional practice.

**Keywords:** nursing education; mental health; emotional well-being; curriculum, nursing students.

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## Introduction

Today, mental health is recognized as an essential component of holistic well-being and a fundamental human right. The World Health Organization (WHO, 2022) has underlined the urgent need to integrate mental health at all levels of the health system, especially in primary and community care services. This approach becomes even more relevant in professional training contexts, such as nursing, where constant contact with human suffering, care stress and high academic demands require solid technical and emotional preparation. In this sense, mental health should not only be understood as a field of clinical care, but also as a cross-cutting dimension that crosses the training and practice of health personnel (WHO, 2023). Various studies have shown that nursing students face high levels of stress, anxiety, and emotional exhaustion from the initial stages of their academic training, affecting their performance, motivation, and general well-being (Navarro-Abal et al., 2021; Yildirim et al., 2023). This situation is aggravated when training programs do not adequately contemplate the teaching

of mental health skills, both for self-care and for patient care. In the Latin American context, mental health training continues to be a structural weakness in many curricula, which limits the ability of future professionals to respond to problems such as depression, suicide, violence, or addictions, especially in vulnerable communities (PAHO, 2022; Guzmán-Duque & Rengifo, 2020). Some universities are already addressing this need. For example, in 2025 the University of Alicante incorporated a subject aimed at developing skills in mental health, community action and professional ethics (University of Alicante, 2025). Based on these considerations, there is a need to explore how nursing students perceive their training in mental health, both in terms of preparation to care for patients with psycho-emotional disorders, and in their ability to cope with the tensions of the training process. This study is especially important if we consider that the strengthening of psycho-emotional competencies not only improves clinical performance, but also promotes a more ethical, empathetic, and humanized professional practice (Bravo-Sanzana et al., 2022).

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The present research seeks, therefore, to provide evidence on the strengths, gaps and challenges experienced by Nursing students around mental health, with a view to proposing curricular and institutional improvements that contribute to a more comprehensive and contextualized training of these, legitimizing the idea of various recent research that reveals how most Nursing students go through psychoemotional difficulties; for example, CasteloRivas (2023) reports that 75% of the participants in his research experienced moderate academic stress and almost half showed signs of deterioration in their mental health and family dynamics (Carreón-Gutiérrez, 2024).

Mental health: current concepts and evolution from mental hygiene

Mental health is no longer understood exclusively as the absence of disease and has become a state of integral well-being, in which the individual can develop their capacities, cope with the normal stresses of life, work productively and contribute to their community (WHO, 2022). This holistic view contrasts with historical approaches focused on "mental hygiene," whose emphasis lay on preventive control of pathology and behavioral discipline. Today, however, the role of social, cultural, and emotional factors in the construction of mental health is recognized, especially in educational and work contexts (Arango et al., 2023).

Competencies of the mental health nurse practitioner

The training of nursing staff must include specific competencies for the promotion, prevention, care and intervention in mental health. These range from the identification of early symptoms to the psychoeducational approach of the patient and their family and community environment (WHO, 2023). The **International Council of Nurses (ICN)** has pointed out that nursing professionals must be prepared to deal with problems such as suicide, trauma, addictions, and mood disorders, both in specialized units and in general care (ICN, 2021). At the training level, a curriculum is required that articulates theoretical knowledge with supervised practical experiences, especially in community and rural settings (Bravo-Sanzana et al., 2022).

Stress, anxiety and emotional exhaustion in nursing students

Nursing students are exposed to high levels of academic and emotional stress, which can lead to anxiety, insomnia, fatigue, and depressive symptoms (Yildirim et al., 2023). Factors such as academic overload, the demand in clinical practices, and the lack of resources for emotional coping influence their mental health (Navarro-Abal et al., 2021). Recent research indicates that the absence of institutionalized spaces for psychological containment and emotional

education limits their professional performance and sense of self-efficacy (Montenegro-Paredes & Zapata-Barrientos, 2023).

Mental health training in clinical and community settings

Mental health training within nursing careers has traditionally been fragmented, and focuses on serious mental pathologies, leaving aside approaches to promoting well-being and primary prevention. This contrasts with the need to train professionals capable of intervening in various contexts: hospitals, community centers, schools, or rural communities (PAHO, 2022). In Latin America, the biopsychosocial and community approach is still a pending debt in many training programs (Guzmán-Duque & Rengifo, 2020). Comprehensive preparation requires inclusive practices that incorporate cultural and territorial diversity, as well as tools for empathic intervention and active listening.

### Methodology and methods

A quantitative study was developed with a descriptive-exploratory approach, aimed at characterizing the perceptions of nursing students about their training in mental health and their preparation to face situations related to psycho-emotional well-being, both their own and that of patients. This design made it possible to collect structured information and generate initial inferences about formative weaknesses, levels of preparation, and emotional experiences during the educational process (Hernández-Sampieri et al., 2021). The population was made up of students from the third to eighth semester of the Nursing career at a public university in Ecuador. A non-probabilistic convenience sample of 120 students was selected, who participated voluntarily by answering an anonymous questionnaire. The choice of this population was based on its diversity of academic phases, which included theoretical subjects and clinical practices, which allowed obtaining a comprehensive vision of the mental health training cycle.

The data collection instrument was a structured questionnaire of 11 items, designed from six thematic categories: (a) presence of mental health content in the curriculum, (b) perceived readiness to intervene in clinical cases, (c) experiences of stress, anxiety and emotional exhaustion, (d) personal coping strategies, (e) perception of institutional support, and (f) intervention in rural or community contexts. The questionnaire included closed items with a 5-point Likert scale and open-ended questions to collect complementary qualitative observations. The validity of the content was reviewed by three experts in mental health and higher education. Reliability was verified by means of a pilot in 15 students external to the final

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sample, obtaining a Cronbach's alpha of 0.84, an indicator of high internal consistency.

Data collection was carried out virtually, through online forms (Google Forms), for a period of two weeks in the April-August 2025 semester, after coordination with teachers of clinical subjects. The analysis of quantitative data was carried out with descriptive statistics (frequencies, percentages, means), and the open responses were thematically coded to enrich the interpretation.

The study respected the ethical principles of research with human beings: autonomy, confidentiality, informed consent and non-maleficence. Students were informed of the objectives of the study, the use of the data, and their right to withdraw at any time. No sensitive data was collected. The protocol was reviewed and approved by the Ethics Committee of the participating educational institution, complying with Ecuadorian health research regulations (Ministry of Public Health of Ecuador, 2021).

**Table 1. Internal Questionnaire Consistency (Cronbach's Alpha)**

Instrum ent / Subscale	No. of items	Pilot Sam ple (n)	Cronbac h's Alfa	Interpreta tion
Total questionn aire	11	15	0,84	High internal consistenc y

*Note. Reference values:  $\geq 0.70$  acceptable;  $\geq 0.80$  discharged;  $\geq 0.90$  excellent. Pilot applied to students outside the final sample.*

Source: Authors' elaboration (2025).

### Results and discussion

The questionnaire applied to 120 students of the Nursing career allowed to comprehensively explore mental health training, their perceptions and emotional experiences during the academic process. The analysis of the results obtained is presented below, organized according to the survey questions, in order to identify trends, strengths and gaps in student preparation.

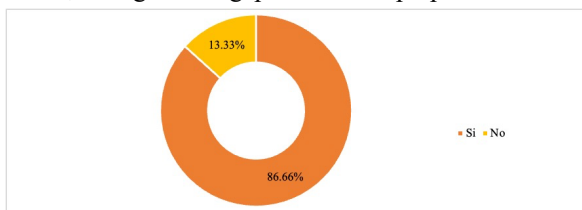


Fig.1-Coverage of mental health courses or modules in Nursing education.

Source: Results of the survey applied

86.6% answered affirmatively, which confirms a wide curricular coverage. However, the mere presence of subjects does not guarantee sufficiency; The qualitative analysis shows doubts regarding the depth and practical applicability of the contents. The inclusion of mental health in the curriculum, with this high level of coverage, represents a step towards a more comprehensive and humanistic education, although it is still necessary to evaluate its practical application and continuity throughout the career.

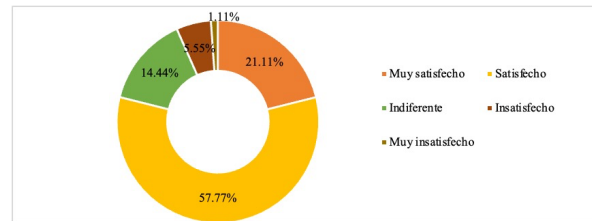


Fig. 2.- Perception of the approach to mental health in academic training.

Source: Results of the survey applied

In relation to the *perception of the academic approach*, 79% consider that mental health has been treated adequately or very adequately, which shows an overall positive assessment. However, 21% expressed neutrality or dissatisfaction, reflecting that a part of the students do not find sufficient integration of mental health in their training process. This disparity shows a *heterogeneity in the quality of teaching*, probably linked to differences between teachers, subjects or contexts of practice. Although in general terms the perception is positive, this result should be understood as an opportunity for content related to mental health and its applicability in real scenarios, especially in clinical and community practices.

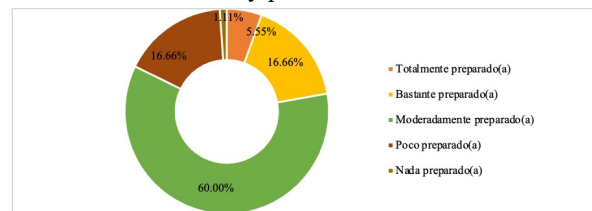


Fig.3- Perceived level of preparedness to identify mental disorders.

Source: Results of the survey applied

Regarding their preparation to identify mental disorders, the results are worrying: 60% feel only moderately prepared and only 22% quite or fully prepared. This means that two out of three students still do not have sufficient confidence to face clinical situations related to mental health, a critical weakness if one considers that in professional practice they will have to care for patients with psychological comorbidities. From a pedagogical and didactic

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approach, the need to reinforce practical spaces, clinical simulations and interdisciplinary work is evident, to convert this moderate level into a safe and operational professional competence in the field.

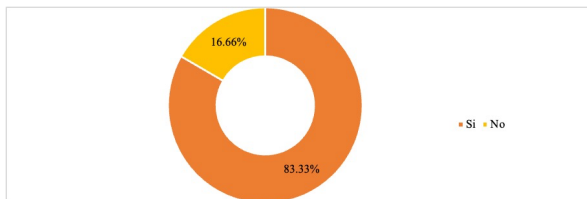


Fig.4- Knowledge of strategies for promoting the health of patients in their role as future nurses.

Source: Results of the survey applied

83.33% of the students state that they do know the main strategies to promote mental health in their future role as nurses: However, 16.6% admit that they do not know them, which raises the need to reinforce practical and contextualized content, especially in the community and rural areas. This 16.6% who do not manage the main strategies represents a risk group that requires greater curricular attention, it should be considered in this sense that According to the WHO (2024), "nurses must be trained to provide respectful, culturally appropriate and rights-based care, in all contexts of mental health care" (p. 12).

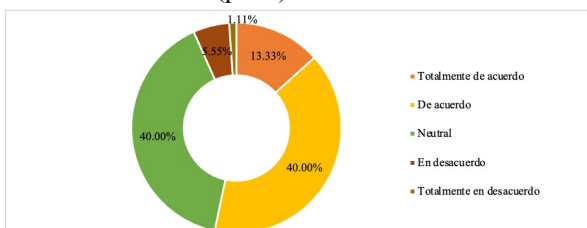


Fig.5- Perceived resources to manage stress and anxiety, both in the personal and work spheres

Source: Results of the survey applied

When asked whether academic training will provide them with resources to manage stress and anxiety in the personal and work environment, 40% of students agree, 13.33% totally agree, and another 40% maintain a neutral position. Only 5.55% disagree and 1.11% strongly disagree. This distribution indicates that, although more than half of the respondents perceive that their training provides them with tools for emotional self-care, there is a high percentage of students who do not take a clear position, which can be interpreted as uncertainty or lack of confidence in the effectiveness of what they have learned. In addition, the levels of disagreement, although low, warn of the need to consolidate training strategies that strengthen the emotional management of the student.

It is essential that the curriculum not only transmits technical knowledge, but also fosters socio-emotional

competencies, resilience skills, and professional self-care practices that are sustainable over time, since, as Enríquez (2025) documents, the increase in mental disorders in Latin America is linked to structural factors such as violence, work-related stress, and inequality in access to health services.

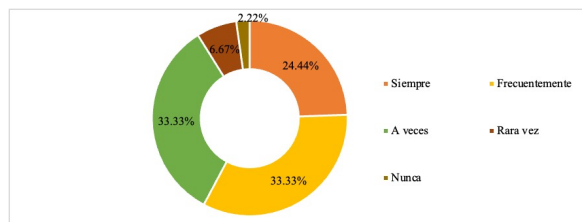


Fig.6- Psychological effects experienced during academic training

Source: Results of the survey applied

The most striking finding is that 91.1% of those surveyed stated that they had suffered stress, anxiety or emotional exhaustion at some point (24.44% of students answered always, 33.33% frequently, and another 33.33% sometimes). Only 6.67% say they have rarely experienced it and only 2.22% say they have never experienced it. These figures show the magnitude of the problem and its practically universal nature in the training of future graduates in Nursing. It is not, therefore, an isolated situation, but a structural phenomenon that affects the majority and puts both personal well-being and academic performance at risk. The figures are alarming: in Ecuador, stress affects approximately 54% of students, according to the regional study "Stress and its relationship with mental disorders in Latin America" (2024).

It is imperative to implement institutional programs of psychological support, emotional tutoring and promotion of self-care from the first cycles.

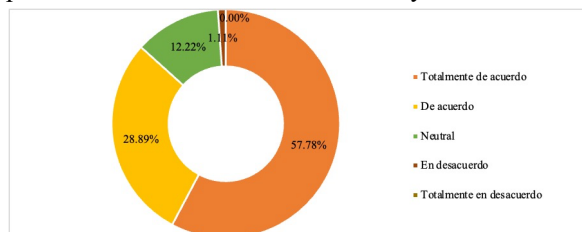


Fig.7- Need for institutional psychological support in the career.

Source: Results of the survey applied

In view of the data obtained with the question referring to the need to incorporate prevention and follow-up through psychological and emotional support as a transversal axis in the career, institutional support emerges as a priority demand: 86.7% of students consider it essential to integrate prevention and psychological accompaniment as a transversal axis in the career. There is, therefore, a student consensus

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regarding the need for formal support from the university, which should be translated into intervention programs, tutorials, psychological counseling and self-care strategies incorporated into the curriculum.

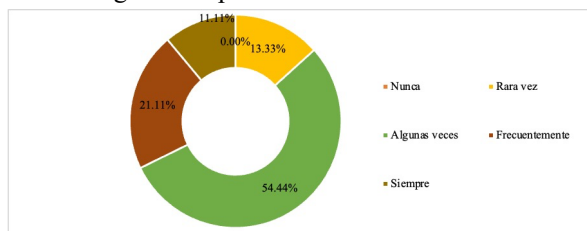


Fig.8.- Impact of the academic load on emotional well-being

Source: Results of the survey applied

Regarding the academic load, 86.6% (54.44% of the students responded that sometimes, 21.11% frequently and 11.11%) recognize that it has negatively impacted their emotional well-being. This finding coincides with international perceptions of overload in health sciences programs and constitutes a structural factor of academic stress that requires revision of schedules, methodologies and evaluation requirements. Only 13.33% stated that this rarely happened, and no student indicated that they had never experienced it. These results clearly show that the curricular structure, academic demands and practical responsibilities can exceed the students' capacity for emotional adaptation, affecting their stability and motivation and demand a critical evaluation of the design of academic periods, the distribution of the workload and the implementation of institutional measures of emotional containment. The fact that 100% of those surveyed have experienced some emotional affectation due to the academic load reflects that these are not isolated cases, but a systematic situation that must be urgently addressed from curricular management and teaching accompaniment.

Our findings on the perception of insufficient mental health training are aligned with Carreón-Gutiérrez (2024) and Visier-Alfonso, M. E., et al. (2024), who demonstrate a strong relationship between high academic stress and mental health deterioration in nursing students

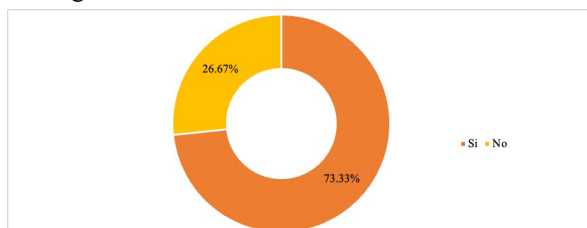


Fig.9- Ability to manage stress or anxiety during your training.

Source: Results of the survey applied

Stress management during training is an area in which the results show a duality: 73.3% say they have achieved it to some degree, but 26.6% admit not having been able to do so, which implies that one in four students does not have sufficient coping strategies. This suggests that while some students may develop personal coping strategies (such as family support, organizational techniques, self-care, or external accompaniment), a significant proportion need more formal and accessible resources within the institutional setting. This situation highlights the urgency of strengthening psychological support spaces, integrating stress management workshops, and including self-care and emotional health practices as part of the continuous training experience. Our results coincide with González-García and Pérez-Rodríguez (2022) and Labrague (2024), who highlight the relationship between coping strategies and well-being in health sciences students

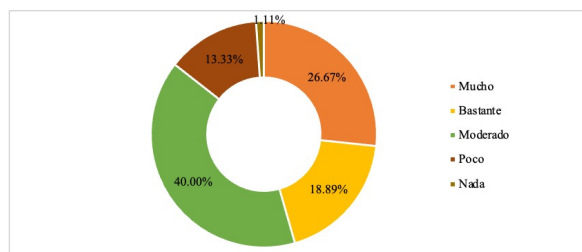


Fig.10- Perception of mental health impact in the rotating internship

Source: Results of the survey applied

Regarding the rotating internship, 85.6% (40% indicated that the level of concern would be moderate, 26.67% a lot, and 18.89% a lot) fear that this stage will affect their mental health, which reflects a perception of vulnerability in the face of greater clinical and emotional demands. This data anticipates that, without adequate support, boarding school could become a critical point of psychological exhaustion. These results reveal that the rotating internship is perceived as an emotionally demanding stage and where they are perceived as potentially vulnerable, even by those who feel academically prepared. This level of anticipatory concern shows that mental health should not only be accompanied during the study stage, but especially during the practical phases of greater pressure and emotional exposure. From a curricular perspective, it is necessary to design strategies for continuous accompaniment during the internship, such as psychological tutoring, clinical mentoring and spaces for emotional discharge, to prevent early professional burnout and strengthen mental stability in a key stage of transition to professional practice.

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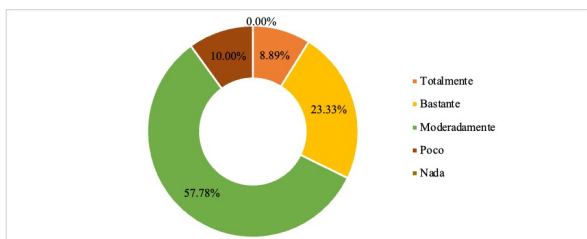


Fig.11- Perceived readiness to face difficult situations with patients.

Source: Results of the survey applied

Preparation to face difficult mental health situations is perceived as deficient: only 32.2% feel quite or fully prepared. Most are at an intermediate level, which shows a deficit in practical training to face real cases. Regarding the perceived preparation to face difficult situations with patients during hospital internships, 57.78% of students feel moderately prepared. In contrast, 10% say they feel unprepared, and no student declares to be unprepared. This distribution shows that, although the majority have an average perception of their preparation, less than a third feel truly ready to face complex clinical challenges, which poses a significant challenge for professional training. The fact that more than half are at an intermediate level suggests that students still need more hands-on exposure, simulation of real-life scenarios, and strengthening soft skills such as empathic communication, emotional containment, and crisis decision-making. Strengthening these areas would contribute to a safer transition between theoretical training and practical practice, especially in hospital environments with high emotional load and demanding human contact.

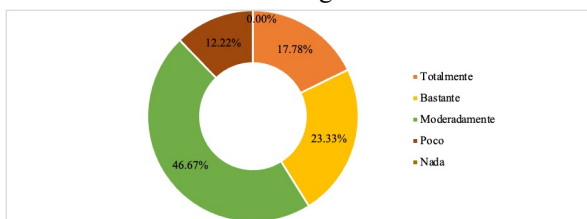


Fig.12- Confidence to provide mental health support to patients.

Source: Results of the survey applied

However, the data analyzed above, students show a relative confidence in supporting patients in mental health issues: 87.7% (46.67% of students say they feel moderately confident, 23.33% quite confident, and 17.78% totally confident) indicated that they felt moderately to very confident in this task. While the figure is encouraging, the fact that most are in the middle indicates that trust is not entrenched and needs to be reinforced through supervised practices. However, 12.22% indicate feeling unconfident, and no one

declares feeling completely incapable, which is positive. Despite this, the fact that the largest proportion is at an intermediate level suggests that full confidence to address mental health issues in clinical settings is not yet fully developed. This perception may be related to the limited direct experience, the emotional sensitivity involved in these cases, and the lack of specific training in psycho-emotional support techniques. It is essential to reinforce practical training in mental health from an interdisciplinary approach, promoting supervised clinical experiences that help students strengthen their autonomy, sensitivity, and competence when interacting with patients in situations of emotional vulnerability.

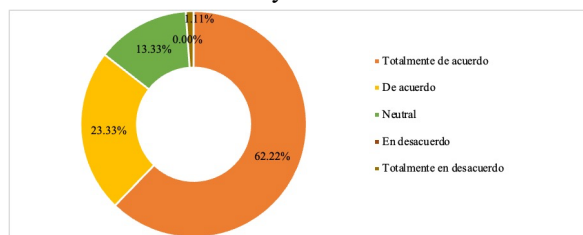


Fig. 13- Influence of nursing staff's mental health on the quality of care

Source: Results of the survey applied

85.5% (62.22% strongly agree and 23.33% agree) recognized this direct relationship, which shows a clear awareness of the importance of self-care as a professional competence. Only 1.11% totally disagree. This distribution reveals a clear awareness on the part of the majority of the direct link between the emotional well-being of the professional and the care they offer. Recognizing this relationship implies that students not only internalize the importance of technical knowledge, but also of emotional stability as an essential component of clinical performance. This perception should be taken advantage of by educational institutions to build a culture of positive mental health, both in the training environment and in future work spaces, where overload, exhaustion and emotional stress are frequent risks in the practice of nursing.

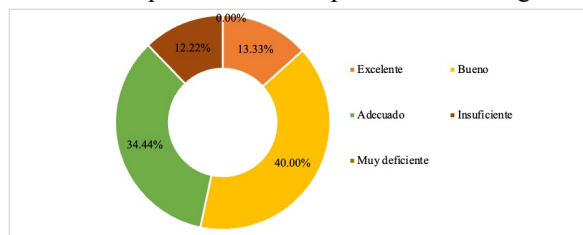


Fig.14-Evaluation of Practical Learning in Rural or Community Contexts

Source: Results of the survey applied

Practical learning in rural or community contexts was positively valued by 87.7% of the participants (34.44%

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adequate and 13.33% excellent), which shows that experiences in the field contribute to the strengthening of skills. However, 12.2% expressed that this preparation was insufficient, which suggests the need for **greater systematization and monitoring of community practices**. These data reflect that most students recognize a certain degree of usefulness and applicability in what they have learned, which is key considering the particular challenges of mental health care in rural contexts, where resources are limited and stigma is usually greater. However, the presence of a group that still considers it insufficient suggests that it is necessary to further strengthen practical strategies, community visits, real case studies and interdisciplinary work in rural areas, to guarantee comprehensive training that responds to the realities of the country and the specific social demands of the environment where the nursing professional will have to work.

### Discussion

The findings of this study confirm that mental health is a decisive factor in the training of nursing students, both in academic performance and in the quality of clinical practices. These results coincide with what was proposed by Calderón-Vallejo and Figueroa-Burgos (2023), who found a direct association between psychological well-being and academic performance in nursing students in Latin America.

Similarly, González-García and Pérez-Rodríguez (2022) highlight that coping strategies are key to reducing academic anxiety levels in health sciences students, which is related to our observation that participants perceive insufficient preparation to handle stressful and anxious situations. In coherence, Suárez and García (2023) show that clinical practice increases anxiety levels, highlighting the need for universities to implement institutional support programs, as also pointed out by Hernández and Torres (2021) in their review of psychoeducational policies in Ibero-American universities.

In addition, recent research highlights the importance of protective factors in coping with academic stress. Thus, López-Muñoz and Álvarez (2021) point out that resilience is a key resource to face university pressures, while Jiménez and Rodríguez (2022) underline the usefulness of pedagogical strategies aimed at emotional self-care as part of comprehensive training.

On a broader level, Barbosa and Carvalho (2020) warn that the mental health of nursing students in Brazil faces structural challenges associated with academic overload and the lack of support programs, which is similar to the perceptions collected in this study. Finally, Rivas and Contreras (2020) insist that psychoeducational care in higher education must be

consolidated as a sustained policy, which articulates the academic dimension with socio-emotional well-being, constituting a benchmark to strengthen the nursing curriculum in Latin America.

Although the *Organic Law on Mental Health* (National Assembly of Ecuador, 2023) mandates the strengthening of mental health at all levels of the health system, including the training of human talent, the participating students perceive a weak preparation to intervene in this area, which suggests a certain disconnect between public policy and the university curriculum.

### Conclusions

The study confirms that mental health training is present in the Nursing curriculum and is recognized by students as a fundamental axis; however, limitations persist in practical preparation and in the development of competencies to face complex clinical situations.

These findings meet the proposed objective, by characterizing the perceptions and challenges of the students, and show that psychoemotional well-being is not only a personal factor, but also a determinant of the quality of professional care.

On the theoretical level, the results reinforce the need to integrate mental health as a cross-cutting dimension of higher education; In practice, they demand institutional policies of psychological accompaniment, active methodologies and supervised experiences in clinical and community settings. It is also suggested to carry out longitudinal and comparative studies in different educational contexts, as well as research that delves into the impact of psychoeducational intervention programs and self-care strategies, to consolidate a more comprehensive and sustainable training model.

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### Author contribution:

Mariuxi Magdalena Moreira Florez:

Conceptualization, Research and Formal Analysis

Inés de la Luz Bajaña Mendieta: Writing, revision and editing

Mireya Del Rosario Prado Gaibo: Design of the methodology and synthesis of study data.