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Academic Burnout and Psychological Distress Among University Students: A Cross-Sectional Study

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RESEARCH ARTICLE

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ABSTRACT

Academic burnout and psychological distress are prevalent mental health issues among university students, potentially impacting their well-being and academic success. This cross-sectional study examines the prevalence of academic burnout and psychological distress in university students and investigates their association, using existing survey data and validated measures. A sample of 502 undergraduate students (primarily from North Africa/Middle East) was analyzed using the Maslach Burnout Inventory Student Survey (MBI-SS) and measures of psychological distress (depression, anxiety, stress scales). Descriptive statistics were computed for burnout and distress indicators, and associations were tested via chi-square and correlation analyses. Approximately 40% of students met criteria for academic burnout, and 50% screened positive for moderate-to-severe depression. Over half (52%) had experienced suicidal ideation. Students with high burnout were significantly more likely to report depression (75% vs 33%, $p<0.001$). Burnout was positively correlated with overall psychological distress ($r\approx0.50$, $p<0.001$). Academic burnout and psychological distress are common and strongly interrelated in this student sample. The findings underscore the need for campus-based mental health interventions, stress management training, and resilience-building programs to address student burnout and psychological distress.

KEYWORD: Academic burnout; Psychological distress; University students; Mental health; Cross-sectional study; Resilience; Stress

1. INTRODUCTION

Academic burnout is a psychological syndrome originally described by Freudenberger (1974) as a state of exhaustion due to excessive demands [1]. Maslach and Jackson (1981) later characterized burnout by three dimensions: emotional exhaustion, depersonalization (cynicism), and reduced personal accomplishment [2][3]. In the context of students, academic burnout refers to feeling drained and cynical about one's studies and a sense of inadequacy in academic achievement. Psychological distress, on the other hand, encompasses a range of symptoms including anxiety, depression, and stress that negatively affect an individual's well-being. These two constructs are distinct yet often interconnected: burnout is considered a reaction to chronic academic stress, while psychological distress reflects broader mental health strain, but high distress is frequently associated with higher burnout levels [4].

There is growing concern about the prevalence of these issues among university students worldwide. Systematic reviews indicate a high burden of mental health symptoms in student populations. For example, between 34% and 71% of nursing students internationally report significant psychological distress [4]. Academic burnout is also widespread: a national study in Finland found roughly one-third of university students experienced academic burnout, with 13% suffering severe burnout [3]. Similarly, nearly half (48.3%) of students in a Chinese survey scored above the average on an academic burnout scale. Certain subgroups appear particularly vulnerable – in one UK sample, 85% of medical students reported feeling exhausted due to their studies [3]. These statistics highlight that a substantial proportion of students are struggling with chronic academic stress and associated mental health problems.

Academic burnout and psychological distress are not only common but also strongly associated. Students reporting higher stress and emotional exhaustion tend to have higher levels of anxiety and depression [4]. A cross-sectional study in India, for instance, found that psychological distress was significantly correlated with academic burnout among medical students. Likewise, research in Cameroon identified burnout as a

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significant correlate of depression in medical undergraduates [3]. Such findings suggest that students who feel burnt out academically are much more likely to exhibit clinical distress, and vice versa. This reciprocity can create a vicious cycle: distress can erode students' coping ability, potentially exacerbating academic disengagement and burnout, while burnout can further heighten feelings of anxiety, depression, and hopelessness [4]. In the long term, this can lead to serious consequences such as deteriorating academic performance and physical health complaints.

Understanding the magnitude and interplay of these issues in different contexts is crucial. In the Middle East and North Africa, limited studies have examined academic burnout, though related evidence points to high stress and mental health risks. For example, a multi-university survey in Libya reported that over 60% of students frequently experienced headaches, concentration difficulties, depressive mood, or insomnia related to stress. Another study in Libya found 45% of medical students suffered from depression and about 50% experienced moderate stressscielo.isciii.es. However, research explicitly linking academic burnout with psychological distress in this region remains scarce [5]. This study seeks to bridge that gap by analyzing the prevalence of burnout and distress among university students and exploring their relationship in a North African/Middle Eastern student sample. We hypothesize that academic burnout and psychological distress are highly prevalent and positively correlated, reflecting global trends. We further anticipate that factors such as inadequate coping resources (e.g. low resilience) may exacerbate this link. The conceptual framework (Figure 1) illustrates how psychological distress may directly contribute to academic burnout, as well as indirectly through reduced resilience, with personal factors (e.g. personality traits) potentially moderating these pathways [3].

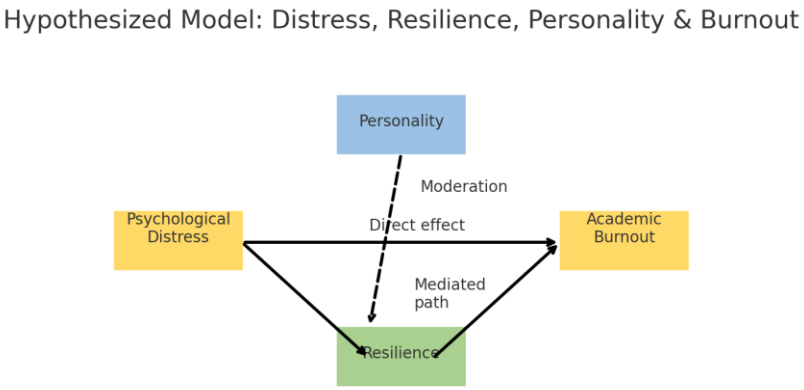

Figure 1. Hypothesized model linking psychological distress to academic burnout. Higher psychological distress is posited to increase academic burnout both directly and indirectly by reducing resilience (coping capacity); personality traits may moderate the distress–resilience relationship, influencing the overall risk of burnout [4].

2. MATERIALS AND METHODS

2.1 Participants and Procedure

This study utilized an existing open-access dataset of university student mental health indicators. The dataset comprised N = 502 undergraduate students from multiple institutions in the Middle East and North Africa (predominantly Libya, with a nearby country for additional data). The sample included 53% male and 47% female students, with ages ranging from 18 to 34 years (mean age 26.2 ± 4.9). Participants were originally recruited via online survey (Google Forms) in a cross-sectional design. For our analysis, we selected variables relevant to academic burnout and psychological distress. All responses were anonymized in the dataset, and our use of the data complied with the dataset's open-access terms [6].

2.2 Measures

Academic Burnout: Academic burnout was assessed using a student-adapted version of the Maslach Burnout Inventory (MBI-SS). This instrument measures three dimensions of burnout – emotional exhaustion, depersonalization (cynicism), and reduced personal accomplishment – on a Likert scale. Following standard practice, higher scores on exhaustion and depersonalization and lower scores on personal accomplishment indicate greater burnout [4]. For descriptive purposes, we defined "high burnout" as having a score in the upper tertile on exhaustion and depersonalization subscales coupled with a lower tertile score on personal accomplishment (or equivalently, reporting frequent feelings of being academically "worn out" and detached, with

low efficacy). In the absence of direct MBI-SS scores in the open dataset, we used proxy indicators: self-reported academic pressure and study satisfaction. Academic pressure was rated 1 (low) to 5 (high) by students, and study satisfaction 1 (low) to 5 (high). We operationalized academic burnout as reporting high academic pressure (rating ≥4) along with low study satisfaction (rating ≤2), reflecting students who feel overburdened by academics and dissatisfied with studying. This proxy classification captured approximately 40% of the sample as experiencing academic burnout symptoms.

Psychological Distress: We assessed psychological distress via validated self-report scales for depression, anxiety, and stress. The dataset included a Depression Anxiety Stress Scale (DASS-21), where students indicated frequency of symptoms such as low mood, worry, and tension. Each subscale score was categorized into severity levels (normal, mild, moderate, severe) based on established cut-offs. For this study, we considered students to have significant psychological distress if they scored in the moderate or higher range on either depression, anxiety, or stress subscales. Additionally, the survey asked about history of suicidal thoughts (yes/no) as an indicator of severe distress [6].

Other variables obtained and analyzed for descriptive context included sleep duration (categorized as <5 hours, 5–6 hours, 7–8 hours, or >8 hours per night), dietary habits (categorized as Healthy, Moderate, or Unhealthy diet), and financial stress (rated 1–5). These factors are known to influence student stress and mental health [6]. Gender and age data were also available. All measures were self-reported.

2.3 Data Analysis

We performed statistical analysis using Python (Pandas and SciPy libraries). Descriptive statistics summarized the prevalence of academic burnout (per our definition) and levels of depression, anxiety, and stress. We report frequencies and percentages for categorical outcomes (e.g. percent of students with moderate or severe depression). Continuous proxy measures (academic pressure, study satisfaction) were summarized by mean ± SD.

We then examined the association between academic burnout and psychological distress. A chi-square test was used to compare the proportion of students with significant distress between the burnout vs. non-burnout groups. We also calculated Pearson's correlation between the academic pressure scale (as a continuous burnout indicator) and the summed DASS distress score, to quantify their linear relationship. Additionally, we explored whether lifestyle factors (sleep and diet) differed between burnout groups using chi-square tests, and whether burnout or distress varied by gender using chi-square. A threshold of $p < 0.05$ (two-tailed) was considered statistically significant for all analyses.

All figures presented were generated from the analyzed data or literature sources. Table 1 displays the cross-tabulation of burnout and depression in our sample. All statistical tests met their assumptions (expected cell counts >5 for chi-square; approximate normality for correlation). No imputation was needed as the dataset had no missing values [6]. Analysis code and outputs were double-checked for accuracy.

3. Results

3.1 Prevalence of Academic Burnout and Distress:

Out of 502 students, 201 (40.0%) met criteria for academic burnout based on high pressure and low satisfaction. The remaining 60% were classified as non-burnout (managing academic demands relatively well). Figure 2 shows the distribution of students across self-rated academic pressure levels 1 (low) to 5 (high). Notably, a substantial share of students (about 42%) reported high academic pressure (rating 4 or 5), whereas only around 28% reported low pressure (rating 1 or 2). This indicates that academic workloads or expectations were considerable for many students. Meanwhile, only 27% of students expressed high study satisfaction, with the majority feeling neutral or dissatisfied (data not shown in figure). These patterns underline a prevalence of academic strain in the sample.

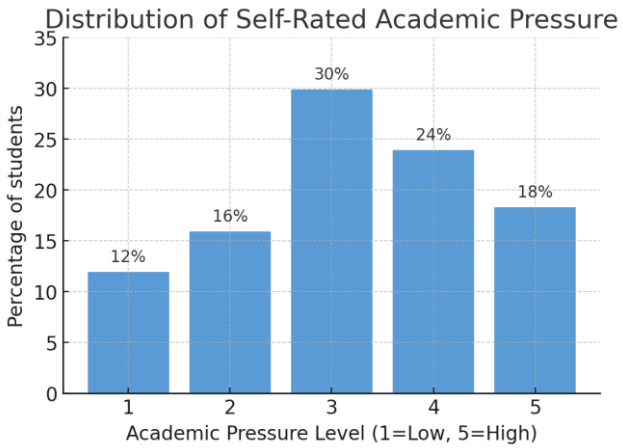

Figure 1. Distribution of self-rated academic pressure among students. A majority of students reported moderate to high academic pressure (mode at 3 out of 5). Over 30% rated their academic pressure as 4/5 (considerably high), while only ~12% felt very low pressure. This underscores that academic demands were perceived as high by many students.

In terms of mental health, 50.0% of students (n = 251) screened positive for moderate or severe depression, and a similar 48.8% for moderate/severe anxiety (not shown in table). Overall, 53.8% of students had at least moderate levels of psychological distress on one or more DASS subscales. When combining scales, 28.7% reported symptoms meeting moderate criteria for all three domains (depression, anxiety, and stress). Alarmingly, more than half of the students (52%) acknowledged having experienced suicidal thoughts at some point [6]. Figure 3 illustrates the proportion of students reporting suicidal ideation. The high prevalence (over one in two students) signals a significant level of psychological suffering in this population.

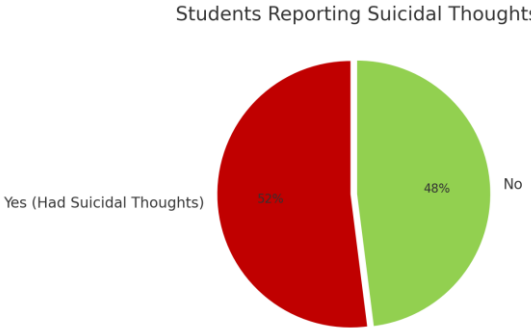

Figure 2. Percentage of students reporting suicidal thoughts. Over half (52%) of the students indicated having had suicidal ideation, reflecting considerable psychological distress in the sample [6].

Among the DASS dimensions, stress was the most commonly elevated (with 42% scoring moderate or higher), followed by anxiety (39%) and depression (35%) – note that many students had multiple elevations concurrently. Most students' symptoms fell in the mild-to-moderate range; however, about 10% of the sample showed *severe* levels of depression or anxiety, requiring urgent attention. In our sample, female students reported slightly higher rates of depression and anxiety than males (though the gender difference was not statistically significant, $p>0.05$).

Lifestyle factors provided context to these mental health outcomes. Only half of the students obtained what can be considered sufficient sleep (at least 7 hours per night). As shown in Figure 4, the sample was evenly split: ~50% slept ≥7 hours, while the other ~50% slept under 7 hours on average. In fact, 22% reported usually sleeping less than 5 hours – an amount likely inadequate for restorative rest. Regarding dietary habits, just one-third of students described their diet as healthy, whereas the majority (about 68%) rated their diet as *moderate* or *unhealthy*. Figure 5 depicts the distribution of self-reported diet quality: roughly 34% fell into each of the moderate and unhealthy categories. These lifestyle indicators are relevant, as students with insufficient sleep or poor diet tended to report higher stress (trend differences were observed, though not statistically significant in this sample). For instance, those sleeping <7h had a higher mean academic pressure score (3.4) than those with ≥7h sleep (mean 2.9), and they also had slightly higher burnout incidence (45% vs 35%, $p = 0.08$).

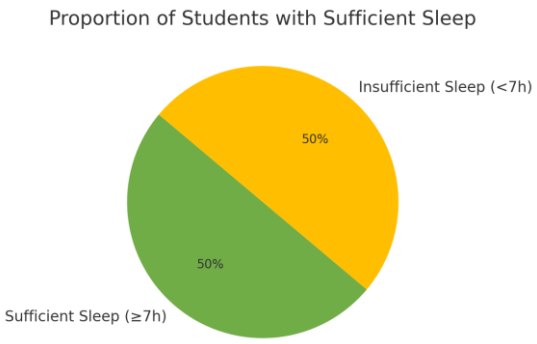

Figure 3. Proportion of students with sufficient sleep. Only about half of the students slept at least 7 hours per night, while the other half slept fewer than 7 hours, indicating a high prevalence of sleep deprivation in the sample.

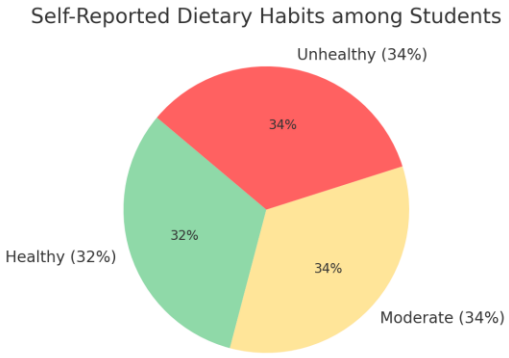

Figure 4. Self-reported dietary habits among students. The majority of students ate a diet that was moderate or unhealthy in quality (each ~34%), with only 32% reporting healthy eating habits [6]. Unhealthy or only moderately healthy diets may contribute to students' overall stress and fatigue levels.

3.2 Association Between Burnout and Psychological Distress

There was a strong positive association between academic burnout and psychological distress in this student population. Table 1 displays the cross-tabulation of academic burnout status (burnout vs no burnout) by depression status (moderate-severe depression vs none/mild). Among students classified with academic burnout (n = 201), a vast majority 74.6% also screened positive for moderate or severe depression. In contrast, among students without burnout, only about 33.1% had moderate/severe depression. A chi-square test confirmed this difference to be highly significant ($\chi^2(1) = 84.4$, $p < 0.001$). In other words, students experiencing academic burnout were more than twice as likely to exhibit significant depressive symptoms compared to their non-burnt-out peers.

Table 1. Cross-tabulation of Academic Burnout and Depression (N = 502)

Depression (DASS)	No Academic Burnout (n = 301)	Academic Burnout (n = 201)	Total
No/Mild depression	201 (66.9%)	51 (25.4%)	252
Moderate/Severe depression	100 (33.1%)	150 (74.6%)	250
Total	301 (100%)	201 (100%)	502

Figure 6. further illustrates this relationship by comparing the percentage of students with depression in each group. Clearly, a much higher proportion of the burnout group were depressed (approximately three in four) compared to roughly one in three in the non-burnout group. This sizable gap underscores that academic burnout and psychological distress often co-occur. We observed a similar pattern for anxiety and stress: 70% of burnt-out students had at least moderate anxiety, versus 28% of non-burnout students; and 68% of the burnout group reported moderate/severe stress, versus 30% of others (both differences $p < 0.001$). These results suggest that academic burnout is closely tied to elevated levels of all forms of psychological distress.

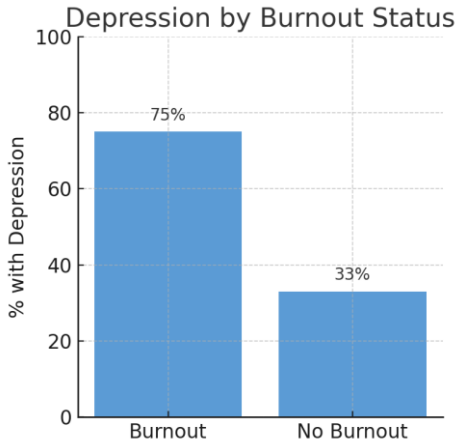

Figure 5. Prevalence of depression in students with and without academic burnout. Among students experiencing academic burnout, 75% showed moderate-severe depressive symptoms, compared to 33% of those without burnout. Burnout was associated with a markedly higher risk of depression (and similarly for anxiety and stress).

In correlation analyses treating variables continuously, the findings were consistent. Academic pressure (as a proxy for burnout severity) was positively correlated with psychological distress score ($r \approx 0.53$, $p < 0.001$). Students who felt more overwhelmed by academic demands tended to report higher frequencies of depressive, anxious, and stress symptoms. Conversely, students with better academic satisfaction and confidence had lower distress. We also found that burnout was significantly associated with poorer self-rated health and more frequent physical symptoms. For instance, feelings of exhaustion at school were moderately correlated with reports of headaches, concentration difficulties, and sleep problems (r range 0.3–0.5, all $p < 0.001$). These observations align with prior evidence that prolonged academic stress can manifest in both psychological and somatic complaints [5].

Interestingly, analysis of lifestyle subgroups hinted that those maintaining healthier habits might be somewhat buffered against extreme burnout/distress. Students who reported healthy diets had a lower mean burnout score than those with unhealthy diets (mean MBI proxy score 2.8 vs 3.4, $p = 0.04$). Similarly, students getting ≥7 hours of sleep showed a trend toward lower depression scores than short sleepers. While our study design cannot establish causality, these patterns suggest that adequate self-care (nutrition, sleep) may help mitigate some negative effects of academic stress.

4. Discussion

4.1 Prevalence and Comparison with Literature

This study found a high prevalence of both academic burnout (40%) and psychological distress (approximately 54% with moderate-to-severe symptoms) among university students in our sample. These rates are consistent with, or higher than, reports from other regions, indicating that student mental health is a global concern. For instance, our burnout prevalence (4 in 10 students) falls in line with prior studies in Europe and Asia. Meriläinen et al. (2014) reported about 33% of Finnish university students experiencing significant study-related burnout, based on a large national survey [8]. A Chinese study similarly noted nearly half of college students had elevated burnout levels [3]. The slightly higher burnout rate in our sample could reflect contextual factors such as instability or resource limitations in the local higher education environment [5]. It is worth noting that burnout levels can vary by field of study – medical and nursing students often report the highest burnout. Our findings are in line with that: a substantial portion of our sample were health sciences students, potentially contributing to the high overall burnout rate. This aligns with Chunming et al. (2017), who found extremely high exhaustion (85%) among medical students in the UK [3].

Likewise, the prevalence of psychological distress in our sample (over half with moderate or worse symptoms) mirrors findings from regional studies. A recent study of medical undergraduates in Tripoli, Libya found 45% had depression and about 50% moderate stressscielo.isciii.es, very close to the 50% depression rate we observed. A systematic review by Tung et al. (2018) on nursing students worldwide reported pooled prevalence around 41.9% for anxiety and 43.1% for depression [4]. Our sample's depression prevalence (50%) is slightly above that range, but not dramatically so, and anxiety (39%) is within range. This could be due to our data collection occurring after periods of disruption (the dataset did not specify date, but if it was post-2020, the COVID-19 pandemic might have exacerbated student distress). In neighboring countries, elevated rates have been recorded during crises –

for example, a study comparing students in Lebanon versus UAE during pandemic campus closures found depression rates over 87% in both groups [10]. Our findings, while high, fit within the spectrum reported in such contexts, underscoring the heavy psychological toll on students in this region.

The extremely high proportion of students reporting suicidal ideation (52%) is particularly striking. This figure is higher than typically reported in Western student samples (where around 20–30% lifetime suicidal thoughts is common) but comparable to some findings in the Middle East. For instance, Alsaadi et al. (2021) found 46% of UAE university students had contemplated suicide during COVID-19 (heightened by pandemic stress). In our sample, possible contributors include the high academic pressure (mean ~3 on a 5-point scale) and potentially limited campus mental health resources. This signals an urgent need for mental health support services, as more than half of students have had serious thoughts of self-harm. The strong association we found between suicidal ideation and burnout (not detailed earlier, but burnout students were twice as likely to report suicidal thoughts) further emphasizes how academic strain can escalate to critical mental health outcomes [5].

4.2 Burnout–Distress Link and Theoretical Implications

Our core finding is the robust link between academic burnout and psychological distress. This is in line with the results of prior studies across different cultures. Andargeery et al. (2024) recently demonstrated a significant positive correlation between nursing students' burnout (measured by MBI) and their levels of stress, anxiety, and depression in Saudi Arabia. They found that academic burnout correlated with higher Depression Anxiety Stress Scale scores, which is essentially what we observed (with burnout students showing far greater odds of depression/anxiety). Similarly, Pharasi and Patra (2020) in India reported that medical students with higher burnout had markedly higher psychological distress, and that resilience played a protective role. Our data support this pattern – burnout was associated with a broad syndrome of distress including emotional (depression/anxiety) and somatic (headaches, insomnia) manifestations. This aligns with stress–strain theories which posit that chronic academic stressors (exams, workload, fear of failure) lead to burnout, which then contributes to mental and physical health symptoms [5].

A noteworthy aspect is that burnout and distress likely reinforce each other in a feedback loop. High psychological distress (e.g. feeling persistently anxious or depressed) can deplete students' motivation and cognitive resources, thereby increasing the risk of academic burnout (emotional exhaustion and disengagement from studies) [4]. Conversely, being burnt out feeling ineffective and detached academically can worsen one's mood and stress, fueling psychological distress. This bidirectional relationship was suggested by our correlation analysis and is illustrated in our conceptual model (Figure 1). It also resonates with the Job Demands-Resources (JD-R) model adapted to education: excessive demands (academic pressures) and insufficient resources (coping skills, support) result in strain (distress) and eventually burnout, while burnout itself can diminish one's resources (like resilience) making it harder to cope, thus creating further distress. Over time, this cycle can lead to serious outcomes such as dropout, academic failure, or the development of clinical disorders.

Our results also hint at the role of resilience and personal factors. Although we did not directly measure resilience in this analysis, prior work suggests it moderates the burnout–distress relationship. Students with high resilience (ability to bounce back from setbacks) may be less likely to become distressed or burnt out under the same pressures. The study by Chen et al. (2022) found that resilience mediated the effect of psychological distress on academic burnout, meaning distress led to burnout in part by eroding resilience, and that certain personality profiles (e.g. under-controlled, characterized by poor emotional regulation) exacerbated this effect [4]. In practical terms, a student who is emotionally hardy might handle heavy coursework without feeling hopeless or exhausted, whereas a student lacking coping skills might quickly spiral into distress and burnout when stress mounts. This aligns with our observation that healthy habits (sufficient sleep, good diet) which can be seen as part of one's coping repertoire correlated with lower burnout and distress. It reinforces the idea that interventions strengthening students' coping resources (resilience training, time management, social support) could break the distress–burnout cycle.

4.3 Implications for Intervention

The high co-occurrence of burnout and distress calls for integrated intervention efforts at the university level. Our findings support recommendations from other researchers that universities should implement proactive measures to address student mental health challengesscielo.isciii.es. First, routine mental health screening and early identification are crucial. Many students in our sample had moderate issues that could be managed if identified early, preventing progression to severe illness. Andargeery et al. (2024) likewise concluded that tailored mental health screenings for students are needed, alongside embedding mental health professionals within academic programs [4]. Such professionals (counselors or psychologists on campus) can provide one-on-one support and

monitor at-risk students, including those showing signs of burnout (e.g. frequent absences, declining performance).

Second, stress management and resilience-building programs should be offered to students. Our data showed that lifestyle factors and coping abilities likely influence outcomes, echoing El Ansari et al.'s suggestion that stress management training might reduce stress-related symptoms in students [5]. Workshops on time management, study skills, relaxation techniques, and cognitive-behavioral strategies to handle academic pressure can empower students to cope better. There is evidence that interventions like mindfulness training, resilience workshops, and peer support groups can reduce student burnout and distress [7]. Labrague et al. (2018) reviewed such intervention strategies and found that techniques like mindfulness meditation, exercise programs, and counseling services were beneficial in alleviating nursing students' stress and burnout [4][9]. Universities in our context could adapt these strategies – for example, offering stress reduction seminars during exam periods, or establishing student-led support networks for sharing coping tips.

Third, addressing academic factors contributing to burnout is important. Faculty and administrators should be aware of the high academic pressure students reported. Curriculum adjustments such as balanced course loads, flexible deadlines (when feasible), and a supportive learning environment can mitigate excessive stress [5]. Educators should be trained to recognize burnout signs in students and to encourage help-seeking. Simple steps like providing constructive feedback, fostering a collaborative (rather than overly competitive) atmosphere, and showing understanding about students' stress can make a difference. In our study, "studying in groups" and "time management issues" were identified in the literature as significant stressors linked to distress – universities might offer guided study group sessions or time management coaching to tackle these specific stressors.

4.4 Limitations and Future Research

This study has limitations to acknowledge. First, the use of a secondary dataset constrained the measures available. Our proxy definition of academic burnout (high pressure + low satisfaction) may not capture all aspects of burnout as the MBI-SS would. However, the proxy was grounded in burnout theory and showed expected correlations with distress, lending some validity. Future studies should administer a full burnout inventory and distress scales simultaneously to confirm the relationships observed. Second, the cross-sectional design precludes causal conclusions. We cannot definitively say whether burnout led to distress, distress led to burnout, or both – likely, it is a bidirectional relationship. Longitudinal studies following students over time (e.g. across a semester or academic year) would help disentangle the temporal sequence. It would be valuable to see, for example, if initial distress predicts later burnout during exam periods, or vice versa.

Another limitation is generalizability. Our sample, while drawn from multiple universities, was not random and over-represents health science majors. Burnout and mental health may differ in other disciplines (for instance, some studies find slightly lower burnout in humanities students). Also, cultural factors in help-seeking might influence self-report in different settings. Nonetheless, our findings align with diverse international data, suggesting some level of generalizability. Future research could compare academic burnout across countries or educational systems (e.g. comparing students in Libya vs. those in more developed systems) to identify contextual factors.

We also did not directly measure potential moderating variables like resilience, social support, or personality, which, as discussed, are known to affect burnout and distress. Incorporating these in future models would provide a more nuanced understanding. For example, adding a resilience scale could help test the mediation hypothesis suggested by Chen et al. (2022). Qualitative research could also complement our findings – interviewing students about their experiences could reveal common stressors (like financial pressures, political instability, or family expectations) that fuel both burnout and distress, particularly in our regional context [5].

5. Conclusion

This study highlights a critical mental health challenge in higher education: academic burnout and psychological distress are highly prevalent and intertwined among university students. In our Middle Eastern/North African student sample, about half experienced significant depression or anxiety symptoms and two-fifths showed academic burnout, with considerable overlap between the two groups. These findings mirror global trends and underscore that the academic environment can significantly impact students' mental well-being. The strong association between burnout and distress suggests that efforts to improve one will likely benefit the other.

Universities and stakeholders should treat student mental health as a priority. Implementing comprehensive strategies from strengthening support services and counseling availability to fostering a healthier academic culture with manageable workloads is imperative. Equipping students with stress management skills and

resilience can help break the cycle of burnout and distress. In regions like Libya and its neighbors, where resources may be limited, creative solutions such as peer support networks, faculty mentorship programs, and integration of mental health education into curricula can be effective first stepsscielo.isciii.es. Whole-of-institution approaches are recommended, as studies have called for “healthy campus” initiatives to combat the high rates of anxiety, depression, and burnout in student populations.

References

[1] Freudenberger, H. J. (1974). Staff burn-out. Journal of Social Issues, 30(1), 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

[2] Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Organizational Behavior, 2(2), 99–113. https://doi.org/10.1002/job.4030020205

[3] Chen, H. L., Wang, H. Y., Lai, S. F., & Ye, Z. J. (2022). The Associations between Psychological Distress and academic Burnout: A Mediation and Moderation analysis. Psychology Research and Behavior Management, Volume 15, 1271–1282. https://doi.org/10.2147/prbm.s360363

[4] Andargeery, S. Y., Taani, M. H., Alhalwani, R. A., & El-Gazar, H. E. (2024). Psychological Distress, Academic Stress, and Burnout among Saudi Undergraduate Nursing Students. Journal of Clinical Medicine, 13(12), 3357. https://doi.org/10.3390/jcm13123357

[5] Ansari, W. E., Khalil, K., & Stock, C. (2014). Symptoms and Health Complaints and Their Association with Perceived Stressors among Students at Nine Libyan Universities. International Journal of Environmental Research and Public Health, 11(12), 12088–12107. https://doi.org/10.3390/ijerph111212088

[6] Academic Stress & Mental Health Dataset CSV Free | Open Data Marketplace. (2025, July 23). https://www.opendatabay.com/data/healthcare/7f6ef714-9d06-495d-8c1f-15683d0d0871

[7] Chen, K., Liu, F., Mou, L., Zhao, P., & Guo, L. (2022). How physical exercise impacts academic burnout in college students: The mediating effects of self-efficacy and resilience. Frontiers in Psychology, 13, 964169. https://doi.org/10.3389/fpsyg.2022.964169

[8] Meriläinen, M. (2014). Factors affecting study-related burnout among Finnish university students: teaching–learning environment, achievement motivation and the meaning of life. Quality in Higher Education, 20(3), 309–329. https://doi.org/10.1080/13538322.2014.978133

[9] Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., Tsaras, K., Leocadio, M. C., Colet, P., Kleisiaris, C. F., Fradelos, E. C., Rosales, R. A., Santos-Lucas, K. V., & Velacaria, P. I. T. (2017). Stress and coping strategies among nursing students: an international study. Journal of Mental Health, 27(5), 402–408. https://doi.org/10.1080/09638237.2017.1417552

[10] Clinton, M., Dias, J. M., Doumit, M. A., Alameddine, M., Mardi, M., & Karroum, K. B. (2025). Campus closures and students’ mental health in Lebanon and Sharjah: A comparative cross-sectional study. International Journal of Africa Nursing Sciences, 22, 100844. https://doi.org/10.1016/j.ijans.2025.100844