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Anxiety Among Young Adults: Its Impact On Well-Being And The Role Of Coping Levels

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Abstract

The aim of this present study to examine the impact of anxiety on well-being among young adult and explore the role of coping levels . A total of 200 students (100 from engineering and 100 from non-engineering streams) from the Tricity. region (Chandigarh, Mohali, Panchkula) participated in this study. Standardised tools used State-Trait Anxiety Inventory (Spielberger, 1972), the WHO-5 Well-being Index, and the Coping Scale (Hamby, Grych, & Banyard, 2013). Data were analyzed using Python's pandas library, employing descriptive statistics, Pearson correlation, and t-tests revealed a significant negative correlation between anxiety and well-being. Students who went through higher levels of anxiety often showed to have lower well-being scores. However ,this wasn't the case across the board. Those who had strong coping skills managed their anxiety more effectively—their sense of well-being remained relatively stable, during challenging times. These findings underscore the importance of strong coping for mental health and highlight the value of integrating coping skills training into university mental health services to support students' holistic well-being.

Keywords: Anxiety, Coping , Well-being , engineering, State-Trait Anxiety Inventory.

Introduction

Anxiety has become increasingly prevalent among young adults in college settings, raising serious concerns for academic performance and mental health. A recent umbrella review reported that the overall prevalence of anxiety among college and university students has a median of about 32%, with estimates ranging up to 55% in some samples. Such high rates make anxiety one of the most critical issues faced by today's students. The college years coincide with late adolescence and emerging adulthood, a developmental stage marked by major social, emotional changes and academic challenges. These pressures can contribute to elevated stress and anxiety, which in turn can undermine students' well-being. Competitive academic environments—especially in demanding professional courses—are often associated with chronic stress. For example, engineering and medical students frequently report high stress levels compared to peers in other fields. Indeed, engineering students may be at *higher risk* of stress-related health problems than students in many other disciplines. This context makes it important to understand how anxiety impacts well-being in student populations, and whether certain factors can buffer its negative effects.

Psychological well-being refers to an individual's subjective assessment of their mental and emotional health, including facets such as life satisfaction, positive mood, and optimal functioning. Prior research has consistently found that higher anxiety is associated with lower well-being in young people. Students with elevated anxiety tend to report poorer life satisfaction and motivation, and difficulties in social and academic functioning, compared to their less anxious counterparts. Persistent anxiety not only causes personal distress but can also lead to serious outcomes such as academic failure or even suicidal ideation if left unmitigated. Understanding factors that might alleviate this harmful impact is therefore of both theoretical and practical importance.

Coping skills are one set of factors that may moderate the relationship between anxiety and well-being. According to Lazarus and Folkman's stress and coping theory, coping encompasses the cognitive and behavioral efforts to manage internal or external stressors. Effective, adaptive coping strategies (e.g. active problem-solving, emotional regulation, and seeking social support) can act as psychological buffers that protect individuals from the full impact of stress and anxiety. Empirical studies have shown that positive or active coping styles are associated with better mental health and higher well-being among students. In contrast, maladaptive coping responses such as avoidance and denial are linked to poorer outcomes, including heightened anxiety and emotional distress. Thus, students who can draw on constructive coping mechanisms might maintain relatively stable well-being even in the face of high anxiety, whereas those with poor coping skills may experience greater declines in well-being under stress.

In the Indian academic context, and particularly in the Tricity region (Chandigarh, Mohali, Panchkula), rigorous programs like engineering are perceived to impose heavy workloads and intense performance pressure on students. It remains an open question, however, whether students in such high-pressure courses actually exhibit higher anxiety or lower well-being than students in other streams. Empirical evidence on

academic stream differences in mental health is limited and not always consistent. Some studies suggest that all students, regardless of major, are vulnerable to mental health challenges in today's competitive academic climate. Given this background, it is valuable to examine whether engineering students differ from non-engineering students in anxiety and well-being levels, or if these issues are pervasive across disciplines.

Current Study and Hypotheses: The present study investigated the relationship between anxiety and well-being in a sample of college students, with a specific focus on the role of coping mechanisms. We also compared anxiety and well-being between students from engineering and non-engineering academic backgrounds. Based on the literature, we hypothesized that anxiety would be negatively associated with well-being, and that effective coping strategies would buffer (moderate) the negative impact of anxiety on well-being. We further hypothesized that there would be no significant differences in anxiety or well-being levels between engineering and non-engineering students, given that both groups experience substantial academic stress. By testing these hypotheses, the study aims to contribute to our understanding of how coping can protect mental health in young adults and to inform campus mental health interventions.

Method

Participants were 200 college students between 18 and 25 years old, recruited from various institutions in the Tricity region of North India (Chandigarh, Panchkula, and Mohali). The sample was evenly split by academic stream, with 100 students from engineering programs and 100 from non-engineering programs (e.g. arts, sciences, commerce). The gender distribution was approximately balanced (48% male, 52% female). Most participants were undergraduates (with a few postgraduates) and came from middle-class backgrounds. All participants had a functional command of English, as the measures were administered in English. Inclusion criteria required that students be currently enrolled in a college program in the specified age range and provide informed consent. Students who provided incomplete questionnaire responses were excluded from the study.

A target sample size of 200 was determined *a priori* to ensure adequate statistical power. A power analysis using G*Power software indicated that a sample of about 103 would be needed to detect a moderate effect size ($f^2 \approx 0.15$) in a regression-based moderation model with $\alpha = .05$ and power $(1–\beta) = 0.80$. The final sample of N = 200 thus provided sufficient power for detecting medium effects and allowed more precise estimation of correlations and group differences with narrow confidence intervals.

We employed a non-probability purposive sampling strategy to select students from both engineering and non-engineering streams. Participants were recruited through multiple channels, including faculty referrals, student counselors, online college forums, and word-of-mouth. Data collection took place between February 25 and April 5, 2024. Students participated either in person or online, according to their convenience. For in-person data collection, surveys were administered in quiet settings on campus (such as classrooms and

library spaces) with permission from the institution. Additionally, an online survey (using Google Forms) was circulated for students who preferred to participate remotely.

All participants provided informed consent before taking part in the study. They were assured of confidentiality and anonymity of their responses, and informed that participation was voluntary and they could withdraw at any time without penalty. No monetary or course credit incentives were offered for participation; instead, participants were debriefed about the purpose of the study and given contact information for campus counseling services in case the survey raised any personal concerns. Administration of the questionnaires took about 20–25 minutes per student. To minimize missing data, participants were instructed to complete all items in one sitting and were reminded to answer every question. The study procedures were reviewed and approved by the institutional ethics committee of the university.

Anxiety: Anxiety levels were measured using the **State-Trait Anxiety Inventory (STAI)**. The STAI is a well-established self-report questionnaire that assesses two dimensions of anxiety: state anxiety (transitory anxiety in a given moment) and trait anxiety (general propensity to be anxious). In this study, we focused on the trait anxiety scale to gauge participants' typical anxiety levels. The STAI consists of 40 items (20 for state anxiety and 20 for trait anxiety) rated on a 4-point Likert scale. Higher scores indicate greater anxiety. The STAI has demonstrated good reliability and validity in college populations; for example, its internal consistency (Cronbach's α) is around 0.90 for the trait subscale in prior studies. In our sample, the STAI was administered in English (which participants were proficient in), and the trait anxiety score was used as the overall anxiety measure.

Well-Being: Psychological well-being was assessed with the **World Health Organization-5 Well-Being Index (WHO-5)**. The WHO-5 is a brief 5-item scale developed by the WHO to measure subjective well-being in terms of positive mood, vitality, and general interests. Participants rate each item (e.g. "I have felt cheerful and in good spirits") according to how they felt over the past two weeks, using a 6-point scale from 0 ("At no time") to 5 ("All of the time"). Total scores range from 0 to 25, with higher scores indicating better well-being. Despite its brevity, the WHO-5 has been shown to have sound psychometric properties and is often used as a screening tool for well-being or depression. In this study, the WHO-5 demonstrated acceptable reliability (Cronbach's $\alpha \approx 0.84$ in prior research) and provided a unidimensional index of each student's current well-being.

Coping: Coping ability was measured using the **Coping Scale** by Hamby, Grych, and Banyard. This is a 13-item questionnaire that assesses the cognitive, emotional, and behavioral strategies individuals use to deal with problems (partially adapted from earlier coping inventories by Holahan & Moos and others). Participants respond on a 4-point Likert scale (1 = "Not true at all" to 4 = "Mostly true") to statements about how they handle stress (e.g. "I try to think of different ways to solve the problem" or "I tend to avoid dealing with the situation"). The Coping Scale yields an overall coping score, with higher scores reflecting a greater use of adaptive coping strategies. Previous studies using this scale have reported good internal consistency

(Cronbach's α ≈ 0.88). In the present sample, the coping scale also showed good reliability. This measure does not differentiate specific coping styles in separate subscales; rather, it provides a global indicator of an individual's level of coping skills or resilience in the face of stress.

In addition to these primary measures, we collected basic demographic information (age, gender) and recorded each participant's academic stream (engineering or non-engineering) as a grouping variable. Academic stream was treated as a quasi-independent variable to compare groups, while age and gender were used for descriptive purposes. No other psychological scales or biomarkers were included in the study.

All data were analyzed using Python (with pandas library) and SPSS syntax for verification. Descriptive statistics (mean, standard deviation) were computed for all key variables. Pearson's product-moment correlation analysis was conducted to examine the bivariate relationships between anxiety, well-being, and coping. To test group differences, independent-samples *t*-tests compared engineering and non-engineering students on anxiety and well-being. For all inferential tests, a significance level of α = .05 (two-tailed) was used. Effect sizes were calculated for the *t*-tests (Cohen's *d*) and interpreted following conventional benchmarks (with $d \approx 0.2$ as small, 0.5 medium). Although a formal moderation analysis (e.g. using multiple regression) was considered to test the buffering effect of coping, the key moderation pattern was evaluated by examining the correlation results and subgroup comparisons on well-being at different coping levels. All statistical assumptions (normality, homogeneity of variances) were checked; the distributions of anxiety, well-being, and coping scores did not show severe departures from normality.

Results

Descriptive Statistics: Participants' scores on the anxiety, well-being, and coping measures indicated moderate levels of anxiety and well-being on average. The mean trait anxiety score (STAI) in the total sample was **M = 45.62** (SD = 9.57). For context, this mean falls in the moderate range of the STAI, suggesting that, on average, students experienced a fair amount of anxiety. The mean well-being score (WHO-5) was **M = 14.80** (SD = 4.69) out of 25, which corresponds to moderate subjective well-being (a score below 13 on this scale can indicate risk of poor well-being, whereas our sample mean was slightly above that threshold). The average coping score was **M = 35.28** (SD = 6.10) out of a maximum of 52 (13 items × 4), indicating a moderate to high use of coping strategies overall. These aggregate statistics are summarized in Table 1.

Table 1. Descriptive Statistics for Key Variables (N = 200)

Variable	Mean (M)	Standard Deviation (SD)
Anxiety (STAI score)	45.62	9.57
Well-Being (WHO-5 score)	14.8	4.69
Coping (total score)	35.28	6.1

Correlation Analysis: Pearson correlation coefficients were computed to evaluate the associations among anxiety, well-being, and coping (see Table 2 for correlations). The results revealed a significant **negative correlation between anxiety and well-being (r = –0.45, *p* < .01)**. This indicates that students with higher anxiety tended to report lower levels of psychological well-being, supporting our first hypothesis. The magnitude of this correlation (approximately 0.45) is in the moderate range, suggesting a substantial inverse relationship between these variables. There was also a **significant positive correlation between coping and well-being (r = +0.41, *p* < .01)**, meaning students who reported better coping skills also tended to have higher well-being. In addition, **anxiety and coping were negatively correlated (r = –0.39, *p* < .01)**, indicating that those with greater coping abilities had somewhat lower anxiety levels. All three correlations were statistically significant at the 0.01 level. Together, these findings suggest that anxiety, well-being, and coping are interrelated in expected ways: high anxiety co-occurs with low well-being, whereas effective coping co-occurs with higher well-being and lower anxiety.

Table 2. Pearson Correlations Among Anxiety, Well-Being, and Coping

Variables	Anxiety	Well-Being	Coping
Anxiety (STAI)	–	–0.45**	–0.39**
Well-Being (WHO-5)	–0.45**	–	+0.41**
Coping (Total)	–0.39**	+0.41**	–

Note: p<0.01 for all correlations (two-tailed).

These correlation results provide initial evidence for the hypothesized relationships. In particular, the inverse association between anxiety and well-being is consistent with prior research linking higher anxiety to poorer mental health outcomes. The positive link between coping and well-being supports the notion that students who employ adaptive coping strategies experience better well-being. Moreover, the negative correlation between coping and anxiety implies that good copers may manage to keep their anxiety levels lower.

Group Comparisons (Engineering vs. Non-Engineering): An independent-samples *t*-test was conducted to compare the mean anxiety scores of engineering students (n = 100) and non-engineering students (n = 100). The difference in anxiety was not statistically significant, $t(198) = 0.09$, $p = .93$ (mean_anxiety_engineering = 45.72, mean_anxiety_non-eng = 45.52; essentially identical). Similarly, a *t*-test for well-being scores showed no significant difference between engineering (M = 14.60) and non-engineering students (M = 15.00), $t(198) = –0.83$, $p = .409$. Thus, **students in engineering programs did not differ significantly in either anxiety or well-being compared to students in other fields**, contrary to any expectation that engineering students might be worse off. The 95% confidence intervals for the mean differences included zero in both cases, and the effect sizes were very small ($d < 0.1$), indicating negligible

practical differences. These results support our third hypothesis that the levels of anxiety and well-being are comparable across the two academic streams.

Although we hypothesized no group differences, it is notable that the lack of difference suggests the mental health challenges measured (anxiety and reduced well-being) are common to students irrespective of their discipline. In other words, both engineering and non-engineering students in this sample experienced similar average anxiety and well-being, reflecting the broad impact of student stress across fields. This finding aligns with the notion that competitive academic environments in general can elevate student anxiety, not only those traditionally considered high-pressure like engineering or medicine. It appears that in the present context, being an engineering student did not confer additional risk for anxiety or lowered well-being relative to other students.

Moderating Role of Coping: While a formal moderation test was not conducted through an interaction term, the pattern of correlations provides insight into coping's potential buffering effect. The key observation is that some students with high anxiety still reported moderate or high well-being, and these students tended to have above-average coping scores. In contrast, among students with poor coping skills, even moderate levels of anxiety corresponded with notably low well-being. This pattern is illustrated by the significant correlations: anxiety was less strongly related to well-being for those high in coping (partialing out coping reduced the anxiety–well-being correlation). We can infer that **coping likely played a moderating role**, wherein students with stronger coping skills did not experience as steep a decline in well-being at higher anxiety levels. To illustrate, simple split-group analyses showed that the correlation between anxiety and well-being was more negative among students with low coping scores than among those with high coping scores (though these analyses are exploratory). Thus, the results are consistent with the hypothesis that effective coping attenuates the harmful impact of anxiety on well-being. This finding will be further examined in the discussion.

Discussion

This study set out to investigate the link between anxiety and well-being in young adult students, and to determine whether coping mechanisms mitigate the negative effects of anxiety. We also explored differences between engineering and non-engineering students. The findings largely support our hypotheses and offer insights relevant to student mental health theory and practice.

Anxiety and Well-Being: Consistent with prior research and our predictions, we found that higher anxiety was significantly associated with lower psychological well-being. The moderate negative correlation ($r \approx -0.45$) indicates that students who report intense or frequent anxiety symptoms tend to also report diminished well-being – for example, they likely feel less satisfied with life and experience fewer positive feelings. This result reinforces a substantial body of evidence linking anxiety to adverse mental health outcomes in college populations. It echoes the findings of Nagaraj (2017), who observed an inverse relationship between anxiety

and well-being in adults, and other studies that document how excessive anxiety can impair life satisfaction and daily functioning. In the context of college students, heightened anxiety might stem from academic pressures, uncertainty about the future, or social challenges, and our results confirm that these anxieties have a tangible toll on students' subjective well-being. Over time, if anxiety becomes chronic, it could potentially lead to more severe problems like depression or burnout. The cross-sectional nature of our data cannot establish causality, but it is plausible that anxiety contributes to poorer well-being (e.g. through stress hormones or negative thought patterns reducing happiness) and conversely that students with low well-being may become more anxious (e.g. if they lack positive emotional resources, they might cope less effectively with stress).

Role of Coping : A central finding of this study is the apparent buffering role of coping in the anxiety–well-being relationship. We found that coping skills were positively correlated with well-being and negatively correlated with anxiety. More importantly, students with high coping skills did not show as strong a trade-off between anxiety and well-being as those with weaker coping skills. In practical terms, this suggests that **effective coping can protect or preserve well-being even when a student is experiencing significant anxiety**. This result is in line with classic theoretical models of stress and coping. Lazarus and Folkman's (1984) transactional theory posits that when individuals appraise stressors, those with better coping resources can manage the demands more successfully, thus reducing the impact of stress on their well-being. Our data provide empirical support for this framework in a college student sample: those who endorsed using active or adaptive coping (e.g. planning, seeking support, positive reframing) tended to maintain higher well-being despite anxiety. In contrast, those lacking coping strategies (or perhaps relying on maladaptive strategies like avoidance) showed the expected inverse relationship between anxiety and well-being more strongly. These findings align with other research emphasizing that coping moderates mental health outcomes. For instance, **active coping and problem-solving are associated with better psychological outcomes under stress**, whereas avoidance coping exacerbates anxiety and distress. By demonstrating a moderating pattern, our study highlights the importance of strengthening coping skills as a means to bolster student resilience.

It should be noted that we inferred moderation from correlation patterns; a more rigorous test (such as an interaction term in regression) would be needed to statistically confirm coping as a moderator. Nevertheless, the evidence is suggestive: coping emerges as a beneficial factor that accompanies lower anxiety and higher well-being. Future longitudinal research could examine if teaching coping skills to highly anxious students leads to improvements in their well-being over time, which would more directly test the causal moderating effect.

Engineering vs. Non-Engineering Students: An interesting outcome of this study was that **no significant differences were found between engineering and non-engineering students** on either anxiety or well-being. We had hypothesized null differences, and the results support that hypothesis. This finding implies that students in engineering programs were, on average, just as anxious and just as happy/unhappy as

students in other academic streams. This runs somewhat counter to a popular assumption that engineering students (or other professional course students) face uniquely high stress that might translate into higher anxiety or poorer well-being. Our results suggest that the mental health burden in college is widespread and not confined to any one type of program. One possible explanation is that while engineering students do experience substantial academic stress, students in other fields face stressors of their own (such as uncertain career prospects, heavy coursework in sciences or humanities, etc.), leveling out the overall anxiety levels. Additionally, personality and support systems might balance out differences: for example, engineering students might enter college with strong quantitative skills and perhaps coping strategies to handle workload, whereas non-engineering students might deal with other uncertainties – in the end, both groups report similar anxiety and well-being.

It is also worth considering that our sample was drawn from a specific region and the students were of similar age and background, which could homogenize the mental health outcomes. Prior studies have had mixed findings on this issue. Karmakar et al. (2021) found that medical students had higher anxiety and stress than engineering students in a North-East Indian sample, but both groups had elevated levels relative to what might be expected in less competitive settings. Our finding of no difference might be specific to the context of the Tricity region or the particular institutions sampled. It underscores that **mental health challenges in college are not limited to traditionally "high-stress" majors**; interventions and preventive measures should target the general student body, not only certain departments.

Limitations: Several limitations of this study should be acknowledged. First, the research design was cross-sectional, which restricts our ability to draw causal conclusions. While we often speak of anxiety "impacting" well-being, the relationship is correlational – it could also be that poor well-being contributes to feeling more anxious, or that a third factor (such as personality or social support) influences both. Longitudinal or experimental studies would be needed to establish directionality and causality. Second, all data were self-reported, raising concerns about common method bias and subjective measurement. Participants might have responded in socially desirable ways or might have had biases in self-assessing their anxiety or well-being. Including objective measures or informant reports could strengthen future studies. Third, the sample, although diverse in disciplines, was geographically limited to the Tricity region and comprised mostly students from a similar age group and cultural background. The results may not generalize to older adults, students in other countries, or those in rural areas or different education systems. Replication in other settings would increase confidence in the findings. Additionally, the study focused on general (trait) anxiety and overall well-being; we did not examine specific anxiety disorders or specific dimensions of well-being. Nor did we account for potential confounding variables such as academic performance, socioeconomic status, or access to campus resources, which might influence well-being and differ by academic stream.

Another noteworthy limitation is that our test of coping as a moderator was indirect. We did not employ a formal moderated regression or conditional process analysis to statistically confirm the interaction between anxiety and coping in predicting well-being. Therefore, our conclusions about coping's buffering role are based on theoretical expectation and the pattern of correlations. Future research should explicitly model the interaction term (anxiety × coping) and perhaps use techniques like multigroup analysis (comparing high vs. low coping groups) to more rigorously examine moderation. Finally, the coping scale we used, while appropriate for capturing overall coping levels, does not distinguish between different types of coping (problem-focused vs. emotion-focused vs. avoidant). It is possible that certain coping strategies (e.g. problem-focused) are more effective buffers than others. More fine-grained measurement of coping could provide insights into which coping strategies are most beneficial for anxious students' well-being.

Implications for Theory and Practice: Notwithstanding these limitations, the study contributes to the literature on stress and coping among college students and has several implications. Theoretically, our findings lend support to stress-coping models by empirically demonstrating that coping resources are associated with better outcomes in the context of anxiety. The fact that coping correlates with both lower anxiety and higher well-being suggests it serves as a protective factor, aligning with Lazarus and Folkman's framework of coping as a mediator of the stress outcome relationship. This adds evidence from an Indian college context to the broader understanding of how personal resilience factors can modulate mental health. Moreover, the lack of differences between academic streams implies that theories about student stress should not overemphasize field of study without evidence; individual differences and common campus experiences might outweigh the influence of the specific academic program when it comes to anxiety and well-being.

Practically, the results highlight the importance of incorporating coping skills training and support into university mental health initiatives. If strong coping skills indeed help students stay well even when they are anxious, then teaching these skills could be a key strategy in student counselling and wellness programs. Universities and colleges should consider workshops or courses on stress management, problem-solving, and adaptive coping techniques (such as cognitive reframing, time management, mindfulness, or seeking social support). By improving students' coping toolkits, educational institutions can potentially buffer the negative effects of inevitable stressors in academic life. Our findings specifically suggest that interventions should not be limited to any single group (e.g. not only engineering students or only first-year students) but should be offered widely, since anxiety and well-being issues are widespread. That said, certain subgroups who have lower coping skills could be identified for targeted interventions. Campus counselling services might use a brief coping assessment to screen for students who are at risk of poor outcomes when stressed, and provide them with tailored training.

In the Indian context, where mental health services in educational institutions are still developing, this study underscores a growing need for comprehensive student support. There is increasing awareness of student mental health in India, and our practical implication is that **building coping capacities should be a central component** of this support. Doing so can enhance students' psychological resilience, allowing them to

thrive academically and personally even amid the challenges of college life. Institutions could integrate coping and resilience modules into orientation programs or academic curricula (for example, as part of life-skills education). Additionally, creating peer support groups and mentoring systems can provide social coping resources for students.

In conclusion, this research demonstrates that anxiety is detrimental to the well-being of young adult college students, but importantly, that strong coping mechanisms can mitigate some of these negative effects. Students who are better equipped with coping strategies tend to maintain higher levels of well-being even in stressful circumstances, highlighting coping as a critical protective factor. Meanwhile, our comparison of engineering and non-engineering students suggests that mental health challenges at university cut across academic disciplines – all students can be vulnerable to anxiety and drops in well-being, not just those in traditionally high-pressure majors. These findings reinforce the value of fostering adaptive coping skills and resilience in student populations. From a practical standpoint, colleges and universities should invest in mental health programs that not only address anxiety through counseling or medical means but also proactively teach students how to cope with stress in healthy ways. By integrating coping-skills training into campus wellness initiatives, educational institutions can help safeguard students' well-being and academic success. Ultimately, equipping young adults with effective coping tools will contribute to better mental health outcomes and a more positive, productive college experience, enabling students to achieve their full potential both academically and in their personal development.

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