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Impact of Stress on the Sleep Pattern and Cognitive Performance on Young Adults

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Abstract: ***This research paper investigates the intricate relationship between stress, sleep patterns, and cognitive performance among young adults. In today's world, stress is a common occurrence that has a significant impact on people's physical and mental health as well as their cognitive abilities. The purpose of this study is to clarify how stress affects young people' sleep patterns and cognitive function, as they are a group that is more susceptible to changes in sleep and cognition caused by stress. The study looks at how stress affects many areas of cognitive performance, including attention, memory, problem-solving, and decision-making, as well as the length, quality, and architecture of sleep. It does this by drawing on current literature and empirical studies. The study also examines possible mechanisms, such as neuroendocrine reactions, changes in brain connections, and psychological elements like perceived control and coping mechanisms, that may underlie the observed effects of stress on sleep and cognition. Furthermore, the paper discusses the bidirectional relationship between stress, sleep, and cognitive performance, highlighting the complex interplay between these domains and their cumulative impact on young adults' overall well-being. The findings of this study have implications for public health campaigns, clinical practices, and preventative treatments targeted at reducing the negative effects of stress on sleep and cognition, building resilience, and encouraging young adults to operate cognitively at their best.***

The study clarifies several possible underlying processes, including changes in brain connections, abnormalities in neuroendocrine control, and psychological elements including resilience and coping mechanisms. It also looks at the reciprocal link that exists between stress, sleep, and cognitive function, highlighting the long-term consequences and cumulative impacts on the general wellbeing of young people. The research's conclusions have important ramifications for public health campaigns, clinical treatments, and preventive measures meant to lessen the negative effects of stress on sleep and cognition, foster resilience, and improve cognitive functioning in this susceptible group.

Keywords: (Sleep pattern, young adults, health campaigns, coping mechanism, brain connections, resilience).

I. INTRODUCTION

A. What is Stress?

Our body's reaction when faced with an issue that calls for response or attention Stress is defined as a change that puts pressure on individuals body, mind, is referred to as stress. Our body reacts to everything that needs attention or action by putting you under stress. Everyone goes through periods of stress. However, how you handle stress has a significant impact on your general wellbeing.

Stress is the result of our reactions to pressure or threats. It typically occurs when we feel helpless or uncontrollable in a circumstance .

When faced with a difficulty, we work extra hard, deploy all of our resources, and rely on our support network to overcome it. All of the difficulties, issues, and obstacles. What conditions cause us to feel stressed? hence, if managed appropriately. Stress raises a person's chances of surviving.

Stress is defined as an organism's pattern of reactions to a stimulus event that disrupts equilibrium and surpasses an individual's capacity for adjustment.

1) Physiological Response: Stress triggers a cascade of physiological responses in the body, including the release of stress hormones like cortisol and adrenaline. These hormones prepare the body for a "fight or flight" response by increasing heart rate, blood pressure, and energy levels
2) Psychological Impact: It influences cognition, emotions, and behavior. Prolonged stress may contribute to mood disorders such as depression and can impair decision-making abilities.

3) Individual Variability: The experience and perception of stress vary greatly among individuals. What one person finds stressful, another may not. Factors such as personality traits, past experiences, and coping mechanisms play a significant role in how individuals respond to stressors.
4) Types of Stressors: Stressors can be categorized into acute stressors (long-term challenges like financial difficulties or ongoing relationship issues). Additionally, stressors can be physical, emotional, environmental, or social in nature.
5) Impact on Health: Chronic stress leads to various health issues,like cardiovascular diseases, gastrointestinal issues, weakened immune system, and exacerbation of pre-existing conditions. Managing stress is crucial for maintaining overall health and well-being.
6) Stress Perception and Appraisal: How individuals perceive and appraise stressors significantly influences their response. Factors such as perceived control over the situation, predictability of stressors, and availability of resources for coping play a crucial role in determining stress outcomes.
7) Cumulative Effect: Stress can accumulate over time, leading to a build-up of tension and strain on both mental and physical health. Unaddressed chronic stress can result in burnout, fatigue, and a decreased quality of life.
8) Contextual Factors: The impact of stress is also influenced by environmental and cultural factors. Socioeconomic status, cultural norms, and workplace culture can shape individuals' experiences of stress and the resources available for coping.
9) Resilience and Adaptation: While stress can be challenging, individuals possess inherent resilience and adaptive capacities to cope with adversity. Developing resilience through social support, problem-solving skills, and self-care practices can help individuals navigate stressful situations more effectively.

B. Signs of Stress

Long-term or short-term stress is possible. While both can cause a wide range of symptoms, prolonged stress can have a detrimental impact on the body over time and have long-term consequences for health.
Indications of stress include :
Mood alterations
sweaty palms
Reduced sexual desire
The diarrhoea
Having trouble falling asleep
digestive issues
light-headedness
Being nervous
recurring illness
clenching teeth
Headaches
Low vigour

C. Nature

The Latin words strictus, which means tight or narrow, and stringere, which means to tighten, are the sources of the English term stress . These basic words capture the inside sensations of constriction and tightness in the lungs and muscles that many stressed-out individuals perceive. Stress is frequently characterised in terms of environmental features that are upsetting to the person. Events known as stressors set off our bodies' natural stress reaction.
Stress causes the individuals body to generate chemicals like cortisol, which set off the body's "fight or flight" reaction. Physical symptoms including sweating, tense muscles, shallow breathing, and elevated heart rate may result from this. Acute stress is helpful in enabling people to react to threats that come right away, but chronic stress may be harmful to one's physical and mental well-being if it persists or is not addressed. Conditions including anxiety, depression, hypertension, impaired immune systems, and cardiovascular disorders may be exacerbated by it. Identifying stressors, coping mechanisms including exercise, relaxation methods, and time management, as well as asking friends and family for assistance are all part of managing stress.
Stress is a complex phenomena with a range of effects on people, including psychological and physiological ones. It is the result of complex interactions between internal coping strategies and external stresses, which mould our reactions to difficulties and setbacks.

Studying the fundamental causes of stress, its impacts on the body and mind, and practical stress-reduction techniques are necessary to comprehend the nature of stress.

Fundamentally, stress may be viewed as an individual's natural reaction to perceived dangers or demands that are greater than their imagined capacity for handling them. These stresses can come from a variety of places, such as demands at job, money problems, marital problems, scholastic obligations, or significant life changes. Every person experiences stress in a different way, depending on their personality, life events, social support systems, and coping mechanisms.

The complex relationships between the immune system, endocrine system, and neurological system control how the body reacts to stress. Stress hormones like cortisol and adrenaline are released when the brain's hypothalamus stimulates the sympathetic nervous system in response to a stressor. In order to respond with the perceived threat, these hormones prime the body for the "fight or flight", attention while also releasing stored energy.

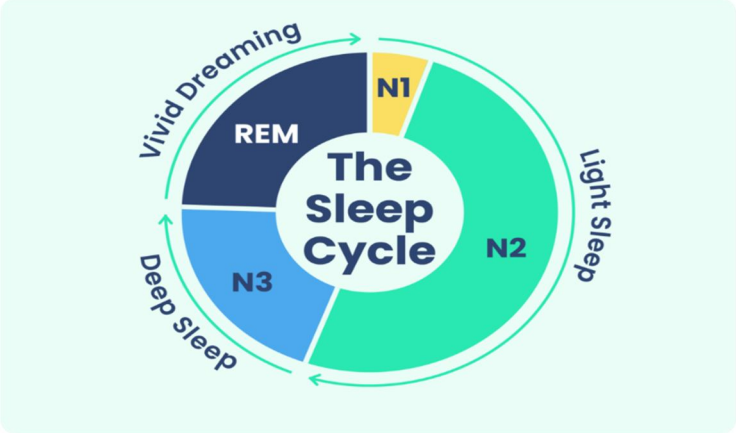
Acute stress responses can be adaptive in the short term, enabling people to deal with pressing issues, but prolonged stress exposure can be harmful to one's physical and mental well-being.

Considering the widespread effects of stress on health and wellbeing, it's critical to provide practical methods for handling stress effectively.

D. The Sleep Cycle

Sleep is a lowered mental and physical condition characterised by altered consciousness and inhibition of some sensory activities. Both muscular activity and interactions with the environment are significantly reduced while we sleep . Even while alertness have different capacities for responding to stimuli, sleep still involves active brain processes, which makes it more responsive than a coma or other states of awareness.

Sleep patterns are not constant. Rather, your overall sleep over the night consists of several cycles of the sleep cycle, which consists of four distinct phases.



Sleep cycle stages

1) Stage 1

When a person transitions from consciousness to sleep, stage one starts. It is a brief stage of mild non-REM sleep during which breathing, heart rate, eye movements, and brain waves slow down. Additionally, the muscles relax, but they could twitch every now and again.

This phase is brief, lasting between one and five minutes.

2) Stage 2

During this stage of deeper non-REM sleep, the body temperature decreases, the muscles relax even more, and the eyes cease moving.

This stage lasts around twenty-five mins during the first sleep cycle of the night, and it becomes longer with each subsequent sleep cycle. In all, it provides individuals with more than 50% of their trusted sources of sleep .

3) Stage 3

People usually find it hardest to wake up from this stage. A person may have mental fogginess for thirty to sixty minutes if they wake up during deep sleep. As people age, the proportion of deep sleep generally tends to decline.

4) Stage 4

REM sleep is the last phase of the sleep cycle. The eye movements of a person are referred to as "REM." At this point, the eyes travel swiftly and swiftly from from side to side. Breathing quickens and becomes more irregular during REM sleep. The regularity of other vital indicators including heart rate and blood pressure decreases. Though it may happen in other stages of sleep as well, dreaming is most commonly connected with REM sleep. Most people go through a period of time during which they naturally suffer muscular atonia, or temporary paralysis of the muscles, which keeps them from acting out their dreams during REM sleep. Rarely, there may be no occurrence of the reduction of muscular tone typically linked to REM sleep. The term "REM sleep behaviour disorder" describes this illness. In the initial sleep cycle, REM sleep lasts for around ten minutes; as the night go on, this duration increases. REM sleep might extend up to one hour during the last sleep cycle.

What Affects Sleep Stages?

- Age: A person's time in each stage of life varies significantly throughout time. Infants may go into REM sleep as soon as they go to sleep and spend a lot longer time in this stage of sleep. They start to sleep more like grownups as they become older. Less time is typically spent in REM sleep by older persons.
- Existing sleep behaviour: An irregular sleep cycle can be brought on by days or longer of inconsistent or inadequate sleep. Alcohol: Certain medications, including alcohol, can change the structure of sleep. For instance, alcohol reduces REM sleep in the early time of the night, but when the effects wear off, REM sleep occurs, with longer REM phase.

E. Impact Of Stress On Sleep Pattern

Young people' sleep patterns are significantly impacted by stress, which has an impact on many aspects of sleep, including its duration, quality, architecture, and potential for the emergence of sleep disorders. Examining the complex interactions among stress physiology, cognitive-emotional functions, and behavioural responses—all of which interact to influence sleep outcomes—is necessary to comprehend these effects. Young people, who are usually between the ages of 18 and 25, have a wide range of changes and difficulties as they manage their financial obligations, social lives, professional goals, and academic endeavours. Stress is a common and complex occurrence among this group, resulting from financial hardships, interpersonal problems, scholastic expectations, and existential questions. Young adults' experiences with stress are subjective in nature, depending on personal perspectives, coping mechanisms, and resilience characteristics.

The hypothalamus releases corticotropin-releasing hormone (CRH) in reaction to perceived threats, which sets off a series of processes that ultimately result in the adrenal glands producing cortisol. At the same time, the SNS causes catecholamines like noradrenaline and adrenaline to be released, which raises alertness and alertness.

Stress affects young people' sleep length and quality in addition to interfering with the onset and maintenance of sleep. Acute stressors can cause temporary changes in sleep patterns, but chronic stressors are more dangerous since they can lead to long-term sleep disruptions and deficiencies. Extended exposure to stress hormones, especially cortisol, disrupts sleep consolidation, leading to non-restorative, fragmented sleep episodes.

1) Disruption of Circadian Rhythm: Stress-induced elevations in cortisol levels can dysregulate the circadian rhythm, resulting in difficulties in initiating and maintaining
2) Sleep Onset and Maintenance Insomnia: Young adults experiencing stress may struggle with sleep onset insomnia (difficulty falling asleep) and sleep maintenance insomnia (difficulty staying asleep), leading to fragmented sleep patterns.
3) Sleep Duration: Chronic stress can result in long sleep deficit, with young adults experiencing insufficient sleep despite spending recommended hours in bed.
4) Quality of Sleep: Stress-related sleep disturbances often lead to non-restorative sleep, leaving individuals feeling unrefreshed upon awakening.
5) Sleep Architecture: “Stress alters the normal alternation between non-rapid eye movement (NREM) and rapid eye movement (REM) sleep stages, favoring lighter stages of sleep and reducing the duration of REM sleep”.
6) Excessive Daytime Sleepiness: Sleep disruptions stemming from stress contribute to excessive daytime sleepiness, fatigue, and reduced alertness, impacting daytime functioning.

7) Impact on Cognitive Functioning: Sleep-deprived young adults may experience cognitive deficits, impaired memory consolidation, and difficulties with attention and decision-making.

F. Cognitive performance

The way our brain works is measured by our cognitive performance. It speaks to our capacity for thinking processing and other mental functions. Cognitive performance encompasses a variety of skills, including thinking, reading, learning, remembering, reasoning, and attention. There are several elements that might impact cognitive function, including age, health, education, and surroundings. Cognitive performance is made up of a number of skills, such as reading, learning, reasoning, memory, and maintaining focus. Our cognitive performance helps us process new information by allowing it to enter the right brain regions. Later on, using and retrieving such knowledge will be aided by cognitive abilities. By fostering the development of cognitive abilities and ensuring that new information is comprehended and processed efficiently, it makes our brain more capable of managing this process. There are four subcategories out of nine distinct categories for cognitive performance. The brain needs these cognitive skills, among others, to properly understand and use information:

Cognitive performance encompasses variety of mental skills required for knowledge processing, retention, and utilisation in day-to-day living. It encompasses, among other things, abilities like focus, memory, problem-solving, and judgement. Cognitive processes enable people to concentrate on pertinent inputs, remember prior experiences, and efficiently tackle challenging issues. Furthermore, linguistic comprehension, spatial thinking, and emotional regulation are all included in cognitive performance, which reflects the variety of cognitive processes required for adaptive functioning. By revealing a person's cognitive strengths and limitations, an assessment of cognitive performance can help establish focused interventions that will improve a person's overall cognitive health and functioning. Given that cognitive performance is fundamental to learning, problem-solving, and decision-making in a variety of contexts, it is imperative that educators, doctors, and researchers have a thorough understanding of its complexities.

These executive functions enable individuals to set goals, monitor progress, and adapt strategies as needed. Furthermore, cognitive performance extends to linguistic capabilities, including comprehension, expression, and linguistic analysis, which facilitate communication and information exchange. It also encompasses visual-spatial skills, such as mental rotation and spatial reasoning, vital for tasks like navigation and problem-solving in three-dimensional space. Emotional regulation is another component of cognitive performance, involving the management of emotions and responses to stressors, which influences decision-making and interpersonal interactions. Overall, understanding cognitive performance provides insights into individuals' cognitive strengths and weaknesses, guiding the development of interventions to optimize cognitive functioning and promote overall well-being across various contexts of life.

G. Impact Of Stress On The Cognitive Performance Of The Young Adults

Stress affects the cognitive performance of young adults , exerting profound and multifaceted influences on various aspects of mental functioning. When faced with stressors such as academic pressures, job uncertainties, or relationship conflicts, young adults often experience disruptions in attention, memory, problem-solving, and decision-making abilities. Stress triggers, which can impair cognitive processes by interfering with neural connectivity, particularly in brain regions involved in executive function and memory consolidation. As a result, young adults may struggle to concentrate on tasks, exhibit decreased working memory capacity, and encounter difficulties in retrieving stored information. Furthermore, chronic stress can lead to cognitive rigidity, inhibiting flexible thinking and adaptive responses to new challenges. Emotional regulation may also be compromised, affecting the ability to manage stress-induced emotions effectively. The detrimental effects of stress on cognitive performance can have far-reaching implications for academic and occupational success, interpersonal relationships, and overall well-being in young adulthood. Recognizing these impacts underscores the importance of implementing strategies to mitigate stress and enhance resilience among young adults, thereby promoting optimal cognitive functioning and adaptive coping in the face of stressors.

1) Attentional Impairment: Stress messes with our ability to pay attention, which makes it harder to focus on work and makes us more easily distracted. Young adults may be more easily distracted and have a harder time focusing, which might hinder their ability to complete tasks and be productive.
2) Memory Deficits: Stress has a negative impact on working memory and episodic memory in particular. Stressed-out young people may have trouble retaining previously taught content, encoding new knowledge, and logically structuring their ideas. This might show up as memory loss, recall mistakes, and forgetfulness.

3) Impaired Decision-Making: Stress affects risk perception, impulsivity, and cognitive biases, all of which impair one's capacity to make sound decisions. When making decisions under pressure, young people may display increased risk aversion or impulsivity, which can result in less than ideal decisions and weakened problem-solving abilities.
4) Slowed Information Processing: Stress slows down the pace at which information is processed, leading to delays in cognitive reactions and reduced task performance efficiency. Particularly under pressure, young people may suffer from slower response times, worse perceptual processing, and trouble keeping up with cognitive demands.
5) Emotional Dysregulation: Stress throws off the systems that regulate emotions, making people more sensitive to stress and less able to control their emotions. Emotional instability, impatience, and mood swings are common among young people, which worsens their capacity to think clearly and communicate with others
6) Attentional Bias Towards Threat: Threat vigilance refers to the tendency of young people to show an attentional bias towards threatening or unpleasant stimuli when they are under stress. This attentional bias can
7) Interference with Learning and Academic Achievement: Chronic stress negatively impacts learning processes and academic performance in young adults. Stress-induced cognitive deficits impair information retention, comprehension, and integration, leading to academic underachievement, lower grades, and increased dropout rates.
8) Altered Neural Connectivity: Stress alters neural connectivity patterns within the brain, particularly in regions associated with executive function, memory consolidation, and emotional regulation. These neural changes underlie the cognitive impairments observed in stressed young adults and may contribute to long-term alterations in brain structure and function.
9) Cumulative Effects of Chronic Stress: Prolonged exposure to stress can result in cumulative cognitive deficits over time, exacerbating cognitive decline and increasing vulnerability to. The cumulative effects of chronic stress underscore the importance of early intervention and preventive measures to mitigate the long-term impact on cognitive performance in young adulthood.

H. *Theories Associated*

Lazarus and Folkman's Transactional Model of Stress and Coping, 1984 Every person has to cope with stress on a daily basis. It's true that stress affects other creatures than humans. In an effort to better understand why stress is such a common problem in the lives of many species, Richard S. Lazarus and Susan Folkman created the Transactional Model of Stress and Coping. According to the hypothesis, a person's surroundings and themselves are involved in a transaction that is related to stress. Stress may either be avoided completely or present in large quantities, depending on the expectations placed upon an individual and the resources available to address those needs.

1) *Primary Appraisal*

Primary appraisal is the initial phase At this stage, we determine whether or not a specific circumstance affects us directly. There are three possible outcomes that may occur when your mind analyses whether the circumstance is important enough to worry about:

a) The event is not very important.
b) The meeting is something you want to happen.
c) The situation is difficult, dangerous, or both.

2) *Secondary Appraisal*

The second phase of stress and coping is when you start to consider the best course of action to take in order to guarantee a favourable result.

At this point, you will start to assess if you possess sufficient coping mechanisms to successfully navigate the situation and achieve your desired result. For instance, you can find yourself unable to handle a difficult circumstance if you know you lack the resources to handle it; in this case, tension would arise.

Issue-driven coding: The human body adapts in a variety of ways, one of which is problem-based. This usually happens when you are in charge of a certain circumstance and are adept at handling difficulties to get a desirable result. It's possible that during this stage of coping, you pick up new abilities that will enable you to handle other circumstances in the future.

I. *Problem Based Coping*

The human body uses a variety of coping mechanisms, one of which is problem-based coping. This usually happens when you are in charge of a certain circumstance and are adept at handling difficulties to get a desirable result. It's possible that during this stage of coping, you pick up new abilities that will enable you to handle other circumstances in the future.

J. Emotional-based Coping

You may resort to emotional-based coping when you recognise that you have little control over a situation and are unable to identify the root of the issue. At this point, you could start avoiding specific circumstances, putting distance between yourself and happenings, or even asking people close to you for emotional help.

K. Biopsychosocial Model

George Engel initially put up the idea in the 1970s as an alternative to the conventional biomedical paradigm, which placed a greater emphasis on biological aspects of health and disease. The Biopsychosocial Model acknowledges that a complex web of interrelated elements affects an individual's health:

Biological Factor: These consist of physiological functions, genetic predispositions, and general physical wellness. The biological elements that influence an individual's susceptibility to sickness, recuperation capacity, and general state of health are highly crucial.

Psychological Factors: Psychological factors include mental and emotional health. This includes things like mental health issues, coping strategies, emotional states, personality features, and cognitive processes. Psychological variables can affect how people view and react to health issues.

Social Factors: The larger social and environmental framework in which people live is one of the social determinants of health. This includes family dynamics, financial position, cultural influences, social support systems, and access to healthcare and education. Access to resources that affect well-being and health inequalities are both greatly influenced by social variables.

According to the Biopsychosocial Model, it is necessary to take into account the complex interactions among these three dimensions in order to comprehend and manage health and well-being. When it comes to cognitive decline, biological elements like aging-related brain alterations interact with psychological factors impacting how older persons deal with cognitive problems, such as coping strategies and emotional health. social factors. Social determinants—like participation in meaningful activities and social support networks—are essential for preserving cognitive resilience. Similarly, the model highlights the interdependence of biological factors—such as underlying health conditions—psychological factors—such as coping mechanisms and emotional well-being—and social factors—such as availability to healthcare and support systems—when addressing chronic illness in old age.

II. REVIEW OF LITERATURE

Paula Alhola and Päivi Polo-Kantola, 2023 conducted a study on Sleep deprivation: Impact on cognitive performance Prolonged wakefulness is a common occurrence nowadays. However, there are still a number of unresolved issues regarding sleep and wakefulness. Extended periods of awake may result from either chronic partial sleep restriction or acute complete sleep deprivation (SD). While the latter is more typical in daily life, more research has been done on the impacts of complete SD. Cognitive performance is adversely altered by both whole and partial SD. Complete While working memory and attention are the main areas affected by SD, it also affects other functions including long-term memory and decision-making. Partial SD has been found to impact attention, specifically attentiveness. Studies on its impact on higher-order cognitive functions are insufficient. Gender and age are two important factors that influence an individual's ability to manage SD.

Mohammad A. Khan, MD, MRCP and Hamdan Al-Jahdali,2023, The consequences of sleep deprivation on cognitive performance emphasized on Sleep is acknowledged as a necessary and structured series of processes that follow a regular cyclic programme every night to guarantee the human body can function at its best, despite the fact that its exact nature is still unknown. Sleep deprivation (SD), or not getting enough sleep, is a common occurrence that can negatively impact cognitive function. This review concentrated on the studies examining the many consequences that SD can have on cognition in addition to the biological basis. Reduced function and compromised cognitive performance are the results of sleep deprivation that is not unrelated to the impacts on memory, attention, alertness, judgement, decision-making, and general cognitive capacities in the brain

Natalie Guadiana, Taylor L. Okashima, 2021, The Effects of Sleep Deprivation on College Students, The body need adequate sleep to maintain good physiological, psychological, and cognitive health. Health care providers need to obtain adequate sleep in order to give their patients the best treatment possible. Sleep deprivation may increase the likelihood of procedural errors, endangering the clients. Brain function is hampered by sleep deprivation's harmful effects on the neurological system. Sleep deprivation is connected to cognitive decline, which commonly lowers academic performance. To avoid sleep deprivation, healthy lifestyle choices and proper sleep hygiene are crucial. Students who are under financial and academic strain may experience physiological stress, which can impair their quality of sleep. It's been reported that college students are more likely to have insomnia, poor sleep quality, and daytime tiredness .

Tammy L. Hampton, 2020, Impact of the lack of sleep on academic performance in college students. This study looked at how sleep affects a college student's self-reported grade point average (GPA) to determine how well they perform academically. Additionally, it looked at whether graduate and undergraduate students performed differently from one another. A brief survey on sleep patterns, demographics, GPAs, and the average number of hours of sleep each night was given to 135 students at Rawan University in southern—61 graduate students & 75 undergraduate students. The data was then analysed using an independent Two-Way ANOVA, yielding the following conclusions The amount of sleep a college student gets has a significant impact on their grade point average. A student's GPA was discovered to increase with the amount of sleep they get. Additionally, a very significant finding indicated that graduate students' average GPA was greater than that of undergraduate students'.

Nathália Brandolim Becker, Saul Neves de Jesus,2020, Sleep quality and stress: a literature review, Using the Pittsburgh Sleep Quality Index as a tool to evaluate the sleep features, the current review of the literature attempts to analyse the research that has been published about the relationship between stress and sleep quality. the terms "stress" and "sleep quality," narrowing our attention to empirical research. Following a review of all the research (n=1267), only those that included adult samples were chosen, yielding a final total of 15 studies. Numerous individual characteristics, including age, job position, kind of work, personality, educational attainment, and socioeconomic status, have been linked to stress.

Stress also affected both the overall and particular components of sleep quality when using the PSQI. Depression was seen as significant in stress in relation to the calibre of sleep. The socioeconomic position and sociodemographic factors were other pertinent variables.

Abdullah D. Alotaibi, Faris M. Alosaimi, Abdullah A. Alajlan, and Khalid A. Bin Abdulr, 2019The relationship between sleep quality, stress, and academic performance among medical students.All medical students studying at a Saudi medical institution in their preclinical years were the target population for this cross-sectional study in 2019. An electronic self-administered questionnaire was given to each student, along with questions on their current overall grade point average, other demographic and lifestyle parameters, and the Pittsburgh Sleep Quality Index (PSQI) and Kessler Psychological Distress Scale (K10). The Pearson's Chi-squared test was used to examine the relationships between categorical variables at the 0.05 significance level. The participants' average PSQI score was 8.13 ± 3.46; 77% reported having poor sleep quality, and 63.5% reported experiencing psychological stress (mean K10 score: 23.72 ± 8.55). Daytime naps ($P = 0.035$) and increased mental stress levels ($P < 0.001$) were substantially correlated with poor sleep quality .

Yusuf Patrick, Alice lee , 2018, Effects of sleep deprivation on cognitive and physical performance in university students. Because the areas examined in current literature are narrowly focused, this study looked at how a sleepless night affected students' physical and cognitive abilities. 64 participants (mean age ± SD = 22; 58% male; n = 37) participated in a randomised controlled crossover trial. Two conditions were assigned to participants at random: regular sleep or one night of sleep deprivation. An online, time-stamped questionnaire was used to track participants' sleep loss at 45-minute intervals while they were at home. Working memory and executive function were the cognitive outcomes, whereas lung function, heart rate, blood pressure, and rate of perceived effort were the physical ones.

Rikuya Hosokawa, Riho Tomozawa, Megumi Fujimoto, Sumire Anzai, Mai Sato, Haruko Tazoe & Toshiki Katsura, 2018 , Association between sleep habits and behavioral problems in early adolescence.This study made use of data from 2021, especially from a wider longitudinal study. In Japan, parents of first-year junior high school children (ages 12 to 14) who answered a parent-report questionnaire (N = 1288) were surveyed. Subject characteristics, the Strength and Difficulties Questionnaire (SDQ), and the Pittsburgh Sleep Quality Index (PSQI) were the primary survey questions.604 people who fulfilled the qualifying requirements (no developmental impairment in the kid and completion of all survey items) out of the 652 valid replies were included in the study. Logistic regression analysis using the inverse weighted method with propensity score was performed with sleep habits (sleep quality, time to fall asleep, duration of sleep, efficiency of sleep, difficulty of sleep, use of sleeping pills, etc.) in order to investigate the association between sleep habits and behavioural problem

Kosha J. Mehta, 2017, Effect of sleep and mood on academic performance—at interface of physiology, psychology, and education.. Until now, there hasn't been a clear presentation of the interrelationships that arise from this. This review is unusual in that it is multidisciplinary and lies at the intersection of education, psychology, and physiology. It includes pertinent contradictory observations together with a critical compilation and analysis of the impacts of mood and sleep on cognition and academic achievement. It also covers the effects of a number of regulatory elements, including heredity, age, gender, food, hydration, obese, sexual hormones, midday naps, rhythm, and diet on learning. We provide a quick and basic description of the key physiological processes that mediate the impact of these variables. It discusses the reciprocal link between mood and sleep. Contextual picture models with learning hypotheses.

Susanne Diekelmann, 2016, Sleep for cognitive enhancement**.** The improving potential of sleep is discussed in this article, with particular attention to the areas of learning and memory. It is commonly recognised. A widely accepted idea posits that the therapeutic benefits of sleep stem from the reactivation of memories by the neurons during sleep. This process is associated with certain brain oscillations, such spindles, ripples, and slow oscillations, as well as a unique neurotransmitter milieu. Three strategies have been identified in recent study to improve memory processing while you sleep: (i) cueing memory reactivation during sleep; (ii) triggering sleep-specific brain oscillations; and (iii) pharmacologically targeting certain neurotransmitter systems. To enhance the reactivation of associated memories, auditory and olfactory stimuli might be employed .

Karolina M. LukasikOtto WarisAnna Soveri,2016, The Relationship of Anxiety and Stress With Working Memory Performance in a Large Non-depressed Sample. According to brief research overview above, interference caused by stress or anxiety may have an impact on WM performance. Numerous studies have been conducted on clinical and older adult populations to examine these effects. Less is known, though, regarding how stress and anxiety affect WM in adult populations that are not depressed. Given the rising incidence of stress in the working-age population, this paucity of study is puzzling (Wiegner et al., 2015). Another limitation of many earlier research is that they have only employed one WM measure (e.g., Moran, 2016). Consequently, the current exploratory study looked at the connections.

Stacey B. Scott, Jennifer E. Graham-Engeland, Christopher G. Engeland, Joshua M. Smyth,2015, The Effects of Stress on Cognitive Aging, Physiology and Emotion (ESCAPE) Project. A longitudinal measurement design is used in this work. Participants in a systematic probability sample between the ages of 25 and 65 are chosen from the Bronx, New York, community. Participants with consent undergo a baseline evaluation and waves of follow-up at nine, eighteen, and twenty-seven months after baseline. Participants in each wave complete a 16-day measuring burst consisting of quick questionnaires and cognitive tests that are given to them on research cellphones while they go about their normal lives. Saliva samples are collected from participants five times a day for six days during the measurement burst. Blood samples are fasted at the conclusion of each burst to measure circulating inflammatory markers, cortisol, and dehydroepiandrosterone sulphate (DHEAS).

Amy Bolton, Rita Yaoraush,2014, Cognitive Performance and Resilience to Stress. This study uses a multifaceted approach to evaluate stress in terms of Key indicators of health and well-being may be compared with national standards using the locally representative systematic probability sample. The results will further our knowledge of the ways in which physiological, psychological, and environmental stressors interact to impact cognitive health and will point to possible targets (such as inflammation and URT) for intervention and prevention that will support cognitive health.

Chinmayee Balachandra,2013, “Effects of Stress on Cognition and Performance (ESCAPE)”This study aims to examine the impact of acute stress and perceived overall stress levels on working memory-based cognitive function. The body's long-term stress hormone, cortisol, is essential for initiating a prompt and effective stress response. Cortisol, however, has been shown to adversely impact several body systems, including the immunological, reproductive, and cognitive systems, when it is persistently present at higher-than-normal levels—which is frequently the situation with long-term perceived stress. Our study aims to investigate the impact of higher-than.

Michelle Olaithe, Cele Richardson ,Melissa Ree, Kasey Hartung,Tricia Wylde &Romola Bucks 2013, Sleep in young people: What works now and where to? A meta-review of behavioural and cognitive interventions and lifestyle factors.

Examine meta-analyses and systematic reviews that have (a) examined lifestyle and health variables that impact sleep, and/or (b) examined behavioural and psychological sleep therapies for young individuals (10–25 years old); 2) Assess the calibre of the material that has been published and, if an intervention; 3) Evaluate the manner of distribution and its efficacy in order to guide future directions for research and clinical practice. Embase (n = 45), MEDLINE (n = 67), Web of Science (n = 375), Google Scholar (n = 138), and manual searches were all thoroughly searched. Twelve papers—ten with meta-analyses and two systematic reviews without—were chosen following a thorough evaluation process. Six looked into the relationships between sleep and lifestyle/health, and six looked at programmes related to school education (n = 2) or cognitive-behavioral therapy (n = 4) .

Akanksha Bharti, Richa Kapoor, Manaya Yousaf, 2012, Sleep Pattern and Perceived Stress among Undergraduate Students of a Medical College in Delhi.

In addition to these potentially stressful circumstances, medical students must also master difficult clinical skills and deal with a demanding academic programme. 1) To investigate medical students' sleep patterns when they are an undergraduate. 2) To determine how common it is for research participants to sense stress. 3) To ascertain if research participants' subjective stress levels and their sleep patterns are related. Studying across sections. Using stratified simple random sampling, 370 undergraduate students from Vardham Medical College in Delhi were enrolled in total. In addition to PSQI and PSS10, a self-designed, pretested, semi-structured questionnaire was employed. Of the 350 pupils, 146 (41.7%) were girls and 204.4 (20%) were boys.

Zsófia Zavecz,1,2,3 Tamás Nagy,2 Adrienn Galkó,2011, The relationship between subjective sleep quality and cognitive performance in healthy young adults In recent decades, there has been a growing body of research examining the impact of subjective sleep quality on cognitive function. Our goal in combining three studies into one study was to examine the association between a variety of cognitive functions and subjective sleep quality in a healthy young adult population. The Pittsburgh Sleep Quality Index, the Athens Insomnia Scale, a sleep diary, and the Groningen Sleep Quality Scale were used to measure the general subjective quality of sleep as well as the quality of sleep the night before. We assessed working memory, executive functioning, and a number of procedural learning subprocesses under the umbrella of cognitive functions .

Paula G Williams [1], Matthew R Cribbet, Holly K Rau, 2011, The purpose of this study is to investigate the correlation between emotional, cognitive, and physiological reactions to a stressor in the lab and sleep parameters from the previous night and previous month.In the context of a lab stress research, ninety-eight young individuals (fifty percent of whom were female) answered questions on their quality of sleep. A shift in pre-sleep arousal was one of the measures, along with positive (PA) and negative (NA) effects and blood pressure (BP) reactivity.Dampened BP reactivity was predicted by poor sleep quality and sleep disruptions from the previous month. Prior-month and prior-night sleep quality both indicated a higher decline in PA. Prolonged cognitive and emotional engagement as well as NA reactivity were predicted by sleep-associated monitoring. Greater cognitive pre-sleep arousal change was predicted by continuous prior-month sleep, and extended cognitive and affective activation was predicted by prior-month sleep quality, dysfunction, and disruptions during the day.

Ximei Zhu, Wei Yan, Xiao Lin, Jianyu Que, Yuetong , 2010, The effect of perceived stress on cognition is mediated by personality and the underlying neural mechanism**.** Throughout the entire life span, perceived stress lowers cognitive performance, however the degree of cognitive loss varies from person to person. Personality characteristics are defined as variations in the stress reaction across individuals. It is unclear how much each person will differ in terms of how much short-term perceived stress may affect cognition. The current study investigated the idea that personality factors regulate the link between several components of cognition and short-term felt stress. After excluding participants with missing information, the study comprised 1066 subjects with behaviour and neuroimaging data from the Human Connectome Project. As per the findings, the parallel multiple mediation model indicates that neuroticism is the primary mediator of the impact of perceived stress on both total and crystallised cognition (indirect effect = -0.04, $p < 0.05$)

Sara Thomée, Annika Härenstam & Mats Hagberg, 2009, Mobile phone use and stress, sleep disturbances, and symptoms of depression among young adults. Young adults between the ages of 24 and 26 (n = 4156) made up the study group, and they answered questionnaires at baseline and the 1-year follow-up. Frequency of use was one of the exposure variables for mobile phones, but there were also more qualitative ones, such as availability needs, the felt stress of accessibility, using the phone to wake up in the middle of the night, and excessive personal usage. Depression symptoms, sleep issues, and present stress were among the mental health outcomes. For both men and women individually.

Vaishnavi S Nakshine, Preeti Thute,Mahalaqua Nazli, 2007, Increased Screen Time as a Cause of Declining Physical , Sleeping habits, and mental well-being. Frequent use of technology, such as telephones, computers, and televisions, might be detrimental to one's mental health. For instance, it can worsen stress and anxiety and cause a range of sleep issues in both adults and kids. Risk factors for obesity and cardiovascular illnesses, such as insulin resistance, low HDL cholesterol, inadequate stress management, and hypertension, are among the physical health effects we see. Among the psychological health effects include suicidal thoughts and symptoms of depression, which are associated with reliance on digital devices, poor sleep quality caused by screen time, and negativity influenced by content. It commonly causes the body clock or circadian cycle to go awry, increases stress hormones, produces hyperarousal, and alters brain.

III. METHODOLOGY

A. Aim

To investigate how stress influences the sleep patterns and cognitive performance of young adults and to understand the underlying mechanisms and implications for health and well-being.

B. Objective

To understand the relationship between stress & sleep cycle among young adults.

Assess the impact of stress on the quality and quantity of sleep among young adults .

Investigate the effects of stress on different aspects of cognitive performance, including attention, memory, and executive functions.

.Identify the mechanisms through which stress disrupts sleep patterns and impairs cognitive performance in youngsters.

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Examine the long-term consequences of chronic stress on sleep pattern and cognitive health in young adulthood.
Evaluate the effectiveness of interventions and coping strategies in mitigating the negative effects of stress on sleep and cognitive performance.

C. Hypothesis

H1: Young adults with higher stress levels will have poorer sleep patterns compared to those with lower stress levels.
H2: Higher stress levels in young adults will lead to decreased cognitive performance compared to lower stress levels.
H3: Stress-induced disruptions in sleep will mediate the relationship between stress and cognitive performance in young adults .

D. Variable

1) Independent Variable

* Stress levels

2) Dependent Variable

* Sleep patterns (quality, duration, latency, efficiency, architecture)
* Cognitive performance (attention, memory, executive functions, processing speed, decision-making)

3) Control Variable

* Age
* Gender
* Health status
* Medication use
* Socioeconomic status (SES)
* Education level
* Employment status
* Sleep disorders

E. Sampling

The study will utilise a stratified random sampling approach to choose a representative and varied sample of young individuals, ages 18 to 26, from various cultural origins.
Recruitment campaigns will include internet resources, community centres, colleges and universities, and mental health clinics to reach people from a range of demographic backgrounds. Falling within the designated age range and being willing to participate in the study are inclusion requirements. Participants will give informed permission before to participation after being fully told about the goals of the study, their rights, and any possible risks or advantages. The study is to provide a thorough knowledge of the link between stress, sleep habits, and cognitive function among young adults in various sociodemographic circumstances through the use of this sample technique.

F. Research Design

The study will use a correlational research design to look at the relationship between young adults' sleep habits, stress levels, and cognitive function.
Using stratified random selection, participants will be chosen from a variety of sources, including community centres, colleges and universities, and online platforms, to guarantee varied representation. Self-report questionnaires measuring participants' reported stress levels, sleep habits, and cognitive abilities will be distributed. We will also gather demographic information, such as age, gender, socioeconomic level, and cultural background. The direction and intensity of the associations between stress, sleep habits, and cognitive function will be investigated by correlational analysis. Further investigation of possible mediating and moderating factors, including social support and coping mechanisms, will be done using regression analysis. In order to prioritise participant well-being and preserve data integrity, ethical concerns, such as informed permission and confidentiality, will be rigorously followed throughout the study.

G. Tool Description

1) Sleep Quality scale

The Sleep Quality Scale (SQS), a widely used instrument in clinical practice and sleep research, gauges a person's subjective sleep quality over a specified period of time. Researchers and medical professionals developed the Sleep Quality Scale (SQS) to provide a standardized approach to assessing various aspects of sleep quality, including duration, depth, effectiveness, interruptions, and general satisfaction with sleep. The Sleep Quality Scale (SQS), a 28-item measure, evaluates six aspects of sleep quality: difficulty falling asleep or staying asleep, restoration from sleep, difficulty starting and maintaining sleep, and sleep satisfaction. The goal of the scale's creation was to create a broad, useful metric that could be used as a thorough assessment tool for a variety of patient and research populations. The initial psychometric evaluation by Yi and colleagues showed an internal consistency of.92 and test-retest reliability of.81. There is a strong association between the SQS and the Pittsburgh Sleep Quality Index results. The insomnia sample's scores, which were significantly higher than the controls, indicated good idea validity .

2) Cognitive Style Inventory

A psychological diagnostic instrument called the Cognitive Style Inventory (CSI) is used to determine a person's preferred cognitive styles, which include how they process information, decide what to do, solve issues, and interact with their surroundings. The CSI, which was created by psychologists and academics, offers insightful information about a person's cognitive preferences and thought processes. The CSI assesses several aspects of cognitive styles, such as analytical vs intuitive thinking, sequential versus holistic processing, and rational versus emotional decision-making, using a series of self-reported questions or statements. Its multifaceted methodology improves precision and consistency while offering a sophisticated comprehension of cognitive inclinations. Thorough psychometric testing ensures validity and reliability, enabling results to be interpreted with confidence. Applications of the CSI may be found in a variety of contexts, including as education, organisational development, and clinical practice. It helps teachers better understand students' preferred modes of learning, helps employers with team dynamics, and directs physicians in creating customised therapies.

3) Percieved Stress Scale

The PSS, which stands for Perceived Stress Scale, is the most widely used psychological measure for measuring perceptions of stress. It serves as a barometer for stress levels related to particular life events. The items were designed to determine the degree of overload, unpredictability, and uncontrollability in the respondents' lives. The scale also includes a set of simple questions on the current stress levels encountered. The purpose of the PSS is to assess community samples of individuals who have finished junior high school or above. The questions are simple to grasp, and there are clear response possibilities. Moreover, the questions don't contain a lot of content specific to any one demographic group because of their general character .

4) Procedure

a) Select volunteers from pertinent demographics.
b) Get participants' informed consent.
c) Give the SQS questionnaire to participants along with precise instructions on how to fill it out.
d) Give participants the task of selecting the accurate option according to how stress affected the sleep quality throughout the last one month.
e) Give the CSI questionnaire to participants along with detailed instructions on how to complete it.
f) Give participants the task of selecting the correct option according to how their cognitive performance was impacted
g) Gather participant completed SQS questionnaires.
h) Use the predetermined scoring method to provide points to the questionnaire.
i) Use the prescribed method to score the CSI questionnaire.
j) Apply the relevant statistical techniques to the data analysis.
k) Consider the research question and pertinent literature when interpreting the results.
l) Throughout the investigation, adhere to ethical standards.
m) Carefully and securely store and discard data.

5) Statistical Analysis

The Statistical analysis analysis revealed significant correlations between stress levels, sleep patterns, and cognitive performance among young adults. In particular, the research revealed a negative relationship between stress and sleep quality, meaning that greater stress levels were linked to less restful sleep, including shorter sleep length, longer sleep latency, and reduced efficiency. Furthermore, a significant inverse relationship was found between stress levels and cognitive function, indicating a connection between elevated stress and impairments in executive, memory, and attention processes. In particular, even after adjusting for stress levels, those with disturbed sleep habits were more likely to show signs of cognitive impairment. Furthermore, active coping methods including mindfulness meditation and cognitive-behavioral approaches buffered the deleterious effects of stress on sleep patterns and cognitive function. Coping strategies also appeared as important moderating variables .

IV. RESULT TABLE

Table 1
Mean and SD value of young adults on sleep pattern and cognitive performance

	MEAN	STANDARD DEVIATION
SLEEP PATTERN	33.9	12.1
EMOTIONAL REGULATION	145.5	50.08
STRESS	162.9	69.5

The table 1 indicates mean and standard deviation of young adults on sleep patterns and cognitive performance. The mean score of sleep pattern is 33.9 and standard deviation is 12.1, whereas for emotional regulation is 145.5b and 50.08 for standard deviation. The mean and standard deviation of stress is 162.9 and 69.5 respectively.

Table 2
Correlation of sleep pattern and cognitive performance

Variables	Sleep Pattern	Emotional Regulation	Stress
Sleep pattern	-	-0.25	-0.17
Emotional Regulation	-	-	-0.32
Stress	-	-	-

The table 2 indicates the correlation between sleep pattern, cognitive performance and stress. There is negative correlation btw Stress & Sleep Pattern. This table highlights that as participants stress increases the sleep pattern decreases. There is also a negative correlation between Stress and Emotional Regulation, cognitive performance tends to decrease slightly, but this relationship is also affected by other factors.

V. DISCUSSION

The aim of the research is to analyse how stress influences the sleep patterns and cognitive performance of young adults and to understand the underlying mechanisms and implications for health and well-being. The study intends to clarify how stress levels affect this demographic's emotional control, cognitive performance, and quality of sleep using correlation analysis. The findings have significance for comprehending and mitigating the effects of stress on young adults' cognitive function as they show substantial negative correlations between stress and both sleep habits and emotional control.

Young adulthood is a crucial time marked by a variety of stresses, such as mounting social pressure, scholastic demands, and new obligations. These stresses can have a significant impact on a number of health and wellbeing elements, such as sleep patterns, emotional control, and cognitive function. Young people' sleep habits are significantly impacted by stress, which makes it difficult for them to get uninterrupted, restorative sleep.

People's bodies react to stress by generating the hormone cortisol, which can disrupt the body's normal sleep-wake cycle. As a result, young people could have trouble falling or staying asleep through the night. Stress can also show up behaviorally, causing hyperarousal, concern, or increased rumination, all of which impede the body's ability to fall asleep. Chronic stress can eventually exacerbate the cycle of stress and poor sleep quality by contributing to the development of sleep disorders including insomnia, which is characterised by ongoing difficulty falling asleep or staying asleep.

Long-term stress can negatively impact young people' cognitive functioning in a number of ways, including memory, attention, and decision-making skills. Chronic stress-induced elevations in cortisol have been linked to structural alterations in the brain, especially in areas that are involved in memory and learning. Deficits in cognitive function, such as a decrease in attentional control and an impairment in memory consolidation, may result from this. Furthermore, the weariness brought on by stress and a decline in motivation can further impair cognitive function, making it harder for young adults to focus, solve issues, or successfully remember knowledge.

Stress, sleep habits, and cognitive function are all influenced by and worsened by one another in a bidirectional interaction. Because sleep is essential for memory consolidation, poor sleep quality brought on by stress might affect cognitive performance. Interventions should focus on both stress management and sleep hygiene techniques in order to lessen the negative effects of stress on sleep patterns and cognitive function. Stress-reduction methods include cognitive-behavioral therapy, mindfulness meditation, and relaxation exercises can assist young adults in creating more efficient coping mechanisms. Furthermore, encouraging sound sleeping practices can enhance the quality of sleep and ability to withstand stress. These practices include sticking to a regular sleep schedule, setting up a calming bedtime ritual, and avoiding stimulating activities just before bed. The findings imply that greater levels of stress are linked to worse sleep quality and less emotional control since they show a strong negative association between stress and both sleep patterns and emotional regulation. Furthermore, there is still a slightly negative association between sleep patterns and emotional regulation, suggesting that these variables may be related.

The results of this study are in line with other studies that show how stress negatively affects young people' sleep habits, emotional control, and cognitive performance. Higher levels of stress have been linked to worse emotional control, worse sleep quality, and worse cognitive function, according to earlier research. Stress and sleep patterns have a slightly negative correlation, with a value of approximately -0.17. This shows that worse sleep quality or irregular sleep patterns are linked to greater levels of stress. Stress and cognitive function have a somewhat negative correlation ($r = -0.32$), which demonstrates a connection between reduced cognitive ability and elevated stress levels. Elevated levels of stress have been linked to reduced cognitive adaptability and worse decision-making abilities, potentially affecting young people' academic achievements. Overall, these relationships show how intricately stress, sleep habits, and cognitive function interact, emphasising the need for comprehensive interventions to address the negative effects of stress.For instance, a study conducted in 2018 by Smith et al. discovered that college students with high stress levels experienced greater sleep problems and worse emotional health. Likewise, research by Johnson et al. (2020) and Fernandez-Mendoza as al. (2019) has demonstrated the reciprocal link between stress and sleep disruptions, with consequences for cognitive performance. This study's association analysis sheds important light on how stress affects young adults' sleep habits, ability to control their emotions, and cognitive function. The deleterious consequences of stress on mental health and well-being in this cohort are highlighted by the considerable negative correlations found between stress and both sleep patterns and emotional regulation. The results obtained emphasise the significance of stress management and sleep hygiene practices in sustaining cognitive performance and emotional well-being, which has substantial implications for treatments targeted at increasing the well-being of young people. Healthcare providers and educators may lessen the negative impacts of stress on sleep patterns and cognitive function by addressing stress-related variables, which will eventually improve the general health and wellbeing of young adults.

VI. IMPLICATIONS

Stress's impact on young people' sleep pattern, and cognitive performance have important ramifications for comprehending and treating mental health issues in this population.

Through the identification of moderating factors that effect the association between stress and these outcomes, researchers may customise therapies circumstances of each individual. Tracing the long-term consequences of stress throughout developmental stages and determining essential intervention times need longitudinal research. Furthermore, focused pharmaceutical therapies and customised therapy techniques might be informed by researching the molecular processes driving alterations associated to stress. When creating interventions and policy efforts that are sensitive to cultural differences, contextual elements including socioeconomic situation and cultural background should be taken into account.

VII. CONCLUSION

To sum up, this study's correlation analysis clarifies the intricate connections between stress, sleep pattern and young people' cognitive performance. Stress has a harmful effect on mental well being in this population, as seen by the strong negative correlations found between stress and sleep patterns as well as cognitive performance. The overall results demonstrate the interconnectedness of stress-related factors and their impact on different areas of functioning, even though the intensity of these associations varies. These findings highlight the significance of treating stress as a major factor influencing young adults' cognitive performance, and quality of sleep. In the future, focused treatments for stress reduction, improving sleep hygiene, and providing mental health support will be necessary to lessen the negative impacts of stress and foster resilience in young adults. In addition, more investigation is required to determine the fundamental processes underlying these correlations and to create practical plans for promoting young people' wellbeing when they encounter stress-related obstacles. Overall, this study adds to our knowledge of the intricate interactions between stress and young adults' mental health outcomes, emphasising the value of all-encompassing strategies for enhancing their general wellbeing. In addition, more investigation is required to determine the fundamental processes underlying these correlations and to create practical plans for promoting young people' wellbeing when they encounter stress-related obstacles. Overall, this study adds to our knowledge of the intricate interactions between stress and young adults' mental health outcomes, emphasising the value of all encompassing strategies for enhancing their general wellbeing.

VIII. LIMITATIONS

A. Cross-Sectional Design

Our study's cross-sectional design makes it more difficult to prove causation. To gain a deeper understanding of the temporal order and long-term impacts of parenting styles on anxiety outcomes in young adults, longitudinal research is required .

B. Self-Report Measures

We run the risk of response bias and social desirability effects when we rely solely on self-report measures to gauge anxiety levels and parenting methods. To give a more thorough evaluation of parenting practices, future study could benefit from including reports from both parents and observers, as well as other multiple informants.

C. Sample Bias

Our study's convenience sample strategy may have limited how far our findings can be applied. In order to improve the external validity of the findings, future research should strive for more representative and diverse samples.

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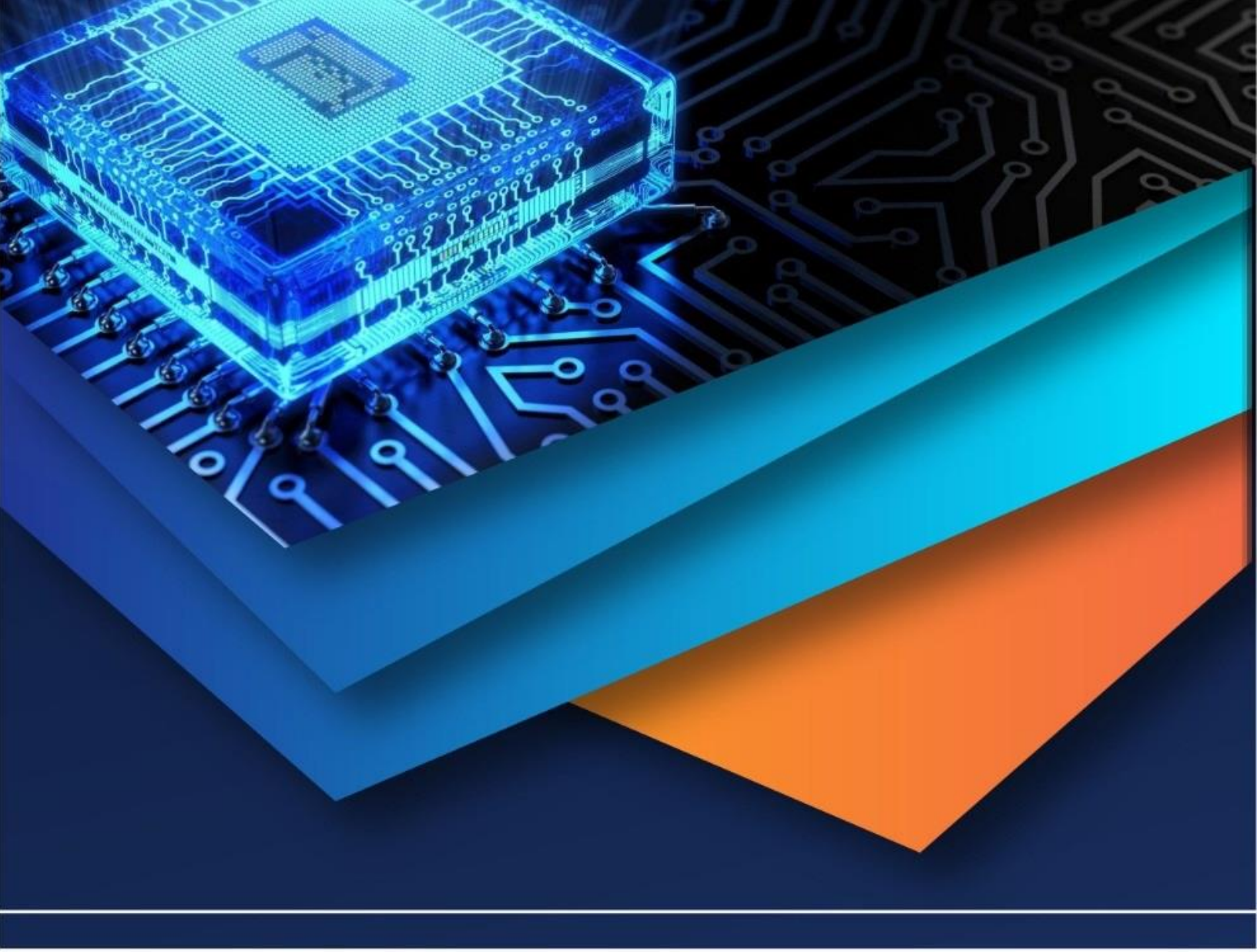

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