

Coping Strategies Among Baccalaureate Nursing Students: A Narrative Review of Academic, Clinical, and Personal Stressors

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Abstract

This article aims to review existing empirical literature on coping strategies among baccalaureate nursing students, examining the sources of stress they encounter and the adaptive and maladaptive mechanisms they employ. Baccalaureate nursing students encounter a particularly demanding academic environment characterised by rigorous theoretical coursework and emotionally and physically intensive clinical placements. Drawing on a systematic search of peer-reviewed literature published between 2012 and 2023, this paper examines the characteristics and causes of stress among nursing students, the variety of coping mechanisms they employ, including problem-focused, emotion-focused, and avoidance-based coping and the factors that contribute to effective coping outcomes. Findings indicate that adaptive coping strategies such as social support, mindfulness, time management, and peer collaboration are most strongly associated with positive academic and psychological outcomes. Maladaptive coping strategies, including social withdrawal, substance use, and academic avoidance, are associated with poorer psychological health and increased risk of dropout. The paper concludes by discussing implications for nursing educators, program administrators, and student support services, recommending the introduction of structured mental health and resilience training, normalisation of help-seeking behaviours, and establishment of supportive peer communities. Preparing nursing students with robust coping resources is critical not only for their personal well-being but also for sustaining the quality and resilience of the future nursing workforce.

Keywords: Academic stress, baccalaureate nursing, coping strategies, mental health, resilience.

INTRODUCTION

Nursing education is widely recognised as one of the most demanding programs in the health professions, with studies consistently documenting high levels of stress, anxiety, and burnout among nursing students globally (Pulido-Martos et al., 2012; Reeve et al., 2023). Baccalaureate nursing students must simultaneously develop clinical competencies, professional identity, and a comprehensive theoretical knowledge base, all while navigating the personal challenges of early adulthood. These combined demands create a high-stress environment that, without adequate coping resources, can have serious consequences for students' mental health, academic performance, and long-term career trajectories.

Research consistently shows that nursing students experience significantly higher rates of anxiety, depression, and burnout compared to students in other disciplines. For instance, Reeve et al. (2013) reported that approximately (41%) of undergraduate nursing students scored above clinical thresholds for psychological distress, while Pulido-Martos et al. (2022) found that over half of nursing students reported moderate to high levels of academic-related stress. Sources of stress are multifaceted, encompassing academic pressures such as heavy workload and high-stakes examinations, clinical stressors such as fear of error and exposure to patient suffering, and personal stressors including financial hardship and social isolation (Labrague et al., 2017). When left unaddressed, chronic stress in this population is associated with poor academic outcomes, psychological distress, and premature departure from the profession.

Coping is broadly defined as the cognitive and behavioural efforts an individual employs to manage demands that they perceive to exceed their personal resources (Lazarus & Folkman, 2024) is central to how nursing students respond to these stressors. The nature of students' coping responses influences not only their immediate well-being but also the kind of professionals they will become after graduation. Baccalaureate programs are particularly critical for coping skill development because they represent the foundational stage of professional identity formation; the patterns established during this training often persist into professional practice. Nursing

professionals who develop adaptive coping strategies during training demonstrate greater resilience in clinical practice and are less vulnerable to burnout, compassion fatigue, or early career exit (Hegney et al., 2025). Despite this, most baccalaureate programs do not formally incorporate coping skill development into their curricula, leaving students to acquire these skills informally and inconsistently (Yildirim & Hacıhasanoğlu Asilar, 2021).

This paper presents a narrative review of the literature on coping among baccalaureate nursing students. Sources were identified through searches of electronic databases including PubMed, CINAHL, and PsycINFO, using terms such as "nursing students," "coping," "stress," and "baccalaureate." Peer-reviewed studies published between 2012 and 2023 were prioritised, with foundational theoretical works included regardless of date. The paper is structured to first contextualise the stress experience in nursing education, then review coping theory, discuss the most commonly identified coping strategies among this population, examine influencing factors, and offer recommendations for educators and institutions. By synthesising and critically evaluating this body of evidence, this review aims to contribute a practice-relevant analysis that extends beyond description to highlight gaps, inconsistencies, and actionable implications for nursing education.

LITERATURE REVIEW

The study of stress and coping among nursing students has accumulated a substantial body of literature over the past three decades. The foundational theoretical framework derives from the transactional model of Elshaer et al. (2023), which posits that stress arises not from objective external events but from an individual's appraisal of those events as threatening or exceeding their resources. Coping responses within this framework are categorised into problem-focused strategies aimed at addressing the source of stress and emotion-focused strategies, which seek to manage emotional responses to stressors. This model remains the dominant theoretical lens in nursing student coping research, though subsequent scholars have refined and extended it in important ways.

Carver and Scheier (2024) identified a third coping category: avoidance-based coping, involving behavioural or cognitive disengagement from the stressor. While avoidance may offer temporary relief, longitudinal evidence consistently links it to poorer psychological outcomes, particularly in high-demand academic contexts (Folkman & Moskowitz, 2024). Importantly, studies vary in how they operationalise and measure these coping categories, complicating direct comparisons. Some studies rely on self-report instruments such as the COPE inventory (Carver et al., 2019), while others use the Ways of Coping Questionnaire, leading to inconsistencies in findings across the literature.

Several key empirical studies have shaped the current understanding of coping in nursing students. Tully (2024) conducted a systematic review of stressors and coping among pre-registration nursing students in the United Kingdom, identifying clinical placement demands and academic workload as the most frequently cited stressors, with social support seeking, humour, physical activity, and problem-solving as primary coping responses. A cross-national study by Labrague et al. (2017), surveying nursing students across multiple countries, found that problem-focused coping was positively associated with academic success and lower anxiety. Notably, however, this study relied on convenience sampling and did not control for cultural or institutional differences, limiting the generalizability of its findings.

More recent scholarship has expanded the theoretical landscape by examining resilience as a mediating construct between stressors and coping outcomes. Resilience, defined as the capacity to adapt constructively under adversity, has been linked to greater use of adaptive coping strategies and lower rates of depression and burnout among nursing students (McDonald et al., 2022; Hart et al., 2024). While early resilience studies (e.g., McDonald et al., 2022) were limited by small samples and single-site designs, more recent integrative reviews have strengthened the evidence base for resilience-building interventions in nursing programs.

Demographic and contextual variables also emerge as significant moderators in the literature. Female students, who constitute the majority of

baccalaureate nursing cohorts, tend to report higher levels of academic stress but also more frequent use of social support as a coping strategy compared to male peers (Lo, 2022). First-year students are particularly vulnerable to maladaptive coping during the transition from secondary education to professional training (Evans & Kelly, 2024). Taken together, these findings underscore the multidimensional nature of coping in nursing students and highlight the need for interventions that are sensitive to both individual differences and the broader educational context.

Sources of Stress in Baccalaureate Nursing Education

A comprehensive understanding of coping necessitates first examining the stressors that nursing students face. Among baccalaureate nursing students, stress originates from three primary domains: academic challenges, clinical placement experiences, and personal and environmental factors. Each of these stressor domains is linked to distinct coping demands, as discussed in the sections that follow.

Academic Stressors

The academic component of baccalaureate nursing programs is high-volume, high-complexity, and high-stakes. Students are required to master content across disciplines, including anatomy, physiology, pharmacology, pathophysiology, and social sciences, while simultaneously developing written and reflective skills. Examinations are frequent and carry significant weight in determining program progression. Research has identified examination preparation, managing competing academic demands, and fear of academic failure as among the most potent contributors to academic stress in this group (Jimenez et al., 2020). Time pressure represents another significant source of stress; many students report difficulty balancing study commitments with clinical hours, part-time employment, and family responsibilities. Sleep deprivation, often a consequence of time scarcity, has been shown to impair cognitive performance and emotional regulation, thereby intensifying perceived stress (Beiter et al., 2025). These academic stressors predominantly trigger problem-focused coping responses such as time management, seeking academic assistance, and goal-setting, though students who feel overwhelmed may shift toward avoidance-based strategies.

Clinical Placement Stressors

Clinical placements represent a uniquely potent stressor for nursing students. The clinical environment introduces demands that differ fundamentally from classroom learning, including direct patient responsibility, the need to translate theoretical knowledge into practice, and exposure to human suffering, death, and ethical complexity. Students frequently report anxiety related to clinical errors, fear of evaluation by clinical supervisors and staff nurses, and uncertainty about professional role expectations (Blomberg et al., 2024). The emotional labour inherent in clinical nursing, the management and regulation of personal emotional states to maintain professional composure, can rapidly deplete coping resources and predispose students to emotional burnout. Prymachuk and Richards (2022) found that perceived support from clinical mentors was significantly associated with lower student stress levels and improved coping outcomes, underscoring the pivotal role of supervisory relationships in mediating clinical stress.

Personal and Environmental Stressors

Beyond academic and clinical demands, baccalaureate nursing students encounter a range of personal and environmental stressors that intersect with their educational experience. Financial pressures are among the most commonly reported concerns, particularly among mature-age students and those from lower socioeconomic backgrounds. Inadequate access to housing, transportation, nutritious food, and recreational resources further depletes students' coping reserves. Social isolation, whether arising from demanding study schedules or geographic relocation to attend university, represents another critical stressor, given that perceived social support is among the strongest predictors of effective coping (Zhang et al., 2023).

Coping Strategies Among Baccalaureate Nursing Students

Research reveals that baccalaureate nursing students employ a wide spectrum of coping strategies, ranging from highly adaptive responses that promote well-being and academic success to maladaptive patterns that offer short-term relief at the cost of longer-term health and performance. These strategies can be understood within the transactional model of Lazarus

and Folkman (2024), with problem-focused strategies addressing stressor sources, emotion-focused strategies managing affective responses, and avoidance strategies representing disengagement—often with adverse outcomes.

Adaptive Coping Strategies

Social support seeking is consistently identified as one of the most effective coping strategies among nursing students. It may take multiple forms: emotional support from family and friends, informational guidance from faculty and clinical mentors, and appraisal support from peers who share similar experiences. Peer support, in particular, has been found to be especially salient for nursing students, as classmates are well-positioned to validate shared experiences and offer practical study assistance (Labrague et al., 2018). Programs that incorporate peer mentoring schemes and structured study groups have reported lower student attrition rates and improved mental health outcomes.

Problem-focused coping encompassing time management, goal-setting, seeking academic assistance, and structured planning is associated with positive outcomes in numerous studies. Students who reframe stressors as problems to be solved rather than threats tend to demonstrate greater academic persistence and reduced anxiety (Li et al., 2023). Time management, in particular, has been identified as a critical moderator of the workload-stress relationship; students who employ structured study schedules report lower levels of perceived overwhelm (Beiter et al., 2025).

Mindfulness-based coping has attracted growing empirical attention. Defined as intentional, non-judgmental attention to present-moment experience, mindfulness has been associated with reductions in anxiety, depression, and burnout in this demographic. In a randomised controlled trial, Galante et al. (2018) found that mindfulness training significantly reduced psychological distress and enhanced coping self-efficacy in undergraduate students, with effects sustained at six-month follow-up. Mindfulness-based interventions, including brief structured practices and digital meditation tools, have been successfully integrated into nursing curricula as components of reflective practice.

Physical activity and exercise represent another cluster of adaptive coping mechanisms. Regular exercise has been linked to reduced cortisol levels, improved mood, and enhanced cognitive function, all of which support effective stress management. Despite this, many nursing students report insufficient physical activity, citing time constraints and fatigue as barriers (Melnyk et al., 2020), highlighting an opportunity for programs to integrate physical wellness into student support initiatives.

Reflective practice, journaling, and expressive writing also constitute adaptive coping strategies particularly relevant to nursing education. Reflective writing is already embedded in many nursing curricula as a pedagogical tool, and there is evidence that it serves a dual function: promoting professional learning while also offering an emotional outlet for processing challenging clinical encounters (Bolton, 2020). Students who engage in regular reflective practice report enhanced self-awareness and improved capacity for emotional regulation.

Maladaptive Coping Strategies

Substance use, including alcohol consumption and recreational drug use, has been documented as a coping strategy among some nursing students, though prevalence varies across cultural contexts and study populations. Bogossian et al. (2022) found that a substantial proportion of Australian nursing students used alcohol to decompress following stressful clinical placements, with some meeting criteria for problematic drinking. These findings are particularly concerning given the implications of substance use for clinical competence and professional judgment.

Rumination, the repetitive, passive focus on negative thoughts and feelings, represents another maladaptive coping pattern linked to elevated depression and anxiety among nursing students. Ruminative thinking impedes problem resolution and perpetuates emotional distress, constituting a significant risk factor for clinical depression and burnout (Kim et al., 2022). Cognitive reappraisal and thought-challenging interventions, including those derived from cognitive behavioural therapy, have demonstrated efficacy in reducing rumination and improving coping outcomes.

Factors Influencing Coping Effectiveness

The effectiveness of coping strategies is not uniform across students or contexts. A range of individual, social, and institutional factors shapes the degree to which nursing students are able to manage program demands effectively. Critically, these factors do not operate in isolation; individual characteristics interact with institutional environments in ways that can either amplify or buffer the impact of stress on coping outcomes.

Individual Factor

Personal traits such as self-efficacy, emotional intelligence, and personality characteristics are significant determinants of coping responses. Students with high self-efficacy, a strong belief in their capacity to perform required tasks, are more likely to employ problem-focused coping and persist through academic and clinical adversity (Bandura, 1997). Emotional intelligence, encompassing the ability to recognise, understand, and regulate both personal and others' emotions, has been associated with greater use of adaptive coping strategies and improved psychological functioning among nursing students (Beauvais et al., 2011). Personality traits, particularly conscientiousness and neuroticism, further moderate coping behaviour: highly conscientious students tend toward structured, problem-oriented approaches, while highly neurotic students are more prone to rumination and avoidance.

Prior mental health history represents another significant individual factor. Students who enter baccalaureate nursing programs with pre-existing anxiety or depression are at elevated risk of stress-related complications and may require additional support in developing adaptive coping skills. Research by Abaribe et al. (2025) suggests that early identification and intervention for mental health concerns, ideally during program orientation, can substantially mitigate the risk of negative academic and psychological outcomes. This underscores the importance of the interaction between individual vulnerability and institutional responsiveness: early-stage screening and targeted support can buffer the effects of pre-existing conditions when institutional structures are in place to facilitate them.

Social and Institutional Factors

The social and institutional context significantly shapes students' coping capacity. Faculty support, characterised by accessible, empathic, and approachable educators who acknowledge the demands of nursing training functions, is a powerful buffer against stress and a facilitator of adaptive coping. Students who perceive their faculty as supportive are more likely to seek help when distressed, engage in reflective practice, and persist through academic difficulties (Elshaer et al., 2023).

Institutional policies and resource availability also influence coping outcomes. Universities and nursing programs that provide accessible mental health services, peer mentoring programs, flexible assessment structures, and clear communication of academic expectations create environments conducive to adaptive coping. Conversely, programs characterised by poor communication, punitive assessment practices, and inadequate student support may inadvertently promote maladaptive coping (Labrague et al., 2017). The interaction between individual coping dispositions and institutional quality is especially significant for first-year students and those from disadvantaged backgrounds, for whom institutional support may serve as a critical compensatory resource.

Cultural factors also warrant consideration. Healthcare cultures, including nursing, often valorise stoicism and self-reliance, framing requests for help as signs of professional weakness. Such norms may discourage students, particularly male students and those from cultural backgrounds that stigmatise emotional expression, from accessing available support services or acknowledging their own need for coping assistance (Alsubaie et al., 2022).

Discussion

Several overarching themes emerge from this review with important implications for nursing education policy and practice.

First, regarding the primacy of social support: social support in its various forms, peer, faculty, and familial, emerges as the most consistently identified adaptive coping resource across studies and cultural contexts. The implication for program design is direct:

formalised peer connection, mentoring schemes, and community-building activities should be treated as core educational objectives rather than peripheral extracurricular activities.

Second, regarding the visibility of maladaptive coping: the distinction between adaptive and maladaptive coping is not self-evident to students. Many maladaptive patterns documented in the literature, such as avoidance, social withdrawal, and alcohol use, are culturally normalised, and students may not recognise them as problematic. This makes psychoeducational components essential within nursing curricula: students need explicit instruction in what constitutes healthy versus unhealthy coping, how to assess their own patterns, and how to expand their repertoire of adaptive strategies.

Third, regarding the integration of formal well-being practices: the evidence strongly supports the integration of mindfulness, reflective practice, and resilience-building into formal nursing training. These approaches address student well-being and simultaneously cultivate professional competencies, including emotional presence, regulation, and recovery from traumatic clinical exposure that nursing students will be expected to demonstrate in practice. Investment in these capacities represents a long-term investment in nursing workforce sustainability.

Fourth, regarding structural and systemic responsibilities: while individual coping strategies are important, they cannot compensate for poorly resourced, poorly led, or student-welfare-indifferent programs. Overemphasising individual coping development risks implicitly placing the burden of stress management on students, while absolving institutions of their role in creating highly stressful conditions. A more equitable and effective approach would couple personal coping development with structural reforms targeting workload management, assessment practices, mentorship quality, and institutional mental health culture.

CONCLUSION AND RECOMMENDATIONS

Conclusion: Coping skills represent one of the most critical yet underaddressed dimensions of baccalaureate nursing education. As this review has illustrated, nursing students navigate a complex

cluster of academic, clinical, and personal stressors that tax their psychological resources throughout their training. How students respond to these stressors has profound implications for their immediate well-being and long-term professional performance and resilience. The evidence strongly supports the value of adaptive coping strategies—social support, problem-focused approaches, mindfulness, physical exercise, and reflective practice—while highlighting the risks associated with avoidance, substance use, and rumination. Crucially, coping effectiveness is shaped by a constellation of individual and contextual factors that nursing programs are both positioned and obligated to address.

Recommendations: Based on the evidence reviewed, the following recommendations are offered to nursing educators and program administrators. First, coping skills education should be formally embedded in baccalaureate nursing programs from the first semester, incorporating psychoeducation on stress and coping, skills training in time management and mindfulness, and facilitated personal reflection. This recommendation is supported by evidence that early psychoeducational intervention reduces maladaptive coping and improves long-term academic outcomes (Elshaer et al., 2023). Second, programs should establish structured peer support systems, including mentoring pairs and facilitated peer groups, to harness the well-documented protective effects of social connectedness. Given that peer support is the most consistently identified adaptive coping resource in this literature, Alharbi, R., et al. (2023), this intervention has particularly strong empirical backing. Third, mental health help-seeking should be actively encouraged and destigmatised, with targeted outreach to students from cultural backgrounds that discourage emotional expression. Fourth, clinical

educators and mentors should be trained to recognise signs of maladaptive coping and respond in an empathetic and practically supportive manner.

The nursing profession globally faces a workforce crisis driven in part by burnout, mental health challenges, and high attrition. Investing in the coping capacities of baccalaureate nursing students represents a meaningful and early response to this crisis, one that will yield returns in the form of healthier, more resilient, and more committed professionals. The current generation of nursing students is the future of the healthcare workforce, and equipping them with robust coping skills is both an institutional responsibility and a strategic imperative.

Limitations

This article is based on a narrative rather than a systematic review or meta-analysis, which limits the methodological rigour of its conclusions. Sources were identified through database searches and supplemented by reference list scanning; however, the absence of a formal PRISMA protocol means that selection bias cannot be excluded. The reviewed studies employ varied sample sizes, geographical contexts, and measurement instruments, making direct comparisons difficult. Many individual studies also rely on self-report measures, which are subject to social desirability bias, particularly in a professional training context where students may underreport maladaptive behaviours. Future research should prioritise standardised measurement of coping outcomes across diverse baccalaureate nursing populations and longitudinal designs capable of tracking coping skill development across the full duration of nursing programs.

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