

The effectiveness of coping innovation interventions, reframing, and sleep hygiene in the adolescent aggregate of MTs Antasari Samarinda

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ABSTRACT (10 PT)

Adolescents are a vulnerable age group that often experience various mental health problems, such as stress, bullying, and sleep pattern disturbances influenced by academic demands, social pressure, and the use of digital technology. These conditions may trigger maladaptive coping, risky health behaviors, and decreased adaptive capacity among adolescents. Preliminary assessment at MTs Antasari Samarinda showed that some adolescents experienced moderate to high levels of stress, were at risk of bullying, and had sleep pattern disturbances with ineffective coping patterns. This study aims to analyze the effectiveness of innovative interventions involving coping strategies, reframing techniques, and sleep hygiene among adolescents at MTs Antasari Samarinda. The method used was a case study with a community nursing care approach that included assessment, diagnosis, planning, implementation, and evaluation. The assessment was conducted using several instruments, namely the Perceived Stress Scale (PSS-10), Bullying and Cyberbullying Scale for Adolescents (BCS-A), Brief-COPE, and Pittsburgh Sleep Quality Index (PSQI), along with interviews and observations. The interventions included training in problem-focused coping and emotion-focused coping, reframing techniques through structured counseling sessions, as well as education and implementation of sleep hygiene practices. The results showed an improvement in adolescents' ability to manage emotions and solve problems adaptively, a reduction in bullying tendencies and negative thought patterns, and improved sleep quality after the intervention. These findings indicate that innovative coping, reframing, and sleep hygiene interventions are effective in improving adolescents' mental health and adaptive behaviors, as well as supporting community nursing care practices in the school environment.

Keywords: Adolescents, Innovative Interventions, Coping, Reframing, Sleep Hygiene, Community Nursing.

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1. INTRODUCTION

Adolescence is a complex developmental period characterized by concurrent physical, psychological, and social changes. During this phase, adolescents are confronted with various demands from academic, social, and family environments, including conflicts with parents and peers. These conditions make adolescents a vulnerable population for experiencing various mental health problems, one of which is stress (WHO, as cited in Anggraini et al., 2022).

Stress is an emotional and physical response that arises when individuals face demands perceived to exceed their adaptive capacity. Among adolescents, stress may manifest as feelings of anxiety, sadness, irritability, and loneliness, often accompanied by physical complaints such as fatigue, headaches, and decreased concentration (Rahayu et al., 2025). If stress persists over an extended period and is not managed effectively, it may negatively affect mental health, academic achievement, and overall quality of life among adolescents (Fitriyani & Syaifullah, 2024).

In coping with stress, adolescents employ various coping strategies as cognitive and behavioral efforts to manage perceived demands. Coping strategies are generally classified into problem-focused and emotion-focused coping. Problem-focused coping emphasizes direct efforts to resolve the source of stress, whereas emotion-focused coping focuses on regulating emotional responses to stressors. The use of inappropriate coping strategies may lead to maladaptive coping, resulting in unresolved and persistent stress (Wiranto et al., 2022).

Research has shown that adolescents who apply adaptive coping strategies demonstrate better adjustment abilities than those who rely on maladaptive coping mechanisms (Pabebang et al., 2019). However, the effectiveness of coping strategies is influenced not only by individual factors but also by environmental support and the communities in which adolescents interact (Ikhsan et al., 2024).

In addition to stress, bullying behavior is another psychosocial issue commonly experienced by adolescents. Bullying is a form of aggressive behavior that occurs repeatedly due to an imbalance of power between perpetrators and victims and may take the form of verbal, physical, relational, or cyber bullying. This phenomenon frequently emerges during adolescence in line with emotional changes, social development, and the process of identity formation. The consequences of bullying can affect multiple aspects of adolescents' lives, including reduced emotional well-being, social isolation, declining academic performance, and long-term psychological problems (Han et al., 2025). [insert reference]

Various surveys have indicated that forms of bullying on social media include mocking, insults, verbal abuse, and misunderstandings that escalate into harassment within online groups (Wulandari, 2023). Such behaviors are associated with an increased risk of depression, lower self-esteem, and a greater risk of suicidal behavior among adolescents (Debby et al., 2022). Therefore, school-based bullying prevention interventions, such as psychoeducation and non-violence cultural approaches involving both students and teachers, have been considered effective in enhancing adolescents' awareness and knowledge of bullying prevention (Marhan et al., 2022; Roca-Campos et al., 2021).

In addition to psychosocial factors, adolescent health is influenced by the fulfillment of basic needs, such as sleep. Health is not merely defined as the absence of disease but also encompasses complete physical, mental, and social well-being. From a public health perspective, health is viewed as a holistic condition influenced by various biological, psychological, and social factors. Adequate and high-quality sleep plays a crucial role in physical recovery, emotional stability, cognitive functioning, and the prevention of various health disorders (Ramar et al., 2021; Lim et al., 2023). Nevertheless, sleep pattern disturbances are common among adolescents. Biological changes in circadian rhythms during adolescence contribute to a tendency for later sleep onset, thereby increasing the risk of sleep deprivation and poor sleep quality (Gradisar et al., 2022). In fact, adolescents aged 10–19 years require approximately 8–10 hours of sleep per day to achieve optimal health.

Several studies have reported that approximately 26–30% of adolescents experience sleep disturbances, such as difficulty in initiating sleep, maintaining sleep, or obtaining adequate sleep duration (Bacaro et al., 2024). In Indonesia, approximately 22.15% of adolescents have been reported to experience poor sleep quality, with smartphone use before bedtime (Putri et al., 2024; Sari et al., 2023). Suboptimal sleep hygiene practices, including irregular sleep schedules, digital device use before sleep, and unfavorable sleep environments, may disrupt circadian rhythms and reduce sleep quality among adolescents (Taylor et al., 2024; Fakhurrozi et al., 2024).

Schools, as part of the community, play a strategic role in establishing psychosocial support and facilitating promotive and preventive efforts to maintain adolescent mental health through a community nursing approach (Damanik et al., 2025). Preliminary assessments conducted at MTs Antasari Samarinda revealed that most adolescents experienced moderate to high levels of stress, were at risk of engaging in bullying behavior, and experienced sleep disturbances related to nighttime smartphone use. Furthermore, coping strategy patterns among some adolescents were suboptimal and tended to be maladaptive. These conditions contributed to complaints such as daytime sleepiness, decreased learning concentration, and difficulties in managing emotions effectively.

Based on these issues, comprehensive community nursing interventions are needed to enhance adolescents' adaptive capacities in dealing with various psychosocial challenges. Such interventions may include adaptive coping strategy training, the application of reframing techniques to help adolescents transform negative thought patterns into more positive ones, and sleep hygiene education to improve sleep patterns among adolescents. These approaches are expected to help adolescents manage stress more effectively, reduce the risk of bullying behavior, and improve sleep quality and overall mental well-being.

Based on the aforementioned background, this study aims to analyze the implementation of community nursing care through innovative coping interventions, reframing techniques, and sleep hygiene practices to improve mental health and adaptive behaviors among adolescents at MTs Antasari Samarinda.

2. METHOD

This study was conducted as a community nursing case report using the nursing process approach, which includes assessment, diagnosis, planning, implementation, and evaluation. The study was carried out at MTs Antasari Samarinda and targeted an adolescent aggregate experiencing ineffective community coping related to stress, risk of bullying behavior, and sleep disturbance.

Data were collected through a windshield survey, interviews, observations, and measurements using various instruments. Stress levels were assessed using the Perceived Stress Scale (PSS-10), bullying behavior was measured using the Bullying and Cyberbullying Scale for Adolescents (BCSA), and sleep quality was evaluated using the

Pittsburgh Sleep Quality Index (PSQI). The PSQI consists of seven assessment components with a total score ranging from 0 to 21, where a score >5 indicates poor sleep quality. These instruments have demonstrated good validity and reliability in prior studies.

The interventions provided included training in problem-focused coping and emotion-focused coping strategies, counseling using reframing techniques, and sleep hygiene education. Nurses play a role in conducting psychosocial assessments, providing mental health education, and delivering counseling as part of promotive and preventive efforts. Evaluation was performed by comparing the adolescents' conditions before and after the interventions based on stress levels, risk of bullying behavior, and sleep quality.

3. RESULTS AND DISCUSSION

3.1 Coping

Tabel 1. Demographic Characteristics of Students

Characteristics	Coping (N=)	Reframe (N=)	Sleep (N=)
Age			
10-13 years	5	5	5
14-16 years	0	0	0
17-19 years	0	0	0
Sex			
Male	2	2	2
Female	3	3	3
Religion			
Islam	5	5	5
Non-Islam	0	0	0

Based on Table 1, all respondents across the three intervention groups (coping, reframing, and sleep hygiene) shared similar demographic characteristics. In terms of age, all respondents were within the 10–13-year age range, with 5 participants (100%) in each group. No respondents were in the 14–16-year or 17–19-year age categories (0%). Regarding sex, the majority of respondents were female, comprising 3 participants (60%), while male respondents accounted for 2 participants (40%) in each intervention group. With respect to religion, all respondents were Muslim, totaling five participants (100%), and there were no non-Muslim respondents (0%) across the three groups.

Table 2. Adolescents' Stress Levels Before the Intervention (Pre-Test PSS-10)

Kode	Age (years)	Total Score PSS-10	Kategoric
R1	12	27	High
R2	12	23	Moderate
R3	13	28	High
R4	13	18	Moderate
R5	13	20	Moderate

Based on the pre-test PSS-10 results, 40% of the respondents were classified as experiencing high levels of stress, while 60% were categorized as having moderate levels of stress. No respondents were classified as having low stress levels.

Tabel 3. Comparison of Stress Levels Before and After the Intervention

Stress Level	Pre (n)	Post (n)
Tinggi	2	0
Sedang	3	0
Rendah	0	5

Prior to the intervention, 40% of respondents were classified as having high stress levels, while 60% were categorized as having moderate stress levels. After the intervention, all respondents (100%) were classified as having low-stress levels.

Table 4. Adolescent Coping Patterns Based on Interviews and Observations

Code	Primary Stressor	Coping Pattern Before Intervention	Coping Pattern After Intervention
R1	Peer rejection	Emotional suppression	Emotional expression and self-reflection

R2	Academic demands	Avoidance coping	Development of a study plan
R3	Lack of family support	Maladaptive coping	Gradual emotional regulation
R4	Conflict with peers	Emotional displacement	Communication and problem-solving
R5	Social limitations	Passive coping	Emotional expression

Before the intervention, the adolescents demonstrated varied coping patterns that tended to be ineffective, including emotional suppression, avoidance, emotional distraction, and passive coping. After the intervention, the adolescents showed a shift toward more constructive coping patterns, characterized by the ability to express emotions, engage in self-reflection, develop plans, regulate emotions gradually, and communicate effectively in problem-solving situations.

Stress Levels Among Adolescents Before and After the Intervention

The assessment of stress levels using the Perceived Stress Scale (PSS-10) showed that prior to the intervention, the adolescents were classified as experiencing moderate to high stress levels. This condition reflects that adolescents experience considerable daily pressure, particularly related to academic demands, peer social relationships, and ongoing emotional development. These findings are consistent with Maharani (2021), who reported that school environments and academic demands are major sources of stress among adolescents, especially in early adolescence. If not properly managed, such stress may negatively affect students' emotional, social, and academic functioning.

After the implementation of problem-focused coping and emotion-focused coping training, the results showed a clear improvement, with all adolescents classified as having low stress levels. This reduction indicates that the intervention effectively supported adolescents in managing stress. These findings are in line with Amru (2024), who stated that improved coping abilities play a crucial role in reducing perceived stress, as individuals become more capable of understanding stressful situations and adaptively regulating their responses.

Adolescent Coping Patterns Before the Intervention

Interview and observation results indicated that prior to the intervention, adolescents demonstrated varied but generally ineffective coping patterns. These include emotional suppression, avoidance, emotional distraction, and passive coping. These patterns suggest that adolescents tend to avoid or suppress uncomfortable emotions without engaging in problem-solving efforts. This reflects their limited ability to identify stressors and select appropriate coping strategies.

These findings are consistent with those of Rahman and Paryontri (2023), who reported that adolescents facing academic and social stressors tend to rely on maladaptive coping strategies such as avoidance or emotional suppression. Although such strategies may provide temporary relief, they do not resolve the root causes of stress, leading to persistent or recurring stress responses.

Changes in Coping Patterns After the Intervention

Following the implementation of problem-focused and emotion-focused coping training, adolescents demonstrated a shift toward more constructive coping patterns. The interview and observation results showed that the adolescents became more capable of expressing emotions, engaging in self-reflection, developing study plans, regulating emotions gradually, and communicating to resolve problems. These changes indicate not only a reduction in stress levels but also an improvement in coping skills when facing stressors in an adaptive manner.

These results support Yafi and Setiyadi (2025), who found that appropriate coping strategies, particularly problem-solving and emotional regulation approaches, are associated with reduced stress levels. Adolescents who can identify stressors and regulate their emotional responses tend to be better prepared to handle academic and social pressures than those who rely on avoidance coping.

The Role of Problem-Focused and Emotion-Focused Coping Training in Community Nursing

Problem-focused coping training helped adolescents identify problems and develop structured solutions, such as study planning and communication strategies for resolving conflicts. Emotion-focused coping training assists adolescents in managing emotional responses to stressors, including emotional expression, self-reflection, and gradual emotional regulation. The combination of both strategies enables adolescents to address stressors from both problem-solving and emotional perspectives.

These findings are consistent with those of Rinarta (2024), who emphasized that emotional regulation skills and appropriate coping strategy selection play an important role in psychological adaptation, particularly among students and adolescents. In the context of community nursing, school-based group interventions also provide opportunities for adolescents to share their experiences and receive social support, thereby strengthening community coping (Maharani, 2021).

Implications for Adolescent Community Coping

The changes in stress levels and coping patterns observed after the intervention suggest that coping training not only impacts individuals but also strengthens adolescent community coping within the school environment. Adolescents

become more open to expressing emotions and communicating with others, leading to more adaptive social interactions. This supports previous findings that environmental support and effective coping abilities enhance adolescents' psychological adaptation to stress (Rahman & Paryontri, 2023). Therefore, problem-focused and emotion-focused coping training implemented within community nursing care can serve as a promotive and preventive intervention to support adolescent mental health. This approach is highly relevant for school settings as a sustainable strategy to help adolescents manage stress and improve their adaptive capacity.

3.2 Reframing

Tabel 1. Pre-test BSC-A

Kode Responden	Skor Total BCS-A	Kategorik
A1	27	Tinggi
A2	23	Tinggi
A3	28	Tinggi
A4	30	Tinggi
A5	25	Tinggi

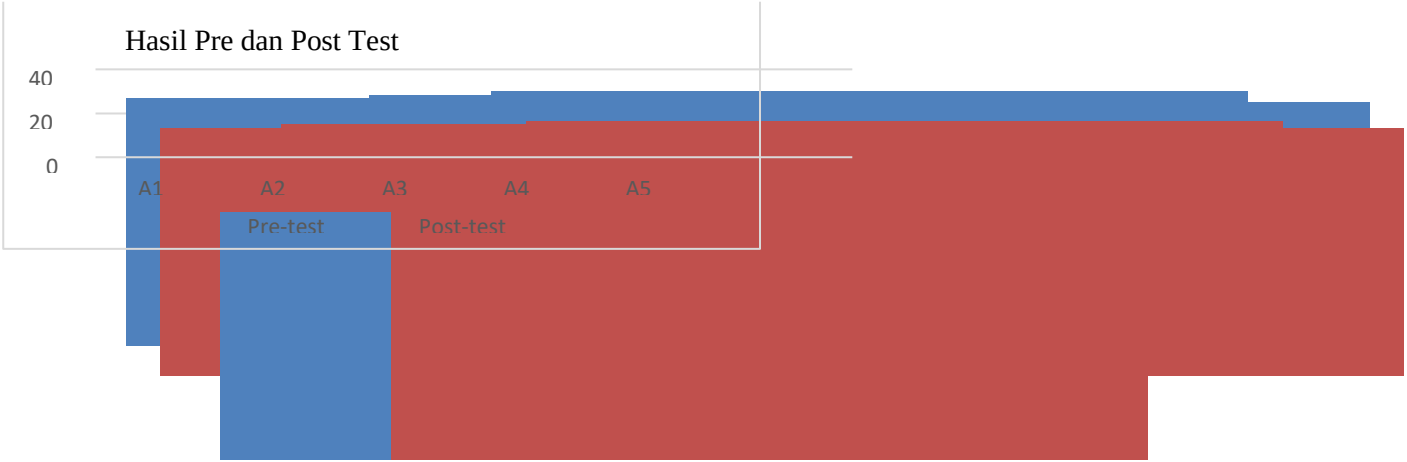
Based on the assessment using the Bullying and Cyberbullying Scale for Adolescents (BCS-A), all five respondents obtained scores ranging from 23 to 30 and were classified as having a high level of bullying involvement. The highest score was observed in Respondent A4 (30), while the lowest score was found in Respondent A2 (23); however, both remained within the high category. These findings indicate that bullying is a serious issue that may negatively affect adolescents' sense of safety, self-confidence and emotional well-being.

Table 2. Forms of Bullying

Respondent Code	Frequency	Percentage %
Physical bullying	1	40%
Verbal bullying	2	40%
Relational bullying	0	0%
Cyberbullying	2	20%

Based on Table 2, the most common types of bullying experienced by respondents were cyberbullying and verbal bullying, each reported by 2 respondents (40%). Relational bullying was not identified (0%), whereas physical bullying was experienced by one respondent (20%). These findings indicate that bullying occurs more frequently in direct forms; however, physical bullying still requires attention because of its potential impact on adolescents' mental health.

Figure 1. Pre- and Post-Test Results



The pre-test results showed scores of 27 (A1), 23 (A2), 28 (A3), 30 (A4), and 25 (A5). Following the implementation of the Reframing Technique intervention, the post-test scores were 13 (A1), 13 (A2), 14 (A3), 16 (A4), and 13 (A5). These findings indicate an improvement in health-related behavior among all five adolescents.

Community Nursing Care Outcomes

The results of community nursing care indicated that five adolescent experienced bullying from the initial assessment. Pre-test data revealed that all adolescents experienced stress, difficulties in emotional regulation, increased withdrawal, and reduced communication with parents due to their limited understanding of bullying and its impact on mental health.

Risky Health Behavior Related to Inadequate Social Support

During the assessment, all five adolescents reported frequent experiences of cyberbullying, along with stress and difficulties in emotional regulation due to academic pressure and peer conflicts. Limited communication with parents and unsupervised social media use also contribute to these conditions. The BCS-A assessment showed that all respondents were categorized as experiencing high levels of bullying (scores 23–30). According to Rahmadani (2023), adolescents who experience bullying tend to demonstrate risky health behaviors due to psychosocial stress, which may increase anxiety, depression, and mental health issues. Such experiences also trigger emotional distress, feelings of insecurity, and negatively affect overall psychological well-being (Saputra et al., 2022). To address adolescents experiencing bullying, a Reframing Technique intervention was implemented over four sessions, each lasting 30 minutes. The intervention aimed to help adolescents manage emotions and transform negative thought patterns into more rational and positive perspectives. Evaluation through pre-and post-intervention assessments showed that after four days of intervention, the nursing problems were resolved, as indicated by improved acceptance of health conditions, increased problem-prevention abilities, and improved health behaviors among all five adolescents.

Reframing Technique Training to Address Community Nursing Problems

The reframing intervention began with an assessment and the establishment of a therapeutic relationship, followed by assisting adolescents in expressing emotions and identifying negative thoughts related to bullying experiences. Nurses then introduced cognitive reappraisal techniques to help adolescents shift perspectives toward more rational and positive interpretations and to develop healthier behavioral responses. The intervention was supported by emotional regulation strategies, the use of reporting/blocking features on social media, social support enhancement, and ongoing evaluation. These approaches have been shown to reduce psychological impact and improve adolescents’ self-esteem (Spyropoulou & Giovazolias, 2025). Overall, the reframing technique has contributed positively to improving health behaviors by helping individuals reinterpret events, resulting in more adaptive emotional responses and more constructive appraisals of stressful situations (Goodson et al., 2025). In line with Gürdere et al. (2024), cognitive reappraisal interventions positively influence health behaviors by increasing positive emotions, improving adherence to active lifestyles, and reducing symptoms of depression and anxiety. Brief training interventions have also demonstrated neurobiological changes that support the formation of healthy behavioral habits in the workplace.

Alternative Approaches to Address Community Nursing Problems

Liao et al. (2022) reported that brief cognitive reappraisal interventions significantly reduce negative emotions while enhancing positive emotional responses. Even single-session reframing techniques have been shown to improve emotional regulation skills and change individuals’ interpretation of stressful situations (Fernandes et al., 2023). Further evidence suggests that brief reframing interventions can reduce stress and depressive symptoms while increasing life satisfaction, with effects lasting several weeks post-intervention (Spencer et al., 2021). Phenomenological studies also indicate that adolescents who participated in counseling sessions experienced positive changes in self-perception and improved coping with the effects of bullying, highlighting the importance of professional involvement in intervention delivery (Sabrina & Zsuzsa, 2024). Supporting interventions that enhance the effectiveness of reframing include whole-school and social-emotional learning (SEL) approaches, parental involvement, bystander/peer-support training, and digital literacy programs. The integration of these components strengthens students’ emotional competence, enhances social support, and transforms school environments, enabling students to apply reframing strategies more effectively in bullying situations (Nickerson et al., 2021). Active parental involvement through open communication, digital monitoring, and training strengthens adolescent coping skills and improves intervention outcomes (Helfrich et al., 2021). Meanwhile, digital literacy programs that teach safe social media use, along with bystander training, promote proactive peer behavior and reduce bullying incidents, thereby enabling a more consistent and long-term application of reframing techniques (Haniati et al., 2025).

3.3 Sleep Hygiene

Table 1. Adolescents’ Sleep Quality Results (PSQI)

Sleep Quality	Frequency	Percentage %
Good Sleep Quality (<5)	2	40%
Poor Sleep Quality (6 – 21)	3	60%
Total	5	100%

Based on the results presented in Table 1, most respondents were classified as having poor sleep quality, namely three respondents (60%), while two respondents (40%) were categorized as having good sleep quality.

Table 2. Results of Smartphone Addiction Scale–Short Version (SAS-SV)

Smartphone Addiction	Frequency	Percentage %
Low dependence	0	0%
Moderate dependence	0	0%
High dependence	5	100%
Total	5	100%

Based on Table 2, all five respondents (100%) were classified as having high smartphone dependence, while none were found in the low or moderate categories.

Figure 1. Pre- and Post-Test PSQI Results

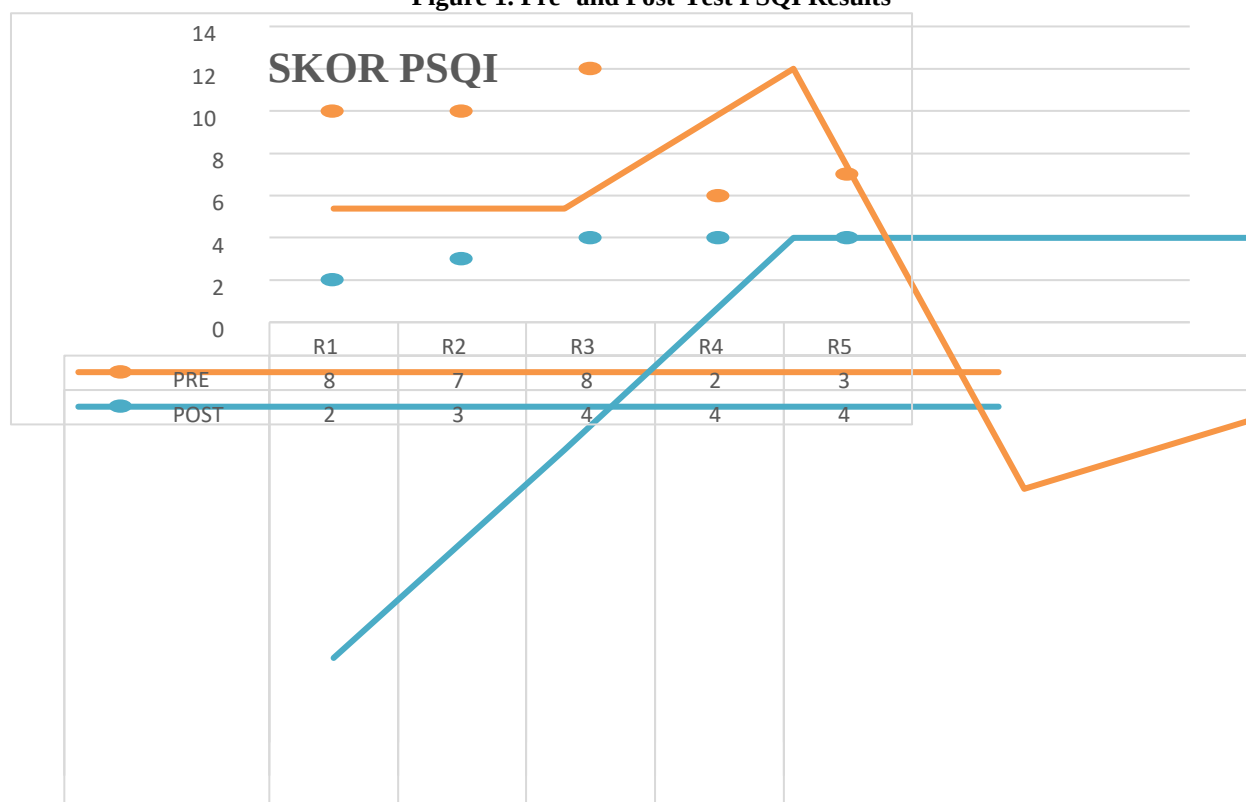
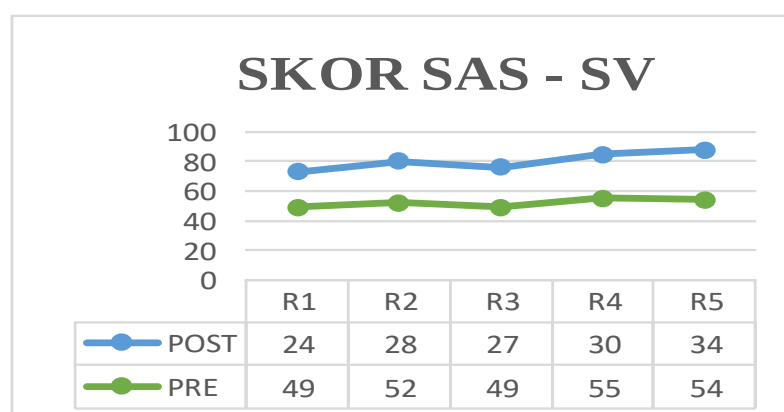


Figure 2. Pre & Post Test SAS – SV Results



The pre-test results showed that all respondents experienced sleep pattern disturbances, with PSQI scores ranging from 7 to 8, indicating poor sleep quality. In addition, adolescents' level of smartphone dependence was classified as high, with SAS-SV scores ranging from 45 to 54. This condition reflects habitual smartphone use before bedtime, which contributes to sleep disturbances in both physiological and psychological aspects.

Following the sleep hygiene intervention, a significant improvement was observed in the post-test results of the experimental group. PSQI scores decreased to a range of 2 to 4, indicating that respondents achieved good sleep quality. Overall, 100% of the respondents had good sleep quality (score < 6).

Similarly, the assessment of smartphone dependence using the SAS-SV also showed a reduction from the high to the moderate category, with scores ranging from 24 to 30. All respondents (100%) were classified as having moderate smartphone dependence after the intervention, indicating a shift toward more adaptive smartphone use behavior, although it had not yet reached a low level.

These changes indicate that the sleep hygiene intervention was effective in improving sleep quality while also reducing the level of smartphone dependence among adolescents. The reduction in PSQI scores reflects improvements in sleep duration, sleep latency, and sleep disturbances, whereas the decrease in SAS-SV scores indicates enhanced self-control in smartphone use, particularly before bedtime.

The success of this intervention was also influenced by increased knowledge, intrinsic motivation, and environmental support from families, peers, and schools. Therefore, sleep hygiene implementation can be recommended as an effective promotive and preventive intervention in community nursing to address sleep pattern disturbances among adolescents.

Sleep Quality and Smartphone Dependence Before and After the Intervention

The results of the study showed that prior to the intervention, all respondents experienced poor sleep quality, as indicated by their PSQI scores ranging from 7 to 8. Smartphone dependence was classified as high, with SAS-SV scores ranging from 45 to 54. These findings suggest that smartphone use before bedtime is a dominant factor contributing to sleep pattern disturbances among adolescents.

From a physiological perspective, exposure to blue light emitted from smartphone screens can inhibit melatonin secretion and disrupt circadian rhythms. Psychologically, digital engagement increases cognitive stimulation, thereby prolonging sleep latency (Twenge & Farley, 2024; Elhai et al., 2023). Yin et al. (2025) reported a significant association between smartphone dependence, reduced sleep quality, and increased daytime fatigue.

Compared with previous studies, the level of sleep disturbance among respondents in this study can be considered moderate and did not reach a severe category. This may be influenced by environmental factors and relatively adaptive daily activity patterns of the participants. From a community nursing perspective, health behaviors, such as sleep patterns, are influenced by the interaction between knowledge, attitudes, and the social environment of individuals (Nies & McEwen, 2023). The low level of respondents' knowledge regarding the impact of smartphone use on sleep quality prior to the intervention further supports the assumption that educational factors play an important role in shaping healthy behavior.

Following the implementation of the sleep hygiene intervention, a significant improvement in sleep quality was observed, as indicated by a reduction in PSQI scores to 2–4, categorized as good sleep quality in all respondents (100%). In addition, the SAS-SV scores decreased to 24–30, which is categorized as moderate smartphone dependence. These results indicate that the intervention affected not only physiological sleep parameters but also behavioral changes in smartphone use.

The reduction in scores reflects improved self-control in limiting smartphone use, particularly, before bedtime. These findings are consistent with those of Redeker et al. (2024) and Sancho-Domingo et al. (2024), who reported that sleep hygiene interventions are effective in improving sleep quality through environmental regulation and restriction of digital device use. Furthermore, Hale et al. (2023) and Zhang et al. (2024) emphasized that sleep hygiene contributes to improved sleep duration, cognitive function, and adolescent emotional well-being.

However, despite the reduction in SAS-SV scores, smartphone dependence remained in the moderate category and did not reach the low category. This indicates that behavioral change related to digital addiction requires a longer time frame and sustained intervention. The literature suggests that behavioral modification in device use requires consistent reinforcement to achieve long-term change (Hale et al., 2023; Zhang et al., 2024).

Overall, these findings confirm that sleep hygiene interventions are an effective strategy for improving sleep quality while reducing smartphone dependence among adolescents. This intervention has important implications for community nursing practice as a promotion and prevention approach. However, optimal outcomes require continuous support from the surrounding environment, including families and schools, as well as long-term reinforcement of the intervention.

4. CONCLUSION

Based on the assessment and implementation of community nursing care among adolescents at MTs Antasari Samarinda, several main problems were identified, namely, risky health behaviors, ineffective community coping, and community health deficits. These problems were associated with high stress levels, risk of bullying behavior, and sleep pattern disturbances influenced by excessive smartphone use and ineffective coping patterns.

The implementation of innovative interventions, including problem-focused coping and emotion-focused coping training, the application of reframing techniques, and sleep hygiene education, demonstrated positive outcomes. After four intervention sessions, there was a reduction in adolescent stress levels from moderate–high to mild, improved coping patterns toward more adaptive strategies, better health behaviors, and improved sleep quality, as indicated by a shift from poor to good sleep quality.

Overall, the innovative interventions were effective in enhancing adolescents' ability to manage stress, improving cognitive and behavioral responses, and increasing sleep quality. This approach may serve as an alternative promotive and preventive community nursing intervention to support adolescent mental health and well-being in school settings.

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