

**Experiences of Stress by Nursing Students During Clinical Education: A Qualitative
Descriptive, Phenomenological Study**

Dissertation-in-Practice Manuscript

Submitted to National University

Sanford College of Education

in Partial Fulfillment of the

Requirements for the Degree of

DOCTOR OF EDUCATION

by

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San Diego, California

April 16, 2026

Abstract

Nursing students report stress during clinical education hours, which may lead to withdrawal from nursing school and limit the number of graduating nurses, further depleting the workforce. This study addressed the problem of stress among nursing students during clinical education hours. The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and to identify programmatic supports that help alleviate these feelings. Guided by Neuman's Systems Model (NSM), which describes the impact of unmanaged stress on groups and individuals, it is critical to understand the impact of stress experiences of nursing students during clinical education hours. Data were collected from five participants using semi-structured interviews. Participants identified that the traditional components of a nursing program, including caring for complex patients and clinical assignments, were sources of stress. The participants identified the clinical instructor as a stress reducer. Despite these stressful experiences, the participants remained dedicated to completing nursing school and beginning a career as a nurse. Findings were linked to academic, theoretical, and professional implications. Recommendations for nursing program administrators include: (1) Close monitoring of students by clinical instructors, (2) Support synergy for lectures, lab, and clinical assignments, (3) Increase support for clinical instructors, (4) Encourage students to join a professional organization (5) Review collegewide services available to nursing students (6) Integrate stress management techniques and (7) Integrate Emotional Intelligence into the nursing program. Future research includes repeating this type of study using a quantitative research design or a sample population of baccalaureate nursing students.

Acknowledgements

Words cannot express my deepest gratitude to all the people in my life who provided support and motivation to help me complete this dissertation and finish a doctoral degree. My deepest heartfelt thank you to Dr. Belle Booker-Zorigian for her unending kindness, compassion, and guidance, making this writing possible. She is a gifted educator who inspires and empowers her students to achieve their highest potential. I am deeply grateful to Dr. Melanie Shaw for her wisdom and inspiration on this journey. Thank you to the visionary leadership team at National University for developing the transformative Dissertation Completion Pathway. To my research participants, I am grateful to each of you for sharing your nursing education journey with me. It is your contributions that made this research study possible. Thank you to Dr. Evelyn Shinn, who never allowed me to lose sight of the importance of earning a doctoral degree.

Finally, I would like to thank my family, friends, mentors, and colleagues for their unwavering support. To the love of my life, my husband Edwin, I thank you for always supporting my dreams. I look back in awe at our journey and look ahead, inspired by the life we continue to build together. To our devoted son, Alex, his lovely wife, Shannon, and our beautiful grandchildren, Oliver and Rosemary, you all light the stars in my sky and provide the steady soil beneath my feet. And to my many dear friends who supported me, listened patiently, and graciously overlooked all the complaining when I needed understanding the most, thank you. You all carried me forward. I humbly dedicate every page and paragraph to each of you.

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Section 1: Foundation

Nurses are key to meeting the population's health and wellness needs (Hood, 2022). There is a national (Rosseter, 2024) and global nursing shortage of qualified and experienced nurses (Haddad et al., 2023). This is a problem as the United States anticipates needing an additional 200,000 nurses by 2032 to meet the expanding patient care needs nationwide (Rosseter, 2024). A shortage of nurses leads to short staffing in the patient care units and puts patients at risk for injury, harm, or death (Marriott et al., 2024). When there is a shortage of nurses, important patient care interventions may be missed, and the incidence of medication errors increases (Milicia et al., 2023). This may increase the probability of poor patient outcomes and the risk of injury (Lee et al., 2023). Patient mortality is 6% higher in understaffed patient care units than in fully staffed units (Rosseter, 2024). Students interested in becoming nurses enroll in a nursing program to learn how to provide patient care. Nursing education programs are responsible for the holistic education of new nurses, including how to provide safe patient care (Dias et al., 2024). Nursing students are taught about the role of nurses during nursing school (Ying et al, 2023). While in nursing school, students are educated on the reasoning process professional nurses use to assess patients' health and wellness and evaluate patient outcomes for safe and effective patient care (Löfgren et al., 2023). Learning the nurse's role and how nurses provide comprehensive patient care are foundational components of a nursing education program.

Nursing students attend clinical education hours as part of a nursing program of study. The nursing program consists of three components: lectures, nursing care skills laboratory hours, and in-person clinical education hours (Cipher et al., 2021). Nursing students must complete hours in a clinical education setting as part of a nursing program in the United States (Abuosi et

al., 2022; Lee et al., 2023; Weston & Zauche, 2021). The hours spent in the clinical education unit are a critical component of a nursing education program, as this is where students learn how to think like a nurse (Löfgren et al., 2023) and where a student nurse learns the role of the professional nurse in providing safe patient care (Ying et al., 2023).

Nursing students are experiencing stress during nursing education programs. Stress is a state of panic, mental tension, or worry caused by a burdensome or demanding situation. (Lu et al., 2021). Factors leading to stress include the intensive curriculum and stringent nursing program expectations, as well as stress experienced in the clinical setting (Hwang & Kim, 2021). These feelings may arise from learning to communicate with patients and families (Rodríguez-Leal et al., 2023) or from the high expectations set by healthcare facility staff for novice nursing students during clinical education (Dias et al., 2024). Torné-Ruiz et al. (2023) found that these intense feelings of anxiety, fear, and stress acquired during clinical education transcended from the clinical environment to the controlled environment of college-based learning labs.

Nursing students who continue to feel stressed during a nursing program may not progress through the program to graduation. Nursing education programs report student attrition rates as high as 39% (Morris et al., 2023). If the antecedents of stress are not addressed, stress may lead nursing students to withdraw from nursing school (Morris et al., 2023). Dias et al. (2024) found that various factors may contribute to stress during clinical education hours, including just being in the physical clinical environment and the expectations of the clinical staff. This stress may contribute to student withdrawal from nursing school. Rodríguez-Leal et al. (2023) found that when students lack well-developed emotional intelligence skills, it is much more difficult to manage critical clinical experiences, such as working with suffering patients, leading to feelings of incompetence and contributing to nursing school attrition.

Specifically, nursing students report experiencing stress during clinical education hours (Gürdil et al., 2022). There are various sources of stress for nursing students during nursing education programs. Rodriguez-Leal et al. (2023) conducted a quantitative cross-sectional survey of 377 nursing students examining the impact of clinical stress. The researchers found that nursing students experienced severe stress during clinical education. The causes of stress stemmed from a lack of clinical confidence, or witnessing patient suffering, and even being physically or verbally attacked by patients. Marriott et al. (2024) conducted a qualitative descriptive study with 16 nursing students, who were placed in focus groups. The researchers found stress during clinical education hours ranged from feeling ineffective when communicating with healthcare facility staff and patients to a “sink-or-swim” teaching approach from clinical faculty.

Nursing student attrition is a cascading element to the global and national nursing shortage. Although research has documented stress among nursing students (Tuna et al., 2024) and, specifically, during clinical practice education hours (Dias et al., 2024), more research is needed to explore the experiences of stress during these hours. Understanding this phenomenon is useful to nurse educators and nursing faculty responsible for creating the clinical education curriculum. Knowing which events nursing students find stressful during clinical education hours may help clinical educators create a clinical curriculum that mitigates these experiences. A clinical curriculum that supports nursing students to graduation may help ease the nursing shortage.

Statement of the Problem

The problem addressed by this study is that 54% of nursing students report feelings of stress during clinical education hours (Stubin & Dahan, 2024), which may lead to withdrawal from nursing school (Dias et al., 2024; Rodriguez-Leal et al., 2023) and contribute to a national

(Rosseter, 2024) and global nursing shortage (Haddad et al., 2023). Nursing students' experiences of stress during clinical education hours may include caring for complex patients or witnessing their patients' suffering (Rodriquez-Leal et al., 2023). The stress associated with feelings of inadequacy is compounded by a theoretical-practice gap, a knowledge deficit between the classroom and actual patient care (Dias et al., 2024). Inconsistencies between didactic and clinical instruction may cause feelings of confusion and incompetence (Adkins & Aucoin, 2022).

If the problem of stress during clinical education hours persists, students may withdraw from nursing school, thereby perpetuating the nursing shortage (Aryuwat et al., 2024). A shortage of nurses can jeopardize patient safety and increase patient mortality by six percent (Rosseter, 2024). If fewer nurses are providing patient care, medical errors may occur. A shortage of nurses can lead to increased medication errors (Milicia et al., 2023), thereby increasing the risk of poor patient outcomes. Dias et al. (2024) found that clinical stressors may be associated with nursing school attrition. They recommended that future research be conducted to evaluate the stressors on nursing students during clinical education hours. Cipher et al. (2021) recommended that future research examine the types and quality of nursing students' experiences during clinical education. This information will help nursing education leaders develop the nursing program's clinical curriculum and help students mitigate stress, reduce attrition, and support the graduation of new nurses into a depleted nursing workforce.

Purpose of the Study

The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and identify programmatic supports that help alleviate these feelings. The target population was community college nursing students currently enrolled in a nursing program in

the western United States who have completed at least one clinical rotation in a clinical education unit. Eligible research participants were (a) at least eighteen years of age, (b) enrolled in a professional nursing program at a community college in the western United States, and (c) had completed at least one nursing clinical education course. Nursing students were recruited through purposeful sampling on student nurses' social media platforms and through snowball sampling among research respondents. Purposeful sampling occurs when research participants are intentionally selected from the identified research population who meet the selection criteria to fulfill the research study's purpose (Nyimbili & Nyimbili, 2024). In a phenomenological research study, the sample size should range from five to 25 participants (Moustakas, 1994). For this study, five community college nursing students currently enrolled in a nursing program were recruited as research participants.

Upon final approval by the Institutional Review Board (IRB), research participants were recruited through social media advertisements accessible to nursing students. In the recruitment email, a Quick Response (QR) code provided volunteers with a contact email address for the researcher. Recruitment and interviewing of research participants continued until similar themes emerged and data saturation was reached. Data saturation occurs when the data exhibits thematic similarities and yields no new findings from the research interviews (Hennink & Kaiser, 2022).

Research Questions

The research question guides the research study. A well-designed research question is crafted from the literature review and is grounded in a gap in the literature (Muhammad, 2024). There is a gap in the literature regarding nursing students' experiences of stress during clinical education hours. Cipher et al. (2021) recommended that future research is needed to examine the types and quality of experiences for nursing students at the clinical level, while Dias et al. (2024)

described that future research is needed to evaluate the stressors for nursing students during clinical education hours. The research questions for this qualitative, descriptive, phenomenological study are listed below. A qualitative phenomenological research design describes a person's lived experiences to better understand the essence of a phenomenon or event (Creswell & Poth, 2023). Descriptive phenomenology allows the researcher to describe scaffolding events and exact human experiences using abstract terminology while drawing conclusions from the data analysis (Larsen, 2023).

RQ1

What are the lived experiences of stress in community college nursing students during clinical education hours?

RQ1a

How do community college nursing students describe their feelings of stress while completing clinical education hours?

RQ1b

What events do community college nursing students feel are stressful while completing clinical education hours?

RQ2:

What supports do community college nursing students identify as potential stress reducers?

Conceptual Framework

Neuman's Systems Model (NSM), developed in 1972, was used to frame this study regarding stress experienced by nursing students during clinical education hours. NSM was originally developed as an educational tool to help graduate nursing students understand the

stressors their patients experience. This framework describes the interconnectedness of an individual's responses to physical, psychological, sociocultural, spiritual, and environmental stressors as they relate to wellness and illness (Neuman & Fawcett, 2011).

In the 1970s, Betty Neuman was a nursing theorist whose observations of the impact of stress on the person and/or community developed into the Neuman Systems Model (NSM) (Neuman & Fawcett, 2011). Neuman's model would expand to describe the disruption of an individual's, group's, or community's wellness caused by interpersonal, intrapersonal, or extrapersonal stressors (Neuman & Fawcett, 2011). Neuman would continue to develop the NSM, framing the experiences of stress surrounding the nursing profession. This included the stress experienced by nurses providing patient care, nursing administrators leading healthcare agencies, nurses conducting research, and nursing educators leading nursing education programs (Hannood & Dhamoon, 2023). This theory framed the experiences of stress among nursing students during clinical education hours and how these experiences impact them.

The NSM describes how stressful experiences among nurses and nursing students may lead to an imbalance in their well-being. This framework is useful for nursing managers and leaders overseeing the many aspects of nursing professionals to support the personal wellness of their staff or students (Neuman & Fawcett, 2011). The model describes the entities' vulnerability to stress.

The Neuman Systems Model (NSM) describes four primary protective layers that buffer a person or entity against the impacts of stress. This theory labels the four protective layers as 1) Central Core, 2) Flexible Line of Defense, 3) Normal Line of Defense, and 4) Line of Resistance (Neuman & Fawcett, 2011). A circular conceptual model depicts how stressful experiences can penetrate the Normal Line of Defense, the outermost protective layer, and erode it, causing

irreparable damage by a stressor until reaching the entity's central core (Neuman & Fawcett, 2011). All entities are at risk of injury due to stress without the protection provided by the resistance layers (Neuman & Fawcett, 2011). The most critical element of this theory is the individual's ability to react and manage the stressor (Hannoodee & Dhamoon, 2023). The Central Core or Basic Structure is the nucleus of the resistance layers. If a stressor breaches the multiple layers and reaches the Basic Structure without intervention, the entity may experience extreme disorganization, putting it at risk of disease or death (Neuman & Fawcett, 2011). The Flexible Line of Defense describes a person's ability to adapt to stress, while the Normal Line of Defense is a dynamic, fluid defense mechanism against stressful experiences (Neuman & Fawcett, 2011). The Line of Resistance is a healthy, normal defense against a stressor and protects the central core of all stressful experiences (Neuman & Fawcett, 2011).

The central tenets of the Neuman Systems Model (NSM) can contextualize stress experiences and the entity's ability to resist and recover from them. The NSM is a valid conceptual model for exploring nursing students' experiences of stress during clinical education hours. Nursing students experience stress during nursing school during clinical education hours (Stubin & Dahan, 2024). These experiences of stress may contribute to the students' ability to complete a nursing education program (Morris et al., 2023). The NSM provides a framework for a study examining the experiences of stress among nursing students. Students are vulnerable to the effects of stress, from the flexible first line of defense to the profound impact of the core of resistance. If the impact of the stress exceeds the Flexible Line of Defense and reaches the student's core, it may damage the student, affecting their ability to grow into the nursing profession and begin caring for patients (Neuman & Fawcett, 2011). If nursing students continue to experience stress during clinical education hours, they may withdraw from nursing school,

depleting the number of new nurses graduating from nursing programs and entering the workforce during a nursing shortage.

The Neuman Systems Model (NSM) has been used in current research to frame medical studies. Akhlaghi et al. (2021) used the NSM as a guiding framework for a single-blinded, two-armed randomized study of 70 hospital patients scheduled for a coronary artery bypass graft (CABG) procedure. The researchers considered that stress and anxiety are contributing factors for cardiac-related disorders, impacting the patient's overall wellness. The research participants were admitted to the hospital one day prior to their scheduled CABG surgery. The research participants were given the Cardiac Surgery Stressor Scale assessment to determine the patient's stress level before surgery. The control group was provided with education on anxiety and stress management skills during the perioperative period. The researchers found that all participants, regardless of socioeconomic status, had the same level of stress at the time of admission for surgery. However, the intervention group was discharged home with fewer feelings of stress and anxiety after the CABG procedure. Akhlaghi et al. (2021) found that the NSM guided a low-cost stress intervention that reduced patients' stress around CABG surgery and, ideally, contributed to overall wellness after the surgical intervention.

Mirafzali et al. (2024) used the Neuman Systems Model (NSM) for a study examining and managing stress for patients preparing for an endoscopy procedure. Patients who experience stress or anxiety before a medical procedure may have poor outcomes related to the stress (Mirafzali et al., 2024). Using a randomized control design, 44 research participants were given a State-Anxiety stress questionnaire for data collection. The participants were divided into a control group and an intervention group that received stress reduction techniques before having an endoscopy procedure. The researchers found a significant difference in stress and anxiety

levels between the intervention and control groups. Mirafzali et al. (2024) found that the NSM framework guided healthcare providers' implementation of stress management strategies for patients undergoing endoscopy procedures, thereby successfully reducing patients' stress. NSM has been demonstrated to be a useful theory for research across multidisciplinary venues.

There are several frameworks and conceptual models of the human experience of stress. For example, in 1989, Stevan Hobfoll created the conservation of resources theory. Traditional stress theories frame stress as a lived experience or phenomenological event. In contrast, Hobfoll posited that humans are motivated to achieve, maintain, and protect cherished resources, and that stress occurs when there is a potential loss of these resources (Hobfoll, 1989). This theory describes stress as a fear of loss rather than a lived experience of the human condition. This would not be an appropriate framework, as the research questions ask nursing students to describe their experiences of stress during clinical education hours, rather than nursing education as an achievement or cherished resource. Likewise, Sister Callista Roy developed a stress theory in 1981, based on Hans Selye's General Adaptation Syndrome (Roy, 2009). The theory describes the physiological responses of the human body to a stressor. The theory describes how each body system, such as the cardiac, neurological, gastrointestinal, or musculoskeletal systems, is affected by stress. This model is useful for nursing and medical professionals in framing the physical changes caused by stressful experiences. In this research study, framing the physical responses to a stressor is not the intent; rather, the study aims to learn about the experiences of stress among nursing students during clinical education hours.

Definitions of Key Terms

Clinical Educator

Educators who teach nursing students in a clinical setting are known as clinical instructors or clinical educators. Clinical instructors work with nursing students in the clinical setting and are responsible for educating and evaluating the students' skills and performance (Adkins & Aucoin, 2022). Clinical educators oversee the clinical education experience.

Clinical Education Unit

Nursing students must attend clinical education as part of a nursing program (Cipher et al., 2021). Clinical education is conducted off-campus and may be delivered in hospitals, mental health facilities, or long-term care agencies (Löfgren et al., 2023). The site for clinical experience may also be known as the clinical education unit (Abuosi et al., 2022).

Clinical Rotation

Nursing students attend clinical education as a group or cohort. Clinical rotations are groups of students in a clinical setting where clinical educators aim to provide students with equal exposure to diverse patients and clinical opportunities (Aryuwat et al., 2024). Clinical rotations can be a stressful experience for nursing students (Stubin & Dahan, 2024).

Review of the Literature

This literature review provides an assessment of seminal works on nursing students' experiences of stress during clinical education hours. In this qualitative, descriptive, phenomenological research study, the stress experiences of community college nursing students during clinical education hours were examined. Learning about the experiences of stress during nursing students' clinical education hours is needed information for nursing education leaders. Nursing education leaders are responsible for educating and graduating new nurses into the

depleted nursing workforce. If nursing education leaders understand the stressors during clinical education hours, the curriculum may be tailored to support and prepare nursing students for these experiences. If nursing students continue to experience stress during clinical education, they may withdraw from nursing school before ever entering the workforce, further exacerbating the nursing shortage. As nurse education leaders are informed about the experiences that cause stress for nursing students, they can improve the clinical curriculum and provide support for these experiences during clinical education rotations. Understanding the stressors faced by nursing students can help nursing education leaders ensure successful college graduation and sustain the growth of the nursing workforce.

The literature review begins with a definition of stress and then uses current literature to describe the nursing education process, including the nursing student's clinical education experience. The current literature on stress experiences among nursing students during clinical education is summarized, highlighting the research gap. The databases used were Academic Search Premier, EBSCO, Offshore Vessel Inspection Database (OVID), and Google Scholar. The predominant keywords used include “Stress”, “Stress and college students”, “Stress and nursing students”, “Nursing education programs”, “Nursing students’ clinical hours”, “Stress and nursing school”, “Nursing students' stress and clinical education”.

Stress Experiences

Stress is part of the human experience and affects all people differently. Stress is the intrinsic response to a problem or threat requiring the person to respond to stress (*World Health Organization, 2023*). Stress is the psychological and physiological response to a perceived or actual threat, which, when left unmanaged, can lead to illness, disease, or death (Piotrowski & Hollar, 2024). Unmanaged perceptions of pressure and tension due to stress may result in a

physical response, leading to feelings of helplessness, anxiety, fearfulness, and frustration (Centers for Disease Control, 2024). Stress can impact a person's overall well-being.

The experience of stress can range from an immediate response to an acute stressor to an ongoing life experience. Acute stress disorder occurs within a month of a person experiencing a traumatic event, such as physical or verbal abuse, causing feelings of fear, helplessness, and anxiety (Cleveland Clinic, 2023). Chronic stress results from an ongoing stressor, such as financial, work, or family problems, which causes the physiological response system to enter a state of alarm, putting the person at risk of illness (Cataldo et al., 2020). Although stress is often thought of as having negative effects, positive stress can elicit beneficial responses, improve personal resilience, and foster positive coping strategies for future stressful experiences (Auerbach & Miller, 2024).

Stress and College-Level Students

Stress experiences for college-level students are documented in the literature. Researchers are studying students' experiences of stress and student resilience, stress and academic achievement, and stress as a mental health issue for college students. Continued academic stress can negatively impact a student's mental health (Chen, 2024). College students experience stress across a variety of academic pathways and at different years of college. Academic stress can lead to depression and anxiety (Cody et al., 2024). Researchers continue to examine the effects of stress on college students.

College students' experiences of stress are an academic concern. Chan and Sun (2021) conducted a cross-sectional study of 655 students enrolled in colleges across Hong Kong with academic programs ranging from Healthcare, Economics, Architecture, Education, and Law. The research participants were given a Depression, Anxiety, Stress Scale tool. Chan and Sun (2021)

found that students held irrational personal expectations of high achievement in college. When the participants did not meet their personal expectations of academic achievement, the feelings of stress, depression, or anxiety increased. Also, the longer the student was enrolled in college courses, the greater the level of depression and anxiety, and the higher the student's stress level. It was recommended that future research further examine the irrational beliefs about academic achievement. Sinval et al. (2025) examined the relationship between depression, anxiety, and stress (DAS) and a student's intention to drop out of college. It was hypothesized that if the DAS score was higher, the student's grade point average (GPA) would be lower, and there would be a relationship with the student's intentions to drop out of college. Sinval et al. (2025) conducted a convenience sampling survey of 351 medical students. The medical students' surveys were examined to determine whether DAS scores were related to GPAs. It was determined that the greater a student's stress, the lower the GPA. These studies demonstrate that stress affects academic achievement. Future research should examine the intent to withdraw and the student's GPA.

Academic stress is evident for students enrolled in complex healthcare career pathways. Al-Najdi et al. (2025) conducted a qualitative study interviewing 15 college students enrolled in a variety of healthcare professions, including Dentistry, Pharmacy, Nursing, Biomedicine, Nutrition, and Medicine. The research participants completed a Depression, Anxiety, and Stress Scale survey prior to the interview. The participants were asked about their experiences with mental health challenges and if they felt the university was supporting their mental health needs. The interviews revealed academic pressure and stress due to an overwhelming curriculum. However, once the students began clinical education hours, they felt more relaxed with their program of study. Al-Najdi et al. (2025) found that colleges should monitor students' mental

health needs in high-stress academic pathways. The researchers recommended that future studies examine flexible academic policies and reduce students' workloads to address academic stress. Wahid et al. (2023) conducted a mixed-methods study of stress levels among 440 medical and dental students. The students completed interviews and answered survey questions about their experiences of quality of life and stress while enrolled in these academic pathways. Wahid et al. (2023) found that 51.1% of students experience high levels of academic stress, and those with higher stress also performed worse academically. Students in healthcare careers experience higher stress due to the complexities of these programs.

Continued academic stress is a major concern for students' mental health. Chen (2024) conducted a quantitative cross-sectional design, examining college students' feelings of academic stress, stress resilience, and current mental health. The researcher surveyed 303 students at a college in western China using three survey instruments: the Mental Health Inventory, the Academic Stress Scale, and the Resilience Scale. Chen (2024) found that continued academic stress negatively affected a student's mental health. Chen recommended future research to examine the factors in an academic setting that affect a student's mental health. Cody et al. (2024) conducted a study examining increased mental illness among dental health sciences professionals during the Coronavirus 2019 (COVID-19) pandemic. The survey response rate was 276 participants, of which 229 respondents were Doctor of Dental Studies. Data collection was conducted using a mixed-methods, cross-sectional design. The Generalized Anxiety Disorder survey included a questionnaire and open-ended questions about their feelings of financial stability, difficulty balancing school with personal time, and social stability. Cody et al. (2024) found that the students experienced significant depression, anxiety, stress, and feelings of suicidal ideation during the COVID-19 pandemic. Although the study was conducted during

the pandemic, the results can guide future studies of college students pursuing healthcare occupations. These studies, taken together, demonstrate that stress can affect the mental health of college students who are enrolled in a variety of academic pathways.

Students with social support systems are better able to manage academic stress. Paralkar and Knutson (2023) postulated that the ambiguity of the academic process and academic uncertainties, such as college-level assignments and test scores, may increase academic stress. A quantitative study of 158 undergraduate students examined the relationship between coping with the uncertainty of college work and students' social networks. The data analysis showed a strong relationship between social coping and intolerance of uncertainty. The stress of vague or uncertain experiences was better tolerated when the college students were engaged in social networking. There is also a relationship between the ambiguity and uncertainty of college experiences and the pressure to achieve academically. Paralkar and Knutson (2023) found that a social support system and mentoring for college students may reduce stress and help students navigate the new, ambiguous aspects of the college experience. It was recommended that future research examine the construct of social support in relation to the stress of college experiences. In a similar study, Al Hourri et al. (2023) investigated the causes of stress and the role of social support among second-year medical students. Using a cross-sectional design, 1,472 medical students, predominantly female, completed an Academic-Related Stressors survey. The researchers found that 87.6% of the respondents experienced mild to moderate stress during medical school. However, students with strong social networks, regardless of gender, were better able to manage stress during college courses. Academic stress is better managed when college students have a social support system.

Nursing Education Program

College students interested in becoming nurses may apply to nursing programs located at community colleges, technical schools, or universities. In 1952, the education of nurses shifted from hospital residency programs to community colleges or universities that offered nursing education programs, preparing students to become registered nurses (Mattern, 2024). Students may choose from a three-year nursing diploma program, a three-year associate degree of nursing program typically offered at a community college, or a four-year bachelor's degree from a university (Rosseter, 2024). Students may choose the community college as a time and cost-saving route to become eligible for licensure as a registered nurse, where coursework includes lecture hours, clinical hours, and laboratory skills hours (Dunn, 2024).

A nursing education program is a scaffolded academic program including educational hours spent in lectures, labs, and clinical settings. Nursing education programs contain a combination of classroom lectures for theoretical healthcare concepts, laboratory hours for nursing skill acquisition, and clinical hours for practicing nursing concepts (Cipher et al., 2021). Using a combination of classroom and clinical education, a nursing program curriculum is designed to teach nursing students the concepts of the nursing profession, making students eligible to take the national nursing licensure exam (Moran et al., 2024).

Nursing programs include hours in theory courses, also known as clinical theory courses, that familiarize students with healthcare theories and practice (Feeney, 2024). Students spend classroom hours learning theory-based content needed to become nurses, typically presented through traditional lectures or online learning. Nursing theory and clinical concepts courses are required for a nursing education degree. Researchers have examined whether nursing students find value in attending the required theory-based classroom lectures. Forsgren et al. (2021)

conducted a qualitative study of 31 nursing students examining their attendance patterns to classroom lectures. Data were collected through an open-ended questionnaire, and the findings were sorted into two categories. The students identified their reasons for attending lectures or skipping class. Forsgren et al. (2021) found that students chose to attend lectures because the lecturer was engaging and made the lecture content interesting. Students said that attending lectures helped shorten study time and provided an opportunity to ask questions. It was also learned that some students would not attend a lecture if the lecturer provided poor-quality instruction or if the classroom setting was too distracting. Nursing program theory courses are predominantly presented in a classroom setting to provide students with guided learning of dense course materials.

Attending a classroom setting for course instruction remains a consistent teaching strategy across healthcare courses. Bialy et al. (2022) conducted a study in which 535 healthcare pathway students shared their insights on lecture attendance. The participants included 110 medical students and 95 nursing students from a Canadian university. Questions ranged from personal preference about in-person lectures to whether the lectures were mandatory. Bialy et al. (2022) found that medical students were more likely to attend lectures in person because lectures were mandatory, and in-person attendance provided an opportunity to network and build social support systems with other students. The nursing students who attended the classroom lecture found that they met their learning objectives faster than when studying at home. Both groups of learners reported the added benefit of attending in-person lectures. The participants said that attending class in person provided opportunities to speak with their professors and engage with other students. In a similar study, Doggrell (2021) examined attendance patterns for nursing and non-nursing students for a Pathophysiology course. Of the enrolled students, 205 consented to

participate in the study and agreed to sign an attendance log for each class. The sign-in sheet proved to be the best way to track student attendance. Doggrell (2021) found that students who attended 50-75% of the lectures scored an average of 11% higher on coursework than those students with lower attendance. It was found that class attendance was positively associated with course grades. As classroom lectures are a mandatory component of a nursing program of study, Bialy et al. (2022) and Doggrell (2021) found that nursing students attend classroom lectures when they perceive the nursing faculty as engaging and a good use of their time for learning course materials.

Hours completed in the nursing skills lab are a required component for earning a nursing degree. The skills lab learning environment provides students with the opportunity to practice nursing skills before attending clinical education (Carless-Kane & Nowell, 2023). Research studies have examined effective teaching modalities and strategies to enhance nursing students' lab experiences.

Researchers have examined a variety of content-delivery modalities to meet students' learning needs. Massey et al. (2021) conducted a quasi-experimental study comparing the exam scores of 63 prelicensure nursing students. The research participants were enrolled in either a traditional, in-person Anatomy and Physiology class or a non-traditional, online course presentation. The student's exam scores were compared between the traditional, in-person "wet" dissection lab students and those non-traditional students attending an online, virtual skills lab. Massey et al. (2021) found that the academic performance of traditional in-person lab students compared to online, non-traditional students showed little significant difference. The traditional students' overall average course grade was 84%, and the non-traditional, online students' course grade was 86%. Students attending the online virtual lab scored an average of 9 points higher

than in-person “wet-lab” students. Massey et al. (2021) found that the non-traditional, online format for a skills lab was a viable solution for a lab class. Future research was recommended to examine knowledge acquisition and long-term knowledge retention when students attend a lab in an online virtual setting.

Further examining skills labs as a teaching strategy, Flo and Solheim (2025) conducted a quantitative study with 129 nursing students enrolled in a nursing skills simulation lab. Students were divided into either active skill participants or an observational role, watching the other students perform the assigned nursing skills. Observers did not physically practice the assigned nursing skills. The nursing students were evaluated on their competency in intravascular catheter insertion, airway suctioning, using an inhaler, central line catheter care, and performing a sterile wound dressing change. It was determined that the students in the observer role passed the written examination, as did the active participants. However, participants with active skills had significantly higher pass rates on the psychomotor skills exam. Future research was recommended to conduct a deeper investigation of active engagement versus the observer role during lab learning hours. Msosa et al. (2021) used a mixed-methods design to examine whether adding a Formative Assessment could improve nursing students' readiness for clinical education. The 45 nursing students were divided into an intervention and a control group. The research participants also included 12 skills lab nurse educators, all of whom were questioned about their feelings about the students' preparedness to perform nursing skills. The six nursing skills included blood transfusion, female urinary catheterization, health care education, nasogastric tube insertion, suctioning an airway, and wound dressing. Msosa et al. (2021) found that adding a Formative Assessment Framework significantly increased skill acquisition among nursing students in the intervention group, thereby improving their preparedness for clinical practice. As

nursing skills labs are a mandatory component of a nursing program, Massey et al (2021), Flo and Solheim (2025), and Msosa et al. (2021) all demonstrated that nursing students are learning the course content in both active and non-active learning settings, especially when using directive assessment tools that organize lab content.

Nursing students are required to attend clinical hours as part of the degree program in an accredited nursing program (Dunn, 2024). Cipher et al. (2021) conducted a descriptive, comparative study to determine if the number of hours a nursing student spends in the clinical setting affects the student's ability to pass the national nursing licensing exam on the first attempt. Research data were retrieved from four professional nursing programs in Texas. The total number of clinical hours ranged from 796 to 948. The researchers rejected the null hypothesis that the students' ability to pass the national licensing examination was not affected by the total number of hours spent in clinical education. Cipher et al. (2021) recommended that future research examine the types and quality of experiences during clinical education hours. In a similar study, Moran et al. (2024) examined whether the total number of clinical hours affects students' ability to pass the licensing exam. Using a descriptive, quantitative research design, the researchers sent 1,000 surveys to nurse administrators at accredited nursing programs in the United States. With a response rate of 114 viable surveys, Moran et al. (2024) found that baccalaureate nursing students averaged 652 clinical hours, while associate degree nursing students averaged 610 clinical hours. Despite the higher number of clinical hours in the baccalaureate nursing programs, only 87.8% of the nursing graduates passed the licensing exam on the first attempt. Despite fewer clinical hours, 89.0% of associate degree nursing students passed the licensing exam on the first attempt. Moran et al. (2024) recommended that future research studies examine the effectiveness of the hours spent in the clinical learning

environments. It was also recommended that future studies examine the total number of clinical hours needed to reach student learning outcomes.

Experiences occurring in the clinical education unit can affect a student's learning. Abuosi et al. (2022) examined whether the number of nursing students in a clinical education unit affects the students' learning opportunities. Using a cross-sectional design, 254 predominantly male nurse-midwife students were asked whether there were enough nursing supervisors for the students and whether there were enough learning opportunities for all nursing students in a small maternity unit. Abuosi et al. (2022) concluded that limited resources on the nursing unit affected the quality of the learning experience. Researchers are questioning the effectiveness of the number of hours needed by students enrolled in a nursing program.

A nursing program of study is a complex platform for nursing students to navigate. Nursing students attend hours in a traditional lecture setting, skills acquisition laboratory setting, and clinical settings for acquiring clinical education hours. This variety of learning modalities is required for comprehensive education and can affect the nursing students' learning experiences.

Effects of Nursing School Stress

A nursing student's experiences of stress throughout the academic journey have been studied from differing perspectives. A nursing program of study has been identified as highly stressful (Hernández-Mariano et al., 2024). The experiences of stress can manifest in a variety of emotions and behaviors in high-stress educational programs, such as nursing programs, which can lead to a variety of mental health problems and challenges (Martinez et al., 2025).

Researchers are examining the experiences of stress among nursing students enrolled in a nursing education program.

Nursing students' experiences of stress may be due in part to the high academic load of a nursing program, and their procrastination in completing complex assignments may lead to problems with their emotional well-being. Chust et al. (2022) used a cross-sectional study design to examine stressors among nursing students. A survey was completed by 282 first-year nursing students, which asked about their academic obligations, interpersonal difficulties, and prospects as nurses. The students ranked the lack of time for study, due to extensive classroom academic obligations and interpersonal challenges, as the greatest cause of stress during the nursing program. The data analysis revealed that students who reduced their physical or sports activities due to academic load reported increased stress. Chust et al. (2022) concluded that the demands of a high academic load for nursing students, combined with limited time for physical activity, significantly contributed to students' stress while attending nursing school. Cao et al. (2024) used a cross-sectional design to survey 1,308 vocational nursing students regarding their stress and academic procrastination. Using the Perceived Stress Scale, students answered questions about their positive and negative emotional well-being during nursing school and about whether they tended to procrastinate academically during periods of stress. The data revealed a direct effect of a student's negative emotional experiences on their ability to complete academic assignments. Cao et al. (2024) concluded that the nursing students' elevated stress levels may prevent them from completing the required academic assignments. The academic load and the ability to complete assignments on time are adding to the stress of nursing students.

Nursing students experiencing stress may feel a desire to withdraw from nursing school. Labrague et al. (2025) examined whether academic stress among nursing students was associated with the intent to drop out of the nursing program. Additionally, the survey asked nursing students whether their life satisfaction was higher or lower during nursing school and whether

these feelings contributed to their intent to withdraw from the nursing program. In a cross-sectional design, 977 nursing students completed four surveys assessing academic pressures, perceived stress, and life satisfaction. Labrague et al. (2025) found negative correlations between life satisfaction and academic pressure, and a positive correlation between intent to drop out of college and poor life satisfaction. There was a positive relationship between stress and the intention to drop out of college. In a similar study, El Fadely et al. (2024) examined the motivating factors for becoming a nurse and whether factors lead nursing students to withdraw from their program of study. Using a cross-sectional design, 696 nursing students were asked to complete a survey about why they enrolled in a nursing program and whether they had considered dropping out of their career pathway. El Fadely et al. (2024) found that students enrolled in a nursing program desired to help people and were recommended by friends and family to become nurses. The primary reasons the participants wanted to withdraw from nursing school included poor clinical placement experiences and psychological stress during the nursing program. Stress could increase a nursing student's intent to withdraw from nursing school.

Nursing students experience pressure and stress as they develop a professional identity as nurses. Yan et al. (2025) examined factors affecting stress and anxiety among nursing students. Using a mixed-methods research design, questionnaires were sent to 221 students, while 15 nursing students participated in qualitative interviews. The students who responded to the research questionnaire reported higher levels of anxiety and depression than the national average. The nursing students who were interviewed answered questions about their inner feelings of stress, how they feel on campus, and their plans to become nurses. Yan et al. (2025) found that nursing students scored higher than traditional college students for feelings of anxiety and depression. Additionally, students described experiencing extreme stress and confusion about

their professional identity and future as nurses. Future research was recommended to determine the factors affecting the mental health of nursing students. In contrast, Tuna et al. (2024) examined the physical and psychological responses of nursing students enrolled in a nursing program. Using a cross-sectional correlation design, 238 nursing students were surveyed about their reasons for entering the nursing profession and feelings of stress during the nursing program. The research participants completed a Professional Self-Esteem Scale (APSES) and a Perceived Stress Scale (PSS) for data collection. Tuna et al. (2024) found that higher Professional Self-Esteem scores were associated with better stress management during nursing school. It was also learned that assuming the professional identity of a nurse helps manage feelings of stress during the nursing program. For some nursing students, growing into the professional image of a nurse can make the stress during the nursing program more tolerable; yet the pressure to live up to that image is also a source of stress.

A consequence of stress for nursing students while attending nursing school may be academic burnout. Merino-Soto et al. (2024) conducted a study examining the relationship between a student's emotional intelligence and the ability to mediate feelings of burnout, academic stress, or failure. With a cross-sectional design, 154 nursing students, predominantly female, completed a Wong-Law Emotional Intelligence survey. Merino-Soto et al. (2024) found that male nursing students scored higher than female participants on academic burnout and stress. Nursing students with the ability to regulate emotions with academic stress and failure were less likely to experience academic burnout. Alghtany et al. (2024) examined whether a relationship exists among professional self-concept, stress, and cynicism that could lead to feelings of burnout among nursing students enrolled in nursing school after the COVID-19 pandemic. The Maslach Burnout Inventory-Student Survey was given to 198 nursing students.

Using a cross-sectional design, nursing students were asked questions about emotional exhaustion, cynicism, professional nursing self-concept, and professional efficacy. Alghtany et al. (2024) found that students with higher professional self-concept had lower academic stress, burnout, and cynicism. Hwang and Kim (2022) questioned whether nursing students' experiences of academic stress and burnout changed during clinical education hours. Using a cross-sectional research design, 171 nursing students, of whom 83 students were attending clinical education hours, and the remaining 88 students were not assigned to a clinical education unit, were asked about their feelings of depression, anxiety, and stress. Hwang and Kim (2022) found that only 33% of the students attending clinical education hours experienced anxiety and depression, while 44% of the nursing students who were not assigned to clinical education hours experienced stress and anxiety. Students who did not attend clinical hours during nursing school had higher academic stress and burnout than those assigned a clinical rotation. The intense stress can lead to nursing students experiencing burnout, making it a concerning factor for them. Merino-Soto et al. (2024), Alghtany et al. (2024), and Hwang and Kim (2022) described how stress in a nursing program can lead to academic burnout for nursing students. The stress of a nursing program may affect a student's mental health, impacting their progress towards degree completion and graduation.

Nursing Student Stressors During Clinical Education

Researchers have examined nursing students' experiences of stress during clinical education hours from multiple viewpoints. The clinical learning environment is a complex phenomenon (Gürdil et al., 2022). There is pressure and stress during clinical education hours for nursing students (Sun et al., 2024). The nursing students' experiences of stress during clinical education hours are affected by many factors. Students may experience stress because of the

intricacies of the real clinical environment. They may face additional stressors as they progress through the nursing program, including increased clinical expectations from nursing faculty and staff at the clinical agencies. How a nursing student manages the stressors encountered in the clinical environment may depend on their personal emotional intelligence and coping strategies. All these factors affect the stress experiences of nursing students during clinical education hours.

The clinical environment where direct patient care occurs can be a source of stress for nursing students. Ying et al. (2023) conducted a study of nursing students' professional engagement during clinical hours. Using a cross-sectional design, 318 nursing students completed a Professional Commitment Scale survey. The survey assessed their professional commitment to becoming a nurse and their active participation while in clinical education hours. Ying et al. (2023) found that strong clinical experience decreased students' stress and increased their professional commitment to learning about nursing in the clinical environment. It was recommended that future research examine factors, such as stress, among nursing students in the clinical education unit. Mazalová et al. (2022) examined whether a relationship exists between the clinical learning environment and stress among nursing students. Using a cross-sectional design, data were collected from 155 nursing students using survey tools such as the Perceived Stress Scale, the Coping Behavior Inventory, and the Physio-Psycho-Social Response Scale. Nursing students were asked about clinical and academic stressors, as well as the instructors assigned to the clinical education unit. Mazalová et al. (2022) determined that nursing students had lower stress levels with their nursing education when they received individualized supervision from clinical faculty during clinical education hours. From a different lens, Cho et al. (2023) conducted a phenomenological study with 18 nursing students to examine their experiences of disgust during clinical education hours. The nursing students were asked open-

ended questions about how and when they experienced disgust during clinical education hours and if these feelings changed their perception of becoming a nurse. The data were organized into four themes: fear of unpleasant sensations, unexpected clinical stress, ambivalence towards the patient, and personal expectations of entering the nursing profession. Data analysis revealed that the nursing students became overwhelmed when caring for a patient's physical needs, such as open and bleeding wounds, and exposure to noxious odors. Cho et al. (2023) found that students were surprised by their feelings of disgust toward the patients' physical care needs and avoided patient care duties. These feelings of disgust increased their stress and affected their perceptions of their future role as nurses. The high expectations surrounding clinical education hours are a source of stress for nursing students, as described by Cho et al. (2023), Mazalová et al. (2022), and Ying et al. (2023).

A nursing student's level or year of clinical experience can affect their stress perceptions. Hwang et al. (2021) examined the stress and coping abilities used by nursing students during their first clinical experience. Using a descriptive, cross-sectional design, 191 research participants were surveyed about their coping styles and stress experiences during clinical education hours. Students were asked if they felt supported by the staff at the clinical site and their clinical faculty providing instruction at the clinical care facilities. Hwang et al. (2021) found that students experienced their highest levels of stress during their first clinical year, but their stress was better managed when they felt supported by their clinical faculty. Additionally, Gürdil et al. (2022) used a descriptive, cross-sectional research design to explore the stress levels of nursing students on their first day of clinical education. Data were collected from 116 nursing students. Participants were asked to complete a Clinical Stress Questionnaire to rate their stress at the end of their first clinical shift. The participants answered questions about their feelings of

harm, challenge, threat, and benefits of clinical education. The data analysis showed that the nursing students scored very low on feelings of fear or threat at the end of the first day of clinical. The nursing students were less concerned about being injured during clinical education and more worried about the demands of the nursing program and the clinical environment. Gürdil et al. (2022) found that after one day in the clinical settings, the students were not afraid and had a positive experience. The data analysis revealed that the students felt supported during their clinical orientation, and the nursing instructor embodied joy and excitement about the pending clinical experience. Future research should examine the stress experienced during the extensive clinical education hours that nursing students complete.

A nursing student's ability to manage stress during education hours may be related to their emotional intelligence (EI). Rodríguez-Leal et al. (2023) conducted a cross-sectional, observational correlational study with 377 nursing students examining Emotional Intelligence and nursing students' stressors during clinical practice. Students were encouraged to keep reflective journals during their clinical experience and then asked to complete questionnaires about feelings of clinical incompetence, contact with suffering patients, and the uncertainty of the clinical experience. Rodríguez-Leal et al. (2023) found a moderate relationship between the students' EI score and their ability to cope with stressors in clinical education. There was an inverse relationship between a student's emotional clarity and the stress experienced during clinical education hours. Likewise, Shubayr and Dailah (2025) questioned whether there is a relationship among a nursing student's emotional intelligence, self-efficacy, and stress related to clinical education. Using a cross-sectional design, 324 nursing students completed a questionnaire assessing their ability to share emotions with others, their understanding of nonverbal communication cues, and their perceptions of stress during clinical practice. Shubayr

and Dailah (2025) found that there is a positive relationship between emotional intelligence and the management of emotional responses to stressful situations in clinical practice, as well as a positive correlation between EI and self-efficacy. Similarly, Aryuwat et al. (2024) conducted a qualitative study in which nursing students described the support from their clinical nursing instructors and their ability to build emotional resilience during their nursing education program. Virtual interviews were conducted with 28 nursing students focusing on emotional resilience during clinical education hours. The participants were asked about clinical practice adversities, negative experiences, and difficult experiences during clinical practice, and about what helped them overcome these stressful feelings. Upon coding the data, two major themes emerged: students' feelings of vulnerability and the opportunity for meaningful experiences during clinical education hours. Aryuwat et al. (2024) concluded that feelings of uncertainty and vulnerability during clinical education, and the emotional support provided by healthcare facilities and nursing instructors, helped nursing students develop professional resilience. A nursing student's EI skills affect their capacity to modulate stress during clinical education hours as described by Rodríguez-Leal et al. (2023) and Shubayr and Dailah (2025).

Nursing students' feelings of stress can lead to depression or suicidal ideation. Stubin and Dahan (2024) examined the relationship between perceptions of faculty support and feelings of depression, anxiety, and stress for nursing students. Using an exploratory, mixed-methods, cross-sectional design, 1,163 nursing students across the United States were invited to complete an online survey. Data was collected using the Depression, Anxiety, and Stress Scale and Perceived Faculty Support research tools. Data was collected using open-ended questions that asked students about their perceptions of faculty support during clinical education hours and about the top three stressors during the nursing program. Qualitative data analysis was broken into two

themes: the nursing faculty were unsupportive, and students felt belittled by the clinical instructors. Likewise, Stubin and Dahan (2024) determined that 54% of the participants were experiencing severe depression, anxiety, and stress during the nursing program, and meaningful support by the nursing faculty reduced the students' psychological distress. In a similar study, Sun et al. (2024) used a qualitative, phenomenological research design, asking recently graduated nursing students about their thoughts and feelings about self-harm during clinical education hours and their nursing education program. Through purposeful sampling, 15 nursing students who had completed 1,016 hours of clinical education were asked to be interviewed by telephone about their clinical experiences during nursing school. Data analysis produced four primary themes, including emotional escalations due to multiple clinical rotations, physical and emotional discomfort during clinical education hours, and the practice of safe and unsafe self-protective behaviors in response to feelings of stress. Unsafe behaviors included thoughts and actions of self-injury, including body-cutting with sharp instruments or complex suicide plans. Safe behaviors included seeing a psychologist, engaging in physical exercise, and dedicating time to social interactions. Sun et al. (2024) concluded that nursing educators and clinical instructors need to adequately and actively prepare nursing students for the complex clinical environment and support students as they learn in unpredictable clinical units. The extreme feelings of stress during clinical education hours can affect the mental health of nursing students and lead to anxiety, depression, and intentional behaviors of self-harm.

Nursing students' ability to cope with the stress of the clinical environment varies with their clinical experience. Torné-Ruiz et al. (2023) queried if the addition of an online mindfulness intervention used during a clinical simulation lab could provide nursing students with mindfulness skills to be used when experiencing stress during clinical education hours.

Using a quasi-experimental design, 42 nursing students were randomly assigned to an intervention group and a control group. All students received the same mindfulness training prior to the clinical simulation. The intervention group was instructed to practice the mindfulness training for 10 days prior to attending the clinical simulation lab. Students were monitored for stress levels and anxiety before, during, and after the clinical simulation. Torné-Ruiz et al. (2023) concluded that all the research participants experienced stress and anxiety before the clinical simulation, but the intervention group had lower levels of anxiety after the simulation. However, neither nursing student group showed a change in mindfulness scores after the training. In another study, Dias et al. (2024) examined the stressors and coping strategies of nursing students during their first clinical rotation. Using a qualitative research design, 30 students were asked about their experiences after completing the first year of clinical education hours during their nursing program. Using semi-structured interviews, the nursing students were asked to describe what they found stressful during their first year of clinical education and the coping strategies they used to manage these stressors. Three primary themes emerged for the data analysis. First, managing expectations by clinical facilities; second, a significant gap between classroom-based theory and the clinical environment; and third, positive and negative coping strategies during clinical education experiences. Dias et al. (2024) found that clinical agency staff expect students to function as competent nurses while in a learning role, which is a primary source of stress for students. The students feared rejection by the clinical staff, patients, and their nursing faculty, which led to low confidence and a fear of failing in the nursing program.

Nursing students experience stress during clinical education hours. Support from the nursing faculty and clinical staff during nursing students' time in the clinical education unit can promote confidence and foster a professional image, helping manage stress during clinical

(Mazalová et al., 2022). The educational level of nursing students affects how they experience stress during nursing school. Students experience higher levels of stress as they progress further into the nursing program (Hwang et al., 2021). Students with higher emotional intelligence scores are better able to modulate the stressors of the clinical education environment (Rodríguez-Leal et al., 2023; Shubayr & Dailah, 2025), and emotional intelligence may increase a student's resilience to stress in the clinical education environment (Aryuwat et al., 2024). Nursing students' experiences of stress during clinical education hours can be managed through personal coping skills, coupled with the support from the staff at the clinical agencies and their clinical instructors. The ability to manage stress during clinical education hours is necessary for students trying to meet their academic goal of becoming a nurse.

Synthesis and Gaps in Literature

Researchers have examined stress experiences among students, specifically college students who desire to become nurses and are actively enrolled in a nursing education program. A nursing program of study consists of three components: classroom lectures, laboratory hours for learning nursing care skills, and clinical education hours during which nursing students care for actual patients (Moran et al., 2024). The literature documents that nursing students experience stress throughout the nursing program of study (Chust et al., 2022). Stress can occur in any component of the nursing program, but nursing students experience it most during clinical education hours. Clinical hours are required for a nursing student to earn a degree toward national licensure as a registered nurse (Cipher et al., 2021). It has been demonstrated in the literature that high levels of stress for nursing students can lead to depression and anxiety (Sun et al., 2024). Stress can lead nursing students to withdraw from their educational program of study (El Fadely et al., 2024). Stress for nursing students can occur in all components of the nursing

program (Labrague et al., 2025). The complexity of learning in a clinical education setting, combined with the layers of a nursing education program, is stressful for nursing students.

Nursing students' stress during the assigned clinical education hours remains an area for continued research. Future research is recommended to examine the causes of stress during clinical education (Gürdil et al., 2022; Torné-Ruiz et al., 2023). The literature indicates that nursing students experience stress during clinical education hours. There is a gap in the literature regarding how community college nursing students describe their experiences of stress during clinical education hours.

Ethical Assurances

This researcher conducted an ethically grounded study. An application was presented to the National University Institutional Review Board (IRB) prior to data collection. Data collection was conducted through online recruitment of participants and did not need additional IRB approval from a secondary institution, as this was a voluntary web-based study. Using the National University IRB process to protect the rights and safety of research participants, the level of risk of harm or injury to participants was evaluated. This study posed minimal risk to research participants.

Conducting ethically grounded biomedical or behavioral research was guided by The Belmont Report. In 1974, the National Research Act was signed into law after the discovery of unethical human experimentation with African American men diagnosed with syphilis who were denied medical treatment as part of the research. This resulted in the death of 254 men who were involuntarily used for human experimentation (Mackey-Kallis, 2023). This injustice led to the writing of the Belmont Report, which safeguards and protects all people in research studies and prevents them from becoming involuntary research participants. The tenets of The Belmont

Report include the Respect of Persons, Beneficence, and Justice. Respect for Persons is the acknowledgment of the individual's autonomy as a person and the equal protection for those with diminished autonomy. Beneficence is maximizing the benefit to the research participant while protecting against harm or injury. Finally, justice is the equal distribution of the benefits and risks to the research participants (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). This research study followed the principles of the Belmont Report. In this study, the Respect for Persons was honored by providing information about their rights as research participants and their options to withdraw from the study.

This researcher protected the research participants' confidentiality and anonymity. Researchers are responsible for protecting the privacy of the study participants while establishing an open and honest relationship between the scholar and the respondents (Kang & Hwang, 2023). Participant anonymity was protected by identifying participants only by an email address and minimizing personal information. Using a respondent's email address established a route of communication with the researcher. Cataloging the participant eligibility criteria minimized the collection of personal information about research participants and thereby protected participant confidentiality. It was the investigator's responsibility to maintain anonymity when there was a possibility of geographical identification of research participants or when research participants had an online presence. It was critical to build and maintain trust and anonymity with participants to increase the likelihood of authentic responses and yield better research outcomes. All participants were allowed to withdraw from the study at any time to avoid coercion.

The research data is stored and protected for three years after the conclusion of the study. The electronic interview recordings were saved on a password-protected, encrypted drive.

Copies of electronically signed paper documents were scanned and saved on an encrypted hard drive. The hard copies of the signed documents were stored in a locked cabinet in a secure area for at least 3 years. (National University Institutional Review Board, n.d.).

The researcher is an integral component of the investigative process and should protect the validity of the study's outcomes. The researcher may gain a deeper respect and expertise in the field or discipline being studied (Hofmann et al., 2025). As a nursing educator, it was important to be aware of personal biases regarding stress among nursing students during clinical education hours. Researchers with a working knowledge of the research topic should monitor reflexivity and conduct a peer evaluation if there is a risk of personal bias during data analysis (Ahmed, 2024). Using peer evaluation with data analysis, careful consideration of reflexivity can reduce the potential for bias and enhance the validity of the data. Through these measures, this researcher protects against adding personal bias to the research data analysis and presentation.

Summary

Nursing students enrolled in academic programs often report feelings of stress during clinical education hours. This stress may lead nursing students to withdraw from nursing school rather than enter the workforce, further exacerbating the nursing shortage. The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and to identify programmatic supports that help alleviate these feelings.

The target population for this descriptive, phenomenological, qualitative research study was community college nursing students who are currently enrolled in a nursing program. Research participants were recruited using social media platforms. The research participant eligibility criteria included: (a) being at least eighteen years of age, (b) enrolled in a professional

nursing program at a community college in the western United States, and (c) having completed at least one nursing clinical education course. The sample consisted of five nursing students. A series of three in-depth interviews was conducted with each participant. Interviews with study participants continued until thematic saturation occurred.

The literature documents that nursing students experience stress during clinical education. However, asking the community college nursing students to describe their experiences of stress during clinical education hours was needed research for the nursing education community. The research participants received ethical protection through informed consent, confidentiality of their data, and the right to withdraw from the study at any time without penalty.

Section 2 describes the research design and methodology. Also included in this section is a detailed description of how the research participants were selected and the measures taken to ensure the ethical protection of the study respondents. The section includes the research instrumentation, data management, and the data analysis process.

Section 2: Methodology and Design

Nursing students describe experiencing stress during clinical education hours. The problem addressed by this study is that 54% of nursing students report feelings of stress during clinical education hours (Stubin & Dahan, 2024), which may lead to withdrawal from nursing school (Dias et al., 2024; Rodriguez-Leal et al., 2023) and contribute to a national (Rosseter, 2024) and global nursing shortage (Haddad et al., 2023). Nursing students' experiences of stress during clinical education hours may include caring for complex patients or witnessing their patients' suffering (Rodriguez-Leal et al., 2023). Nursing students' experience of stress during clinical education includes feelings of inadequacy compounded by a significant theoretical-practice gap between the classroom and actual patient care (Dias et al., 2024). Inconsistencies in teaching by classroom faculty and clinical instructors may cause feelings of confusion and incompetence (Adkins & Aucoin, 2021).

If the stress problem during clinical education hours persists, students may withdraw from nursing school, perpetuating the nursing shortage (Aryuwat et al, 2024). A shortage of nurses can jeopardize patient safety and increase patient mortality by six percent (Rosseter, 2024). If fewer nurses are providing patient care, medical errors may occur. A shortage of nurses can lead to increased medication errors (Milicia et al., 2023), thereby increasing the risk of poor patient outcomes. Dias et al. (2024) found that clinical stressors may be associated with nursing school attrition. They recommended that future research be conducted to evaluate the stressors on nursing students during clinical education hours. Cipher et al. (2021) recommended that future research examine the types and quality of nursing students' experiences during clinical education. This information may benefit nursing education leaders in developing the nursing program's clinical curriculum and help students mitigate stress, reduce attrition, and support the

graduation of new nurses into a depleted nursing workforce.

The objective of this study was to examine the nursing students' experiences of stress during clinical education hours. The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and identify programmatic supports that help alleviate these feelings. Understanding the lived experiences of stress is essential for nursing education leaders responsible for educating and graduating new nurses during a nursing shortage.

This section includes a description of the research design, the rationale for selecting it, and an exploration of alternative research methods. This section describes the research participants' target population and sample, consisting of nursing students who meet the research criteria and are eligible to participate in the study. Section 2 describes the research instrumentation, including semi-structured interviews, and the data collection and analysis process. This section also includes the perceived research assumptions, limitations, and delimitations for this study.

Design and Method

A qualitative, descriptive, phenomenological research design was used to explore in depth the phenomenon of nursing students' experiences of stress during clinical education hours. Qualitative research is a methodical research process that focuses on the meaning of a group or individuals in the context of a social or human problem (Creswell & Poth, 2023). Qualitative research enables the researcher to gain insights into participants' lived experiences through open-ended questions that provide the 'what' and 'how' of their life events (Tenney et al., 2024). A research study examining the lived experiences of nursing students during clinical education hours aligns with a qualitative research method. The research questions for this study explored

which events community college nursing students perceived as stressful during clinical education hours. Qualitative research enables investigators to describe human experience through in-depth interviews and the identification of themes that emerge from analyzing participants' interview transcripts (Buckway & Sowerby, 2023). Conducting in-depth interviews with nursing students enrolled in clinical education hours to learn about the lived experiences of stress is consistent with qualitative research. Quantitative research was not the appropriate method for answering the research questions. Quantitative research methods involve gathering numerical data to test associations between variables, using mathematical measurements to quantify data (Bayot et al., 2023). This was not an appropriate method for examining nursing students' lived experiences of stress during clinical education hours. Using numerical data may diminish the unique essence of nursing students' human experiences in the clinical education unit. The qualitative research method enabled the collection of rich, lived experiences of nursing students during clinical education hours, which quantitative data could not provide. Qualitative research is the appropriate research method for this study.

A phenomenological research design was used to answer the research questions. Examining the meaningful and concrete relations implicit in an original human experience or a phenomenon is the goal of phenomenological research (Moustakas, 1994). Each participant described their unique human experience as nursing students caring for patients in an intensive learning environment. The clinical education setting is a unique phenomenon. The phenomenological research design allows exploration of the essence of human life from the perspective of a transcendental human experience (Larsen & Adu, 2021). Other qualitative research designs were not appropriate for this study. For example, grounded theory is used to outline a life process to generate a new theory or hypothesis (Hood, 2022). A grounded theory

study was not the appropriate design, as the research questions were not written to create a new theory or process. Likewise, ethnography was not an appropriate design, as it requires the researcher to become immersed in a culture or group to understand better its members' perspectives (Muhammad, 2024). Ethnography was not the appropriate design, as this researcher is already a practicing nurse and would not be able to join a group of nursing students. To capture the essence of this unique educational experience, a phenomenological research design was used to examine stress among community college nursing students during clinical education hours.

A descriptive-phenomenological design was used to capture and analyze the essence of participants' experiences. A descriptive-phenomenological design allows researchers to focus on the finer details of the unique phenomenon while enabling researchers to draw inferences from the collected data (Larsen, 2023). Descriptive phenomenology is often used in nursing studies to unfold a lived experience when the goal is to describe the phenomenon (Shorey & Ng, 2022). The clinical education unit is a unique setting that necessitates in-depth interviews with participants to uncover the smallest details of their clinical experiences and address the research questions. A descriptive-phenomenological design provided the time to hear about these unique and intricate experiences of stress among nursing students. Existential phenomenology was not the appropriate research design for this study. Existential phenomenology explores human existence and examines the free choice of experiences from a philosophical lens (Larsen, 2023). Given the stress experienced by community college nursing students during clinical education, a qualitative descriptive-phenomenological design was the most appropriate research framework for this study.

Population and Sample

For this qualitative descriptive-phenomenological study, the research participants were nursing students currently enrolled in a nursing education program and had completed at least one clinical education course. The purpose of this qualitative, descriptive, phenomenological research study was to explore how community college nursing students experience stress during clinical education hours and to identify programmatic supports that help alleviate these feelings. This study provides insight into nursing education leaders who are responsible for nursing school retention and attrition during a nursing shortage. Understanding nursing students' stress during clinical education hours is essential for nursing education administrators, who are responsible for planning the clinical curriculum and providing support throughout students' time in the program.

The research population comprises those individuals, groups, or entities with similar characteristics (Hossan et al., 2023). The target population is a specifically selected group or individual whom the researcher is interested in studying and who may inform the research questions (Ahmed, 2024). This study's target population was community college nursing students currently enrolled in a nursing program in the western United States who had completed at least one clinical rotation in a clinical education unit. For this study, nursing students who had completed at least one clinical rotation were selected to describe their experiences of stress during their clinical education rotation.

In a phenomenological research design, participant eligibility is narrowed to individuals who have experienced the phenomenon (Creswell & Poth, 2023). Eligible research participants were (a) at least eighteen years of age, (b) enrolled in a professional nursing program at a community college in the western United States, and (c) had completed at least one nursing clinical education course. Participants who met the eligibility criteria were able to answer the

interview questions and provide context and meaning to the research study's purpose. In a phenomenological research study, a sample size should range from 5 to 25 participants (Moustakas, 1994). In qualitative research, the sample size is not prescriptive but rather a manageable number of interviews until the researcher reaches saturation of data themes (Ayton et al., 2023). For this study, five community college nursing students who were enrolled in a nursing program were selected as research participants. Interviews continued until data saturation was achieved.

Purposeful sampling and snowball sampling were used during participant recruitment. Purposeful sampling occurs when research participants are intentionally selected from the identified research population and meet the selection criteria to fulfill the study's purpose (Nyimbili & Nyimbili, 2024). Purposeful sampling enabled the researcher to select participants who could answer the research question and meet the study eligibility criteria. Purposeful sampling reduces the time and resources required to select participants and begin data collection (Stratton, 2024). Snowball sampling is a method of recruiting additional research participants by networking among the initial participants (Ayton et al., 2023). Initial participants were asked to share the recruitment flyer with their nursing student colleagues who might be interested in participating in this study.

For this study, participants were recruited via a nursing student social media platform. The participants were nursing students enrolled in community college nursing programs in the western United States who met the eligibility requirements. Purposive sampling narrowed the selection of research participants, which expedited data collection.

Data collection continued until duplicative themes emerged, a phenomenon known as data saturation. Data saturation occurs when additional data collection yields no new findings or

themes (Ayton et al., 2023; Hennick & Kaiser, 2022). Participants' interviews continued until recurrent themes and repetitive language emerged from the transcript analysis.

Instrumentation

The data collection method for this descriptive, phenomenological, qualitative study consisted of three interviews. Interviews provide insight into the research participants' lived experiences and are an ideal data collection method in qualitative research (Muhammad, 2024). Qualitative-style interviews were conducted with the volunteer nursing student participants. For a phenomenological research study, a series of three in-depth, separate interviews allows the researcher to explore the meaning and context of the lived experiences of the research participants (Seidman, 1991). Edmund Husserl's descriptive phenomenological research provides an additional level of in-depth explanation of the lived event (Larsen, 2023). This researcher was immersed in the study by conducting interviews with participants, cataloging and reviewing transcripts, and coding the transcripts for themes.

The nursing student volunteers participated in a series of three interviews, each consisting of five to ten interview questions. The general interview questions began with open-ended phrasing, such as “How do you feel when?” or “How did you understand this?” (Larsen, 2023). The three-interview technique consists of a first interview to learn about the participants' history and their relevance to the research study. The second interview detailed participants' experiences of the phenomenon, and the final interview should focus on their reflections and meaningful experiences regarding the research topic (Seidman, 1991).

An expert panel was asked to evaluate the interview questions to ensure alignment with the study's purpose, thereby establishing the validity of the process. An expert panel consists of professionals or scholars convened to evaluate complex issues, provide discussion or opinions,

and offer recommendations (Iyer et al., 2024). The expert panel members may review the interview questions for reliability and alignment with the research questions (Bhalla et al., 2023). Before submitting to the Institutional Review Board (IRB), a panel composed of two educational experts reviewed the interview questions. Feedback was received on whether the interview questions addressed the study's objectives, and guidance was provided on improving or removing any questions that were not relevant. Questions were corrected and updated with the feedback provided.

The participants were scheduled for a series of three 60-minute interviews. This technique allows the researcher to gain context for the interview while conveying to the participant that the researcher is taking the interview seriously and is respectful of their time (Seidman, 1991). Appendix E provides the research protocol and a list of the interview questions. The three-interview technique was the appropriate data-collection method for this descriptive-phenomenological study of the lived experiences of stress among community college nursing students during clinical education hours.

Data Collection and Analysis

For this qualitative phenomenological descriptive study, data were collected from volunteer nursing students who responded to the recruitment advertisement. In qualitative research, data are collected from volunteer subjects who can provide deeper insight into the assumptions underlying a lived experience while bringing context to human events (Ayton et al., 2023). Data were collected from the volunteer nursing students as they described their experiences of stress during clinical education hours. Systematic analysis of the interviews was used to identify recurring codes and emerging themes.

Before recruiting research participants, the Institutional Review Board (IRB) and approval from the social media site were secured. In the submission to the IRB, a sample of the recruitment flyer was included with the application. The flyer included information about the research study, how to serve as a research participant, statements about the protection of the participants' privacy and confidentiality, and a description of a financial incentive for participation. Appendices B and C are examples of the social media flyer and post. The social media site Facebook (META)[®] was used for recruiting nursing students as research participants. Upon receiving the IRB approval documents, a message was sent to the administrator of the nursing student-specific group social media site to post the recruitment flyer. The social media site did not request IRB approval documents for posting the recruiting flyer. The National University IRB was sufficient for this study. Upon final IRB approval and the group administrator's approval on the social media sites, the recruitment flyer was posted, and participant recruitment commenced.

Potential research participants were recruited through a flyer posted on a social media platform used by nursing students. Social media websites provide researchers with greater access to a wider range of potential participants and enable them to represent a larger portion of the population (Flood-Grady et al., 2021). The recruitment flyer included the eligibility requirements for the research participants. These included that a participant was (a) at least eighteen years of age, (b) enrolled in a professional nursing program at a community college in the western United States, and (c) had completed at least one nursing clinical education course. Also included in the flyer was an explanation of the level of participation and the time needed to complete each of the three interviews. The description of the participants' time commitment allowed them to review transcripts with the researcher to ensure the accuracy of data collection.

The recruitment flyer included a Calendly® link to schedule the first interview and an email address for contacting the researcher. Upon contacting the participants, each person was assigned an alternate name for identification purposes. Collecting personal information was kept to a minimum to protect participants' confidentiality. Email addresses were saved, allowing the researcher to contact them. Cataloging participant eligibility criteria minimized the collection of personal information about research participants and thereby protected participant confidentiality (Espedal et al., 2022). When the participant clicked on the Calendly link, a consent form opened. This form provided information about their rights as research participants and their options for withdrawing from the study. Interested participants provided consent by clicking an acknowledgment tab. Protecting participants' right to withdraw from the study aligns with the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Once a participant clicked on the consent tab, a link to an automated calendar became available to schedule their first interview. Participants also found the researcher's phone number on the instructions page for those who prefer to call to schedule their first interview. Participants were provided with an email address or phone number in case they became disconnected from the researcher. Participants received a \$100 Visa gift card as a thank-you for participating in the study.

Data collection interviews continued at the participants' convenience. The three semi-structured interviews were conducted via a virtual meeting platform, with audiovisual recordings, which provided the interview transcripts. Conducting interviews virtually allows for flexibility and accessibility for participants (Keen et al, 2022). Participants were encouraged to share their authentic, firsthand experiences of stress during clinical education hours. Using the three-interview series yields richer data, allows participants time for reflection, and provides the

researcher with time between the interviews to review the data and identify emerging themes (Seidman, 1991). The researcher reviewed the audiovisual recording transcripts verbatim for data analysis.

In qualitative research, participant interviews served as empirical data, and the researcher organized the transcripts for thematic analysis while systematically assigning codes to the data (Espedal et al., 2022). NVivo software was used to organize the transcripts and conduct thematic coding. Tools such as NVivo support organizing the data and creating images for interpretive coding (Allsop et al., 2022). The research participants reviewed their respective transcripts to increase accuracy and transparency.

During data analysis, the transcripts were systematically organized into themes to address the research question concerning nursing students' lived experiences of stress during clinical education hours. There are a variety of methods for data analysis in qualitative research that proceed in a series of steps or phases (Brailas et al., 2023). The data were organized using Moustakas' Seven-Step process for data analysis. This tool refers to the recurring themes as the invariant constituents.

Table 1 Moustakas (1994) Seven-Step Analysis of Phenomenological Data

Steps	Methodological Procedures
1	Listing and Preliminary Groupings: Using horizontalization is the intentional selection of verbatim transcripts pertinent to the lived experience.
2	Reduction and Elimination: Examining the invariant constituents for moments that provide meaning and understanding related to the lived experience by providing a label to the moment. Additionally, eliminate repeating or vague statements.
3	Clustering and Thematizing the Invariant Constituents: Group the invariant constituents into a related theme, as the group is the primary theme of the experience.
4	Final Identification of the Invariant Constituents and Themes by Application: Three subsets

	1) Examine the themes clearly and directly expressed within the participants' full interview transcripts.
	2) Examine if the themes are compatible.
	3) If the themes are not clear and compatible, the content is deleted.
5	Construction of the Individual Textural Description: Include verbatim statements from the transcription.
6	Construction of the Individual Structural Description: Include contextual descriptions based on experiences.
7	Construction of the Textural/Structural Interview Composite For each interview, include Textural and Structural content incorporated into the invariant constituent and themes.

Note. Table 1- Adapted from van Kaam Method of Analysis of Phenomenological Data. Thousand Oaks, CA. 1994

Assumptions

The qualitative researcher approaches a study with assumptions about the participants, research process, and analysis. Research assumptions are beliefs held by the researcher about participants' statements and serve as a fundamental component of the study (Seidman, 1991). Assumptions shape every stage of qualitative research (Tenny et al., 2022). The researcher formulates assumptions during the formative phases of the research project. It is important to identify assumptions in empirical research and their effect on the evolution of scientific knowledge (Ellis & Spiegler, 2024). Researcher assumptions arise from years of professional practice, the exploration of currently published literature, and open discussion with colleagues and peers working in the same field of study (Clair et al., 2022). This researcher has experience working with nursing students and assumed that students would engage in an open dialogue about their clinical experiences. When the data source is an interview between the researcher and the interviewee, it is assumed that both parties are speaking objectively and providing accurate, substantial data for analysis (Espedal et al., 2022). This researcher assumed that participants provided an accurate description of their experiences of stress during clinical education hours.

Limitations

Each study is subject to research limitations. Research limitations are the deficits or shortcomings of a study, and identifying them increases the transparency, honesty, and openness of the research results (Sumpter et al., 2023). In qualitative research, interviews can be a limitation because the researcher may misinterpret responses to open-ended questions (Espedal et al., 2022). Data was collected in a series of three virtual online interviews. When conducting online research, the researcher may miss non-verbal cues, and this platform cannot replace the richness of an in-person interview (Thunberg & Arnell, 2021). When using the virtual meeting platform, some participants' descriptions of stress experiences during clinical education hours might be missed or misinterpreted. Upon completion of the interviews, the researcher reviewed the transcripts with each participant, ensuring the true meaning of the responses was captured, thereby reducing this study's potential limitation.

Replication of a study is a delimitation in qualitative research. Replication of a study is more challenging in qualitative research due to the nature of data collection, as opposed to the statistical information in quantitative research (Pratt et al., 2020). It is difficult to replicate the timing of the study, the selection of research participants, and the responses, as interview questions may elicit different answers at different times (Ahmed, 2024). The ability to replicate a qualitative research study is a limitation, as it may reduce the validity and trustworthiness of a qualitative design.

Delimitations

Qualitative research has unique delimitations. Delimitations are choices made by the researcher to define the study's scope and create manageable boundaries (Coker, 2022).

Qualitative research limitations include smaller sample sizes, which limit the generalizability of

the findings to the research population, and the risk of the researcher's bias during data interpretation (Muhammad, 2024). The target population of nursing students in a community college was a delimitation. The conclusions from the data analysis were not transferable to the population of nursing students. However, the research results may inform nurse educators about the stress experiences of nursing students in a clinical setting. The delimitations for this study included only selecting community college nursing students residing in the Western United States. Additionally, data were collected from a small sample size of five nursing students in a series of three interviews. In qualitative research, the relationship between the social researcher and the participant becomes complex as this is a subject studying another subject rather than a subject studying an object (Larsen, 2023). For this study, only nursing students were invited to participate in interviews by a researcher who is a professional nurse educator. This singular focus of the nursing profession narrowed the scope of study and established a boundary against overreaching into other healthcare professions. These delimitations defined and narrowed the study, enabling targeted data collection and focused analysis.

Summary

This section provided a detailed description of the research method, design, the research population, and study instrumentation. This qualitative, descriptive-phenomenological study examined the lived experiences of stress in community college nursing students during clinical education hours. The descriptive design provided a rich, in-depth exploration of their experiences.

Data collection involved three in-depth virtual interviews to gain insight into nursing students' experiences of stress during clinical education hours. The data was coded for themes by

using NVivo qualitative data analysis software. This tool reviews interview transcripts to code and visualize patterns and themes, enabling conclusions about the nursing students' interviews.

Research assumptions, limitations, and delimitations frame this qualitative, descriptive phenomenological study. The research assumptions included that the research respondents would provide truthful responses to the interview questions. The use of virtual technology for data collection was identified as a limitation for this study. The delimitations included a small sample size and the restriction of participants to community college nursing students. These three parameters contextualize the study while providing transparency and clarity for this qualitative, descriptive, phenomenological study. Section three presents the research findings, the study's implications, and recommendations for future research.

Section 3: Findings, Implications, and Recommendations

The problem addressed by this study is that 54% of nursing students report feelings of stress during clinical education hours (Stubin & Dahan, 2024), which may lead to withdrawal from nursing school (Dias et al., 2024; Rodriguez-Leal et al., 2023) and contribute to a national (Rosseter, 2024) and global nursing shortage (Haddad et al., 2023). The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and to identify programmatic supports that help alleviate these feelings. This section describes the findings of an exploration of stress experiences among community college nursing students during clinical education hours. Included in this section are the portraits of the research participants, the presentation of the findings, including the interview themes, the evaluation of the study outcomes, and the implications for practice. Additionally, this section contains recommendations for future research and conclusions for this section three.

Research limitations may affect the interpretation of the research results. Three primary limitations were identified. These include transferability, researcher subjectivity and bias, sample size, and the geographic location of the research participants.

First, transferability, or generalizability, of the research findings is an implicit limitation of qualitative, phenomenological research. Although the research findings are significant for understanding stress experiences among community college nursing students during clinical education hours, the results are not transferable to the population of nursing students. This was a manageable sample size and achieved data saturation. The sample size was appropriate to meet the research questions. The data was carefully analyzed so that the results may apply to research consumers.

Second, researcher bias may contribute to the study's limitations. This researcher is an experienced nursing educator and has taught nursing students during clinical education hours. It was difficult not to assume the role of the nursing instructor during the interviews with the research participants. It was important to consider how the results could be interpreted through a researcher's lens rather than a nurse educator's, as this may affect the analysis of the data. A professional nurse educator may unknowingly assign meaning to findings. Monitoring the participants' answers in the digital transcripts and taking notes during the interviews helped maintain the researcher's role and limit bias. Additionally, all interview transcripts were reviewed by a community college nursing director for reflexivity. Asking a second educator to examine the transcripts ensured that no meaning was lost and that the findings were supported through to analysis and conclusion. A meeting was scheduled with this director to review the transcripts for themes and interpretation of the findings.

The small, purposive sample size is a limitation of this study. The sample size was projected to be four to six research respondents. With five participants, the data were analyzed for similar themes until saturation was achieved. A larger sample size may have yielded additional insights, thereby strengthening the study's findings. The sample size was manageable, and data saturation was achieved, with many findings emerging from the responses of the five participants. The sample size was appropriate for answering the research questions.

Finally, purposive sampling, with snowballing for participant recruitment, yielded four of the five participants from the same state in the western United States. This limited geographic location could affect the research results. Respect for this limitation was monitored during data collection. Four of the five respondents received clinical education in rural healthcare settings. As some participants were completing clinical education hours in rural areas, this may have

introduced differing perspectives from nursing students educated in metropolitan healthcare settings, potentially yielding different study results. With this perspective, participants were asked to describe the types of patients they cared for during their clinical education hours. This provided additional clarity about stress experiences during clinical education hours. Given potential limitations in transferability, researcher subjectivity and bias, sample size, and the geographic location of the research participants, every effort was made to mitigate their impact on the authenticity of the research results.

Findings

The community college nursing students who agreed to serve as research participants were all over 18 years of age, enrolled in a community college nursing program, and had completed at least one clinical education rotation at the time of this study. None of the participants chose to withdraw from the study after learning of the requirements of participation.

Participants described clinical education sites across a variety of healthcare settings. Clinical sites included acute rehabilitation facilities, long-term care facilities, acute care hospital settings, and outpatient mental health facilities. For example, participants described completing clinical hours in long-term care units, where they may be caring for patients receiving Hospice services or completing clinical education hours on a dementia care unit. Participants described caring for patients in acute care and Medical/Surgical settings, with a variety of diagnoses, including medical treatments and post-surgical care. Participants describe completing clinical education hours in the Emergency Department (ED), Intensive Care Unit, Cardiac Cath Lab, and outpatient mental health clinics. The participants explained that their clinical instructor would assign them to different units during their clinical rotations.

Portraits of the Participants

A total of five participants contributed to the study through a series of three interviews conducted through a video communication platform. Each participant was attending a community college nursing program located in the western United States. Each participant completed at least one clinical rotation. Participants had completed from one to three semesters of the nursing program, with as few as one clinical rotation and as many as five clinical rotations.

Adrian is entering her final semester of nursing school. She works as a Certified Nursing Assistant and hopes to have a career in the Emergency Department or the Intensive Care Unit. She is a single mother to one child. She is active in the Student Nurse Association. She wants to become a nurse because they are at the forefront of healthcare and spend most of their time with patients.

Dakota is entering her second semester of nursing school. She is a Certified Nursing Assistant, but she is not currently working and is focusing on her nursing school studies. She is married with two small children. She is not sure what type of nursing she would like to pursue, but she is currently considering a career in hospice nursing. She wants to become a nurse because she believes nursing is a service role and nurses make a difference.

Jordan is entering her fourth semester of nursing school. She is a Certified Nursing Assistant with experience in veteran military healthcare services and the Emergency Department. She described having a medical background, as her mother has a long career in nursing, and her father works as a paramedic/firefighter. She lives with her boyfriend and has grown up with three sisters. She wants to become a nurse to provide excellent patient care, as her family did for her ailing grandmother.

Parker is entering her fourth semester of the nursing program. She works in the reception area of a doctor's office. She lives with her parents and is a first-generation college student. She has Peruvian heritage and is the first family member to pursue a career in healthcare. She has wanted to become a nurse since childhood. She expresses a deep interest in medicine and has experienced how nurses help people during her own illnesses as a child.

Pat is entering the second semester of the nursing program. He is working full-time as a Certified Nursing Assistant while attending nursing school. He cannot pinpoint the exact reason for wanting to become a nurse, but he feels that his grandmother's 40-year career as a nurse influenced his decision to enroll in nursing school. He did say healthcare has always been at the forefront of his career planning. He lives with his wife, and they support themselves in their first apartment.

Trustworthiness

Trustworthiness is achieved by adhering to the qualitative research principles of credibility, transferability, dependability, and confirmability. Trustworthiness is a focal concept for evaluating the quality of interpretive qualitative research (Brailas et al., 2023).

Trustworthiness provides the researcher with a grounding for the clearest and most authentic interpretation of the subjective data collected from research participants. Trustworthiness in research is the extent to which research conclusions are accurate and reliable to the best of the researcher's ability (Ahmed, 2024).

Credibility

Credibility is established in qualitative research through the careful accuracy of data gathered from research participants. Credibility is similar to internal validity in quantitative analysis and gives genuine information about the phenomenon (Zia et al, 2023). Member

checking is a method for establishing credibility. Member checking, also known as respondent validation, allows the researcher to increase the accuracy and credibility of a study by asking participants to validate the recording of their responses to research interview questions (Ahmed, 2024).

Each participant was scheduled for three one-hour interviews, allowing time for deep exploration of the study's phenomenon. Member checking was conducted with each research participant and each interview transcript. After the three interviews, each transcript was reviewed and cleaned of distracting spacing, vocal disfluencies, or speaker hesitations. Each participant was provided with a transcript of the three interviews, including the interview questions. The transcripts were emailed to the participants, and they were encouraged to review the transcripts for accuracy. Any comments provided by the research participants were incorporated into the transcripts before commencing theme coding.

Transferability

Transferability enables consumers to apply a study's findings to specific populations or other settings. Qualitative phenomenological research focuses on a lived experience within specific contexts of a human phenomenon; however, the results are not generalizable to the population. (Muhammad, 2024). Transferability requires providing sufficient information to give a reader a sense of familiarity with or a shared experience of the phenomenon under study (Stalmeijer et al., 2024). The presentation of the research should provide usable information and relevant details to the reader. The researcher provides enough specific details about the research that the findings are relevant to the sample population (Wang et al, 2024). Transferability was supported through targeted interview questions. The research participants were allowed time to clearly describe their in-depth experiences and feelings regarding stress during clinical education

hours. The transcripts were maintained using clear, concise language, allowing readers to contextualize and apply similar experiences. Participants' responses to the interview questions were maintained to provide rich, in-depth details that support the data's transferability.

Dependability

A dependable research study provides a clear description of the research method and design, thereby facilitating replication of the study. Creating and documenting the steps taken during qualitative research provides an audit trail for repeating the research, demonstrating the research decisions, changes, and data analysis (Ahmed, 2024). Conducting research using a method aligned with the research questions ensures a systematic, rigorous, and well-documented study, providing readers with dependable research results (Arslan, 2025). The research questions guided this study's exploration of stress experiences among community college nursing students during clinical education hours, aligning with a descriptive-phenomenological approach. The interview questions aligned with the research questions. This alignment elicited statements from the research respondents that provided rich, detailed descriptions of their experiences of stress during clinical education hours.

Participants were enlisted through a recruitment flyer posted on a student nurse association website. Through snowball sampling, community college nursing students were recruited from two western states. The recruitment advertisement included a Quick Response (QR) code that linked to a Qualtrics consent page. On this page was an explanation of the research study, participation eligibility requirements, and the participation consent form. Upon clicking the consent agreement tab, the research participant received a second link to schedule their first interview. Using Calendly®, participants selected a convenient date and time for the first interview. Once participants scheduled an interview, Calendly sent an email notification

directly to the researcher. The research participants were also provided with the researcher's email address. All communication with participants was conducted through email prior to the first interview, confirming the interview date and time and providing the virtual interview link.

During the first interview, introductions were conducted, and an explanation of the virtual meetings was provided before the first interview questions. Participants were reminded that this was a series of three interviews. The interview questions were stated and repeated, and participants were asked whether the question made sense. The participants were encouraged to consider the questions and allowed uninterrupted time to respond. This process was repeated with each of the three interviews per participant. Using a repetitive data-collection process increases dependability and trustworthiness (Aslan, 2025).

Each participant agreed to engage in the series of three interviews, with a break between each session. Each interview averaged 44 minutes. At the end of each interview, participants were asked whether they had anything else to add about the topics discussed. Upon completion of each of the three interviews, the transcripts were saved and reviewed to ensure that the entire interview was recorded. The transcripts were sent to each participant, supporting transcript credibility.

Data were analyzed using Moustakas' Seven-Step Analysis of Phenomenological Data. Each transcript was evaluated for intentional selection of verbatim excerpts pertinent to the lived experience explored in this study. Extraneous information that was not supportive of the interview and research questions was reduced or removed. Additionally, repeating or vague statements were eliminated. The transcripts were edited to use concise, plain, direct language, ensuring the clearest description of the research subject's phenomenon.

A standardized analysis process supports dependability and enhances the study, making it easier to replicate. A repeatable data analysis process supports dependability and increases the reproducibility of the research study (Ahmed, 2024). Using Moustakas' Seven-Step Analysis of Phenomenological Data, the participant transcripts were analyzed and reassessed to select themes. Direct interview statements from participants were selected to support the findings, bringing meaning and context to their experiences of stress during clinical education hours. This iterative process was used for each research question and sub-questions. Reviewing each transcript for themes until saturation is achieved supports the study's dependability, enables robust exploration of the participant interviews, and provides data for interpretation to support the research questions (Moustakas, 1994).

Confirmability

Confirmability directs the research to safeguard the data and findings while diminishing or eliminating researcher bias. Confirmability is the degree to which researchers are objective and free of personal or subject-matter biases (Wang et al., 2024). Reflexivity was used to diminish personal bias through a peer educator evaluation of the transcripts. This researcher has experience working with community college nursing students, thereby increasing the likelihood of bias in participants' statements. A qualitative researcher should aspire to a level of objectivity that prevents personal bias, given that a working knowledge of the subject can potentially influence the research results (Ahmed, 2024). A peer nursing educator was asked to review the transcripts to interpret the themes and findings identified by this researcher. The peer nursing educator suggested alternative theme titles supporting the research findings while providing an objective analysis of the transcripts. Combining member checking and reliability increases the confidence of the data collected for analysis.

Upon completion of member checking, each transcript was reviewed using a qualitative data analysis product, NVivo®. Participant statements were each reviewed and placed into themes. The interview sessions each held different titles. The first interview explored participants' history and context, while the second interview asked about details of their lived experiences of stress during clinical education hours. The third interview asked participants to reflect on those experiences of stress during clinical education hours. Although each interview session asked specific questions, participants' responses addressed the research questions across the three interviews. The emerging findings address each research question.

Research Question 1

What are the lived experiences of stress in community college nursing students during clinical education hours?

Research question number one provided an overview for sub-questions labeled *a* and *b*. Two themes emerged from the participants' interviews that addressed the overarching question about their lived experiences of stress among community college nursing students during clinical education hours. The participants described the physical clinical environment as a contributing factor to their experiences of stress during clinical education. Two themes emerged that address the overarching research question number one. Both themes focus on using healthcare settings as learning environments. The first theme was that the patient's clinical severity did not contribute to the stress experienced by the research participants. Participants experienced stress regardless of the patient's clinical severity or the intensity of the patient care setting. The second theme was the stress participants experienced when engaging with workers at the various healthcare facilities. Unwelcome staff interactions were a source of stress for the research participants. Both

themes present participants' detailed accounts of stress experiences related to the clinical environment during clinical education hours.

Table 2 RQ1 Findings- The Clinical Environment

RQ1	Findings - The Clinical Environment
1	Varying Patient Clinical Severity
2	Interactions with Health Care Facility Staff

Findings 1: Patient Clinical Severity

Participants described their experiences of stress in a variety of healthcare settings. Five participants, Adrian, Dakota, Jordan, Parker, and Pat, each reported experiencing stress, regardless of the patient's actual level of clinical services or the intensity of the patient's care needs. Each of the five participants explained that they were assigned to work directly with a staff nurse during the clinical day. The participants said they were assigned to a variety of patient care units, ranging from the Intensive Care Unit to Hospice-level care. Regardless of the patient's acuity level, each participant reported experiencing stress during clinical hours due to the clinical environment. The participants provided detailed descriptions of stressful patient care situations or shared their observations as their assigned staff nurses managed or addressed tense situations.

Adrian described being assigned to a nurse in the Intensive Care Unit (ICU) for her clinical education hours. She was excited to be assigned to the ICU. She went on to describe how she and her assigned nurse started a relaxing shift that quickly changed:

My first time on the Intensive Care Unit (ICU) floor, I was with a great nurse. We received a change-of-shift report...Our patient was stable; we were reviewing her chart while sipping coffee and joking around. Then the patient's condition changed. Her blood pressure was really low. I have adrenaline rushing inside of me. I couldn't figure out what

had made it change. The nurse couldn't determine what had caused the patient's condition to change. The nurse told me it didn't matter why her condition changed; we needed to get her stable, then we would figure out what the trigger was, and we would avoid it. My nurse asked me, "What's the first thing that you're going to do"? I said, "I'm going to retake vitals, I'm going to look in her PRN (Pro re nata, meaning as needed) medications list, and grab a medication that's going to raise her blood pressure". I watched as the nurse looked at the patient's medication list to figure out what medications to give next. It happened so fast. It was stressful, but I guess it was expected in an ICU. I believe these types of clinical units significantly impacted my learning in nursing school.

Adrian said she watched as her assigned nurse swiftly managed the patient's low blood pressure. She said it was stressful being in the ICU, and she desperately wanted to help raise her patient's blood pressure, so she asked the patient to drink ice water. Ultimately, the nurse managed the patient's blood pressure with prescribed medications. Adrian said she was stressed and felt embarrassed trying to raise a critical blood pressure with a non-medical treatment.

In contrast to the high clinical acuity of the Intensive Care Unit, Dakota said she was assigned to a rehabilitation care center with patients who were admitted for a variety of medical conditions. She was assigned to care for a Hospice patient who was actively dying. She described her inward experiences of stress, even when death is expected for the patient. She said:

When I was on the hospice unit, we had a patient who was actively dying, and we saw his Cheyne-Stokes (breathing). It was stressful...The patients in hospice care are DNR (Do Not Resuscitate). The nurse provides comfort care to the patient...The lack of action is stressful. The patient died on our shift. I think that death is a natural part of the life cycle, and it was expected...We got to learn about post-mortem care, and we cleaned up the

room for the family, and placed him anatomically, so when rigor mortis set in, he was in a good position. Even though we expected the patient to die, it was stressful doing nothing.

Clinical gives me more real-world experience. There is a lot to remember, and I don't want to forget anything. It would take 20 minutes to complete a head-to-toe assessment when I was practicing in the lab. Then, when we go to clinical, the staff nurse typically finishes a head-to-toe assessment in about 2 to 5 minutes. I feel like I will never be able to do it (the assessment) that fast.

Dakota said that even though this was not an emergency level of care, it was still stressful. She explained that during simulation labs, they, as nursing students, were taught to treat the patient's medical condition. She explained that watching a patient die does not seem like being a nurse, that she should be “doing something” to make the patient better.

Jordan was assigned clinical education hours on the Medical/Surgical nursing care unit, where she thought the patients were not as ill and were getting ready to be discharged home. She described a busy nursing unit with the nurses managing five or more sick patients. She explained that she felt stressed watching the nurse manage five complex patients during her 12-hour clinical shift. She said she was surprised by how busy the nurses were on an average day, when the patients were supposed to be medically stable. She described her clinical day:

The nurse and I were assigned to care for five patients on the Med-Surg (Medical-Surgical) unit. They were all critical and needed so many things that we couldn't keep up. We had to care for wounds and mental health needs. One patient had an issue with their electrolytes and required additional IVs and blood work. It was intense...It's a lot to manage five patients at one time. It is stressful, with five big events all happening at the

same time. I didn't get to sit down, go to the bathroom, or eat. There's so much to see and do that it's stressful because it is incredibly busy.

Jordan said watching and working with the nurses was overwhelming. Although she liked the busy pace and she wanted to experience every learning opportunity. She said she thought the Medical/Surgical nursing unit had patients with a lower clinical severity level and would be less stressful than the emergency room. The combination of managing five complex patients and a long clinical shift was an intense learning experience.

Jordan witnessed the nurses' workload, while Parker saw how the nurses' workload and patients' responses affected their workday. Parker was doing clinical hours in an acute rehabilitation center. She explained how the nurses may be caring for as many as ten patients. She was assigned to a new nurse who cared for a patient who would randomly yell out for the nurses. She described watching the nurse become stressed while trying to help provide care for the patient.

My patient had dysphagia. My nurse explained that this patient had suffered a stroke. He kept yelling out random words. The nurse I was working with and another nursing student accompanied us into the patient's room. The nurse looked at me and said, "I don't know what he wants." I asked, "What is he saying?" The nurse said he yells out TV when he wants the remote. He yells out... 'applesauce' or random words. The nurse told me, some patients prefer certain nurses. Some of the other nurses understand him better. The nurse asked, "Do you need your diaper changed?" and the patient nodded yes. It is hard when the patients want to work with other nurses.

Parker said she was amazed that some patients preferred different nurses. She said she was surprised by how busy and stressful her clinical day was at the rehabilitation center. She

explained that the nurses handled the stress situation better because they were familiar with their assigned patients' needs. Parker said that it had not occurred to her that the nurse's assignment may change because of a patient's preference. She was surprised that even though this clinical rotation was not in a hospital setting, it was a very busy and, at times, stressful learning day.

Pat had a similar experience to Jordan when he was assigned to clinical education hours on the Medical/Surgical patient care unit. He explained that the 12 hours of clinical education were both physically and mentally stressful. He described his first clinical rotation as working in a busy Medical/Surgical care unit. He shared that nursing work can be stressful and difficult at times, saying:

Sometimes nursing school is exhausting. Seeing adults go through very hard things in their lives is stressful. Seeing families torn apart, or witnessing them go through life-changing experiences, and certain hard diagnoses, makes the mental part of nursing very hard. The physical part (of nursing) is very hard. You're on your feet for 12 hours.

Depending on the facility, like a hospital, we walk around all day. We were lifting patients and feeding patients.

Pat added that varying nursing specialties differ in the physical and mental demands they place on nurses. He said he liked being busy during clinical as he kept learning. He also said it makes the day go by faster, but it can be physically demanding and stressful to be busy for 12 hours.

Five participants reported stress regardless of the patient's clinical acuity or patient care setting. Although the participants were attending clinical education hours in varying levels of medical acuity, the experiences of stress related to patient care needs were constant. While Adrian was caring for patients in an ICU setting, Dakota was working with dying patients in a Hospice setting, each described experiencing stress at the differing levels of patient illness.

Jordan, Parker, and Pat had anticipated a less stressful clinical shift due to lower patient acuity and were surprised by the levels of stress, even though the patients were not in emergency care settings. Regardless of the patient's clinical severity, participants experienced stress with their assigned patients across different clinical settings.

Findings 2: Interactions with Healthcare Facility Staff

Three participants described stressful interactions with healthcare facility staff while completing clinical education hours. Three participants, Jordan, Parker, and Pat, described uncomfortable, stressful interactions with clinical agency employees that occurred during clinical education hours. These three participants observed their assigned nurses interacting with coworkers and saw how these interactions can become stressful and, at times, hostile. The participants described the roles of healthcare facility employees and the stressful interactions during their clinical education hours.

Jordan described working with her assigned nurse while doing clinical education hours in the Emergency Department (ED). She and the nurse were transporting their patient from the ED to the medical nursing unit. She was excited to work with the nurse to transport a patient to another unit and to watch the nurse give a hand-off report. She said:

We had an incident with the hospital transporter... We needed to take our patient up to the patient care unit. The nurse did not know a transporter had been paged to move the patient to a care unit. The transporter arrived to take the patient to their new room. The nurse explained that the provider (doctor) wanted us to transfer the patient to the nursing unit. The transporter became angry and started scrolling through his text messages. "I got a message to take this patient upstairs". The nurse said. "Thanks, but we will transport the patient." It was so weird. He began making a scene, getting upset, and tried to start an

argument with the nurse in front of the patient. Why was he mad at us when we were going to do the transport?

Jordan explained that the interaction made her feel uncomfortable because she didn't understand why the transporter was angry. She said it was awkward and stressful. She felt this behavior made the hospital look bad. The nurse did not fight with the transporter and proceeded to take the patient upstairs. The nurse did not try to explain or justify the transporter's bad behavior to the patient or Jordan. She said it made her question the types of people she would be working with in the hospital.

Like Jordan, Parker observed that miscommunication between healthcare staff members caused friction and stress for Parker while in the nursing student role. She was assigned to do clinical hours in the Intensive Care Unit (ICU). During her clinical hours, she was invited to observe a procedure in the Cardiac Catheterization Lab. She witnessed a patient become extremely upset because she didn't receive the nursing care she had requested. She saw how this impacts the next nurse's job. She said:

I was doing my clinical in the ICU. I was sent to observe (a patient procedure) in the cardiac cath (catheterization) lab. I was excited to be sent to the cath lab. We received a patient from the ICU who was very sick. I knew the patient because I was in the ICU that morning. When the patient arrived in the cath lab she became upset and started yelling saying she needed a bandage to cover her wound because it needed to stay moist. The cath lab nurse tried to explain that we weren't allowed to cover the wound because we didn't have a doctor's order. We tried to move her (to the procedure table), and she started yelling. "I need to get this (my wound) covered!" The patient continued yelling, saying she had told her ICU nurse to fix her wound, but the ICU nurse wouldn't listen. Then the

doctor came into the cath lab and began checking the patients' wounds. When he touched her wound, she started yelling at the doctor and getting upset with him. It was stressful for me because I knew that the nurse in the ICU wasn't helping her patient by placing a bandage on her wound. Now the Cath Lab nurse and doctor are getting yelled at by the patient.

Parker felt the nurse had ignored the patient's request for a new bandage for her wound, which angered the patient. The patient yelled at the doctor and the nurse, and the exchange was uncomfortable and stressful to watch. Parker said it was stressful not being able to help the patient, and she could only watch the patient become more upset.

Pat also had a stressful experience with a healthcare facility staff member. He was made to feel unwelcome at the hospital. He was assigned to work with a staff nurse who seemed unwilling to work with a nursing student. Pat described his interaction with the nurse. He said:

The nurse I was assigned to clearly wasn't interested in having a student; she didn't introduce herself to me. I didn't know her name, so I had to look at her name badge. I wanted to say, "You're making the clinical experience worse. It's making me nervous. I'm already nervous about coming here". I wanted to say, "Try to make it comfortable for the students. We don't know what we are doing." ...I hear that nurses eat their young. I would love to learn and not just be a shadow. I don't want to be a shadow throughout the day. I already feel like a nuisance. This nurse was giving me the wrong vibe. I just couldn't work with her. I had no problem with the other nurses.

Pat said the attitude and vibe he was getting from the nurse was bad. After letting his professor know, she promised to try to assign him to a different clinical unit on his next assigned shift. He said his instructor was good at assigning the nursing students to different nurses if things were

not going well. He thought that was a good idea, because that nurse made him feel unwelcome at the healthcare facility.

Three participants experienced stress when interacting with healthcare facility staff during clinical education hours. Parker and Jordan experienced stress when witnessing ineffective communication, which in turn caused stress for the facility staff and, in turn, for the participants in the role of nursing students. Pat's direct interaction with the facility nurse made him feel unwanted and unwelcome at the healthcare agency. These uncomfortable incidents of poor communication among staff and between staff and nursing students caused stress for the research participants during clinical education hours.

Two themes emerged from the transcript analysis that support the overarching research question about the lived experiences of stress among community college nursing students during clinical education hours. The first theme was that participants reported stress related to patient care situations across a variety of healthcare settings. However, the stressful experiences were not dependent on the patient's emergent level of care. Whether the participants were assigned to the Intensive Care Unit or the Hospice care unit, the intense descriptions of stress levels were the same. Regardless of the patient's illness level or the intensity of patient care services, all five participants experienced stress in these various clinical settings. The second theme was three participants' descriptions of stress due to unpleasant interactions with facility staff. The three participants described stressful episodes stemming from difficult interactions with staff during their clinical education hours. The physical clinical environment is a complex learning setting for participants, causing stress due to multiple factors related to patient care areas and staff interactions within healthcare facilities.

Research Question 1a

How do community college nursing students describe their feelings of stress while completing clinical education hours?

The research participants described how stress during clinical education hours caused them a myriad of feelings. Three predominant themes emerged from the participants' interviews. First, three participants report experiences of stress because they do not feel prepared to perform nursing skills during clinical education hours. The participants described feeling ill-prepared for their future careers due to a lack of opportunities to practice nursing skills during clinical education hours. The second theme was that participants were strongly divided over the impact of stress-related feelings on their personal identity, stemming from stress during clinical education hours. Two participants felt their identity remained unchanged by stress, while two others reported developing new resilience and fostering inner peace. The third theme that emerged from the transcript analysis was that, despite feelings of stress during clinical education hours, the four participants remained resolute in their plans to complete nursing school. These feelings of stress did not elicit plans to withdraw from their respective nursing programs. The feelings resulting from stressful experiences during clinical education hours emerged as reflections on thoughts and emotions in the role of becoming a future nurse.

Table 3 RQ1a Findings- Stress Feelings

RQ1a	Findings
1	Feelings of Unpreparedness and Clinical Education Hours
2	Stress, Feelings, and Personal Identity
3	Resolve to Finish Nursing School

Findings 1: Feelings of Unpreparedness and Clinical Education Hours

Participants reported feeling stressed due to the limited time to practice nursing skills during clinical education hours. Four participants reported feeling that they were missing out on learning opportunities during clinical education hours. Two participants questioned whether they would be prepared to care for patients in their future careers. Participants had different ideas for increasing learning opportunities during clinical education hours.

Parker described feelings of stress and inadequacy due to a lack of practice in nursing skills during clinical education hours. She said she wished for more learning opportunities as she had only one more semester before graduation. She was questioning her judgment and skills as a future nurse. After completing her most recent Medical/Surgical nursing rotation, she shared the following personal reflection. She said:

After I'm done with clinicals, it seems like everyone (the nursing students) in my (clinical) group is in a daze. We are not used to working those long hours. When we are in a daze...we are not processing. Clinical is stressful. When I think about my clinical day, I wonder how I did. Did I do it right? Did I do it wrong? They (the staff nurses and the clinical nursing instructor) all say, 'I did fine'. Even if I have a little slip-up, they say it was fine. When I tried to insert an IV (intravenous catheter), I didn't do that well at all. The nurse said it was fine. Then I think, if I did that wrong, I am probably doing everything wrong. I'm horrible. I honestly don't know how I am doing when everyone says, "You are doing fine."

During clinicals, I get overwhelmed with all the skills I haven't practiced or used in clinical settings. Whenever I feel a bit overwhelmed, I go to the restroom, take a couple

of breaths, and tell myself, “You got this, so get back into it.” Sometimes I need a moment alone.

The nurse must be very meticulous and closely monitor everything the patient does. I feel like that increases the stress during clinical, because the nurse will ask me, “Did you notice the IV in the patient? I ask myself, “What was I supposed to notice?” Then the nurse explains to me what she saw. When I would go back into the patient's room, I could see what the nurse was talking about. I didn't even see it at first. All the nurses have explained that we must notice every little thing.

Nurses all have their own horror stories about when they were caring for patients, and something went really wrong. I don't want to have my own horror story. I want to be very meticulous. But when the nurse asks me, “Did you notice that?” I ask myself, “Am I actually ready to be a nurse?” It terrifies me. I don't want my patients to have scary life events, and I don't notice.

Parker continued saying she did not feel ready for her career as a nurse in a few short months. She doesn't feel like she has had enough time to practice all the nursing skills she learned in the skills labs. She believed her classmates had far more opportunities to practice skills with real patients in clinical settings, which made her nervous. She felt her classmates were further ahead of her, which is stressful.

Like Parker, Dakota hoped for more learning opportunities during clinical education hours. She described feeling overwhelmed when actually performing nursing skills. Like Parker, she feels nervous about her nursing skills. She explained:

There was a gentleman actively dying. I wanted to be there for that. I didn't want to leave because there was still a lot going on, but it was time to head out for the day. It feels like

there's still so much to learn, but we have to leave...I keep thinking, "I'm just a baby nurse, I don't know what I'm doing."

We did a patient simulation about CHF (Congestive Heart Failure) exacerbation. That made me very anxious. I wasn't stressed, but I was anxious. It made me ask myself, "Could I actually do this and take care of this patient?" I've started feeling my own heartbeat and freaked out about my own heart. During the simulation, they brought in one of the instructors dressed as a family member who started smoking a cigarette in the hospital room. It was so stressful.

I really didn't get to do many (nursing) skills beyond head-to-toe assessments or medication administration. During a medication pass, I was giving blood pressure medication, and I had to check the blood pressure before giving the pill. I was not to give the pill if the blood pressure wasn't high enough, so I kept having to recheck the blood pressure.

We only got to do med pass and head-to-toe assessments, and that didn't help us progress. We learned about injections, but we didn't have opportunities to practice them. We also learned about urinary catheters. There were 10 students in our group, but only one had the chance to insert a catheter. I feel like there weren't many opportunities to practice all the skills we learned in school.

Dakota said she would leave the clinical shift feeling like an imposter. She said that wearing her nursing student uniform makes her feel proud, but it stresses her out because the patients see her as a nurse. Her feelings of inadequacy make her question her future as a nurse.

Adrian wished for more learning opportunities during clinical education hours. She feels there is so much more she could learn from her assigned patients. She said she feels she should

provide more nursing care for her patients, but when the clinical instructor says it is time to go home, we have to leave. Adrian said:

I think that my clinical sites had a significant impact on my progress in nursing school. I am a kinesthetic learner. I put a lot of effort into thinking about my patients, and maybe what I should have done, or what I could have done better. I try not to think about what will happen to them for the rest of the day...sometimes my clinical shifts feel too short. I try not to be sad if I miss an opportunity to learn...There may be an opportunity or experience I really want to be part of... like when a pediatric patient came into the emergency room and the child needed a spinal tap, but my shift was over, so I feel like I missed out. I was disappointed not to be able to care for a pediatric patient.

Adrian, like Parker, feels like other students have better learning opportunities. She said she stressed because other students had better experiences with cardiac patients, as they were placed in a different hospital for clinical education hours. She said she does not feel her clinical experiences are optimizing her potential for growth as a future nurse. She is stressed and worried that her future employment opportunities may be limited because of her clinical education placements during nursing school. She said she does not feel prepared to graduate as a nurse.

Jordan also wished for more clinical hours. Like Adrian, she said there were so many learning opportunities in the clinical setting that she felt like she was missing out on experiences. She reflected that an eight-hour shift was not enough time for all the learning. She said:

We are there for only 8 hours. I might miss some opportunities because we have to leave. I think more hours of clinical experience would be helpful. When it is so busy, the nurse just moves ahead and does their job. A longer clinical day would give us more opportunity to learn. For example, I have not had the opportunity to care for a pediatric

patient, and I really wanted to do so. If there are no kids on the few days we are at clinical, then we don't get that learning opportunity because we have to go home after eight hours.

Jordan, like Adrian, also felt she missed out on working with a pediatric patient because she had only an eight-hour clinical shift. Like Parker, she felt there was always more to learn about being a nurse through caring for her patients. Even though the clinical day was stressful, it was good for learning.

Parker, Dakota, Adrian, and Jordan all said they wanted more learning opportunities during clinical hours. Adrian and Parker reported feeling stressed because they felt ill-prepared for their nursing careers. They both described not having enough good learning opportunities during clinical education hours. Adrian and Jordan both said more clinical hours would be helpful, so they do not miss out on learning experiences. The participants all expressed frustration over the limited learning opportunities due to time constraints and other limitations imposed by the clinical site.

Findings 2: Stress, Feelings, and Personal Identity

Participants' perceptions of the impact of stress upon their personal identity elicited polar responses. Four respondents described how their stress during clinical education hours affected their personal identity. Two participants described developing personal resilience to stress, while two others explained that the stress during clinical education hours had not changed their personal identity.

Adrian and Pat described how their identity and personality had changed due to stress. Both participants described newly found inner resilience when confronted with stressful

experiences. Each described their emotional response to stress. Adrian described developing resilience and self-care after experiencing stress during clinical hours: She shared:

It has changed me so much. It has changed me for the better. I am 100% positive that I am in the right place. I wasn't sure at first, but now I know that I am meant to be a nurse, and I am ready to pursue a career in nursing.

I feel I value my peace more. I take the time to examine the causes of stress. I've become intentional about taking time for peace...I must look at the causes of stress, and I'm protecting my peace and my personal time more when I am feeling stressed.

Adrian continued by saying she feels in control of the stress by protecting her personal time. She felt that, although there was stress, she was learning to grow personally with the experience of good stress. She continued to explain that being a single mother has strengthened her ability to handle stress.

Pat, like Adrian, described creating an inner and outer essence of calm. He said that, although clinical can be stressful at times, he understands that nursing is a stressful career. He described working on his emotional response to stress. He explained:

I'm calmer now. I've learned the best way to go about stressful situations is to come with a calm exterior. You put on a facade. Internally, you're screaming and feel like you can't deal with whatever bad thing is happening to your patient, and that makes it worse.

That's how nursing students get burned out. I feel that's why many nurses become burned out in this profession, because they're putting on an exterior of calm, when you know they are not happy.

You have to find a way to manage the stress, however you see fit. If things don't work out, then it wasn't meant to. If a patient expires, and it was their time to go, you know?

There's not much you can do. Some patients are so bad. You do everything you can, but there's just nothing you can do, but when things do work out, you can celebrate.

Pat, like Adrian, explained that his experiences of stress during clinical education have changed how he responds to stressful situations. Pat described a calmer disposition in the face of stressful events. Both he and Adrian said they understood that stress is part of becoming a nurse.

In contrast, Parker and Jordan feel that the stress of clinical education has not changed their identity. Both described feelings of conviction about reaching their goals, aside from stress. Additionally, both participants shared their perspectives on how stress affects their goals.

When asked if the experiences of stress changed your identity, Parker stated:

No, I don't think the stress has changed who I am. I still want to be a nurse. I believe I want to pursue nursing. My goal is the same, but I may want to try different types of nursing. Originally, I wanted to work in the ICU (Intensive Care Unit) or the ED (Emergency Department). Now I am thinking I just want to specialize, so I don't have to deal with all the drama and stress.

Unfortunately, I've seen patients treat nurses badly for no reason. I don't want that to be my future. I do know that my career path involves me having some form of bedside care with a lot of patients.

Parker felt that where a student nurse completes their clinical hours matters for their future. She said that where students do their clinical hours is where they gain their knowledge. She liked her clinical experiences but was wary of the impact of the learning in different clinical locations.

Jordan described similar feelings. She explained that although her stress during clinical education hours was intense, it deepened her conviction in her goal of becoming a nurse. She

said that the stress of clinical hours had not changed her career goals. When asked if the stress of clinical education had changed her identity, she answered:

I don't think so. I can't let the stress impact me. It's about resilience and remembering my goal. Thankfully, I haven't made a bad mistake in clinical that turned my life upside down. I am still moving forward.

I always reflect on what I did during the day. It's a lot of learning, and you know, we're only human.

Jordan said that making a severe mistake during clinical could lead to failing nursing school. She said she knew of nursing students who made mistakes and even killed a patient. She was grateful to keep moving forward without making a mistake during clinical.

The participants were asked whether stress during clinical education hours changed their identity, and four responded quickly and directly. Adrian and Pat both identified stress as a catalyst for change within themselves in how they deal with stressful events. Parker and Jordan stated that the feelings of stress did not change their identity or personal career goals. These four participants were each clear about whether their personas had changed, and yet all remained committed to meeting their personal educational goals.

Findings 3: Resolve to Finish Nursing School

A third theme emerged when participants were asked about their feelings of stress related to the changes in their identity. Four participants stated that although they experienced stress during clinical education hours, this would not prevent them from completing nursing school. The participants described their deepened commitment to completing their degrees.

As Adrian described her experiences of stress during clinical education, she said the stress would not be a reason to withdraw from nursing school. She said she expected nursing to

be a stressful career, but she was looking forward to the challenge of working as a nurse. She stated:

The clinical stress would never make me drop out of school...It's going to be stressful for a little while...it's going to calm down, and I'll be okay.

She described nursing school as a type of healthy stress. She said that this high-stakes profession will be good for her because nursing is a challenging career, and she would not drop out of college. She said the stress of nursing school and clinical education hours will be worth the effort.

Likewise, Dakota said she understands nursing is a stressful career. She explained that, as a nurse, you are there to help people stay healthy and not die. She liked that nurses are a large part of healthcare. She described a particularly stressful day during clinical hours, during which she had the following feelings. She said:

I might have considered withdrawing from nursing school for many other reasons, but the stress from clinical wouldn't have made me drop out.

Dakota said she felt nervous to start her next clinical rotation. However, she said these feelings of worry would not keep her from becoming a nurse. She said she would keep going to college regardless of how scared she felt.

Like Adrian and Dakota, Pat said that although he experienced stress during clinical education hours, he has made a personal commitment to complete his nursing degree. He, too, said he understood that nursing would be a stressful career. Pat described his conviction to complete his degree. He said:

There is light at the end of the tunnel. It may be hard now, but I am not stopping. I am going to have that career I've always wanted...I feel for me, the reward of helping people and seeing people get better...is bigger than the stresses of the job.

Pat explained that his grandmother was a nurse, which inspired him to apply to nursing school. He said she had worked as a nurse for 40 years. He said hearing her stories about her work made him choose nursing as a career. He said he did not want to be a doctor because doctors never spend as much time with patients as nurses do. He described his work and married life as central to his commitment to becoming a nurse.

Jordan, like the other participants, said she understood that nursing is a stressful career. She watched as the nurses worked with such a diverse population, but the healthcare staff was diverse as well, creating unique stressors. She said she wants to help people feel better. When asked if she would drop out of nursing school because of the stress during clinical, she said:

I'm already one year in (to the nursing program). I'm not backing out now. Even though I am stressed out during clinical, I would never drop out. I have thought about it, but the stress of clinical would never make me drop out. That's what nursing is. I have thought about dropping out of school, but that was because of coworkers who can't work together or have a good code of ethics. Regardless, I think nursing can be a stressful job, but it is a meaningful one.

Jordan went on to describe the challenging personalities she has worked with as a Certified Nursing Assistant (CNA). She said she has a clear vision of what nursing is, as her mother is a nurse. She said dropping out of nursing school was not an option; she was moving forward towards her new career. She said her family is supportive of her reaching her goal.

These participants acknowledge that nursing is a stressful career and are committed to finishing their respective nursing programs. Pat and Jordan both described having family members who worked as nurses, and both described supportive families that motivated them to continue with school. Jordan and Dakota both said they would drop out of nursing school because of problems working with other people, not because of stress during clinical education. This theme of withdrawing from nursing school due to stress during clinical education hours emerged when participants were asked whether their feelings of stress had changed their identity. Even though participants responded differently to questions about changes in identity, their experiences of stress during clinical education hours did not warrant withdrawal from nursing school.

This research question examined how community college nursing students describe their feelings of stress while completing clinical education hours. The research participants openly shared their feelings regarding their experiences and the internal impact of those feelings. Three themes emerged from their feelings of stress. The first theme was that participants reported not feeling ready to enter the nursing profession due to limited opportunities to practice nursing skills. They described that the limited number of hours spent in the clinical setting was affecting their learning. Three participants reported that a lack of skill practice led to stress and a sense of being ill-prepared to graduate as nurses. Feelings of doubt and worry about their educational preparation for the nursing career became a source of stress for these future nurses. Second, when asked whether stress experiences had changed their identity, two participants said the experiences had not changed their identity, nor had the stress changed their personal goal of becoming a nurse. In contrast, two participants described feelings of personal growth and resilience when confronted with stressful situations. As a result of the question about changes in

personal identity stemming from stressful experiences during clinical education hours, a third theme emerged about a personal resolve to finish nursing school. Although the participants differed in their feelings about personal identity, they remained deeply committed to completing their nursing education.

The participants provided authentic answers about their feelings of stress during clinical education hours. At various points in the interviews, each participant became passionate when discussing their experiences of stress. The virtual, camera-based interview made the emotional impact evident as participants answered the questions. During the interviews, genuine feelings, ranging from tears to joy, were obvious. Then the participants would apologize for becoming emotional during the interviews. The visible emotional responses during the interviews underscored the impact of stress during clinical education hours.

Research Question 1b

What events do community college nursing students feel are stressful while completing clinical education hours?

Two themes emerged about specific events that caused stress. The first theme was stress experiences during first-time learning events during clinical education hours. All five participants described their stress during first-time patient care events or when performing nursing skills for the first time. Three participants described how a rapid change in a patient's clinical presentation left each feeling stressed and overwhelmed by the incident, while two participants described their experiences of stress when preparing medications for patient administration for the first time. The second theme was the stress experienced in completing clinical assignments associated with clinical education hours. Three participants described the stress they experienced when completing their written clinical assignments. Both findings

emerged from descriptive, detailed accounts of events in which they experienced stress during clinical education hours.

Table 4 RQ1b Findings- Feelings of Stress

RQ1b	Findings
1	First-Time Clinical Experiences
2	Clinical Assignments

Findings 1: First-Time Clinical Experiences

All five participants reported specific first-time learning events that were stressful. Three participants described intense patient-first-time encounters as a source of stress, and two participants described the first-time events for medication administration. Each of these first-time events elicited different responses from the participants.

Parker described an event in which her patient's oxygenation deteriorated during the clinical shift. She said this was the first time she witnessed a Code Blue emergency alert. She described the exchange between the nurse in charge and her assigned nurse. She said:

There was an incident involving a charge nurse and my nurse... The charge nurse said, "This patient's oxygen level is super low." My nurse tried to explain that the patient kept taking off the oxygen mask, and we kept reattaching it to bring her oxygen levels back up. The charge nurse yelled, "No, this is a Code Blue!" So, she called the Code Blue team, and tons of people showed up. That scared me! How do you tell a patient that, as a nurse, you are taking good care of them when someone else comes in and tells the patient you are not?

After that event, the patient was very rude to my nurse. The patient wanted only the charge nurse to come back into the room. There was another patient sharing that room

who saw the whole Code Blue situation. That patient and her family started undermining my nurse saying, 'You don't know what you're doing.'

I just felt so bad for my nurse...From what I saw, the nurse had everything under control...I was thinking the charge nurse is making the hospital look bad, and that makes everyone look bad. Between the Code Blue and undermining the nurse, I was so stressed out. I was glad when that day ended!"

Parker said a large number of hospital staff showed up when the Charge Nurse called the Code Blue alert. As she stood in the corner, watching this event, her patient's room filled with people yelling orders. She said she was stressed and confused. She thought her nurse was providing good patient care, but the Charge Nurse said the patient needed the Code Blue alert called. She felt that the person in charge should know the most about the patients, rather than adding more stress to everyone.

Like Parker, Pat described in detail when a patient's oxygen reading was very low, and a high blood pressure reading that triggered an emergency alert known as a Rapid Response. He described in detail the care provided to a patient during an oxygen emergency. He shared his interpretation of the nurse's thinking and reaction to the change in the patient's condition. He also described his own stress as an emergency unfolded. He said:

It was one of my patients on the med-surg unit. The patient's oxygen saturation was 87% and then 86% and it kept going down pretty fast. I've experienced people dying before, but seeing the oxygen level as low as 78 % was stressful. The nurse had a calm exterior, but I saw her freak out, and it made me freak out. When the respiratory therapist arrived, they placed her on a BiPAP (Bilevel Positive Airway Pressure), and her oxygen saturation began to rise. The nurse didn't even call the Rapid Response team. She handled

the whole thing herself. She was communicating with the doctor, letting him know that the patient's oxygen saturation reached 78%. She had it all handled. She (the patient) got better once the respiratory therapist put her on the BiPAP.

When the CNAs (Certified Nursing Assistants) were getting their vital signs, they found a systolic blood pressure of 216. The charge nurse was aware of the oxygen saturation and the need for the BiPap machine. When the charge nurse saw the systolic blood pressure, she said that a Rapid Response alert should have been called by the CNA upon finding the high blood pressure reading. The blood pressure was 216/98. The charge nurse called for the Rapid Response team after rechecking the blood pressure. I honestly thought that person was going to die.

Pat, like Parker, said it was scary seeing the oxygen level that low. He explained that seeing his nurse so nervous made him anxious because, as a student, he looks to the nurses for support and guidance on caring for patients. This was the first time he was involved in the decision-making to call for the Rapid Response team. Pat added that seeing the nurses anxious is okay, because we all go through stressful things. He realized that someday it would be his responsibility as the nurse to make the call for the Rapid Response team.

Adrian described a stressful experience in which a patient underwent a sudden change in demeanor and fired her as his nurse. Adrian said she did not know a patient could change their mood so fast. She was surprised by the patient's behavior. She shared:

I was caring for a patient with a cancer diagnosis. He was diagnosed with testicular cancer. He found out it (the cancer) had metastasized to his bones.

We were covering cancer in class. I was excited to take care of a cancer patient. It's hard for me sometimes to hold in the excitement. It should not be exciting. That person is

dying. That's not fair for me to be excited. I recognized I was excited before I went into the room. I was reminding myself, "You have got to hold that excitement in, and don't show it on your face." I even put on a face mask, like a COVID mask, so he can't see my face.

I walked into his room, and he was joking around with the other nurses and staff. He seemed like a laid-back guy and was super nice. He was a younger guy. He was married as well. His wife wasn't in the room when I arrived. I asked the patient if I could ask him some questions (about his health), and I started off with my clinical questions, because the textbooks teach you, and in mental health class, we learned to start off with your clinical questions, so you gain a rapport with the patient, and then you can ask more personal questions. One of the staff nurses was present in the room while I asked my questions. I've addressed all the clinical questions first. The patient seemed to be fine with all the questions

I said, "I saw in your chart how your cancer has progressed from January to March, and now it's October. This is the first time you've been in the hospital since starting your chemotherapy medications."

I asked him, "How are you and your wife coping with this? How are you guys doing?"

He shut me down. He switched from being a happy guy who was laughing and having a good time...to being super mad at me. The patient said, "You cannot ask that sort of question of somebody that you don't know. I know all of these nurses because I have been here for a week. You're a student, you're young. My wife is not here while you're asking me these questions. It's not your business how we're coping with these things and how our marriage is doing".

I apologized. I was so sorry. I said, "I didn't mean to step on any boundaries. That was not my intention. Yes, I was asking you about how you're coping and how your wife is doing. I wasn't trying to ask you about your marriage. I've finished my questions, and I'll excuse myself for a little while. If it is okay with you, I will refrain from asking more questions and continue your care as your nurse".

An hour later, I went back to his room. The staff nurse walked in ahead of me. She asked if he was okay with me providing care. The patient said, "No, I never want to see her again".

I cried. That was the worst. I was so upset and so stressed out. I've never been fired by a patient.

Adrian said she found her clinical instructor in the hallway and went to her crying. The instructor said, "You are going to learn these skills. It's going to be okay." Adrian said she felt awful about being fired by a patient. She was so upset that she did not want to go back to clinical the next week.

Jordan and Dakota described experiencing stress during first-time medication administration demonstrations. Both participants were being observed during medication preparation. Both participants say they experienced stress as they practiced first-time nursing skills with an observer monitoring their skill proficiency.

Jordan described preparing a medication for injection. She explained the nurse was watching her draw medication from a syringe. She said she was confident in her ability to prepare a syringe with medication. However, this was a new type of syringe which Jordan had not used in the skills lab.

I was doing clinical hours in the Emergency Room. The nurse and I were preparing an injection of Valium. In nursing school, we were taught to add air to a vial before drawing up the medication. She handed me a special type of syringe with the medication already loaded. It has a little rubber plastic cap at the end of the vial. When I added air to this vial, the medication blew up everywhere. My nurse wasn't watching me draw up the medication. She was multitasking and talking to the patients. It was embarrassing for me. I learned to never add air to a pre-loaded syringe again. That was very stressful. I just felt so bad, and all the medication was gone. The nurse said, "It's okay, we will waste the medication (because it is a narcotic) and get a new syringe". The nurse got a new syringe, and she administered the medication.

The skills lab is helpful, and the SIM lab is stressful, but it's in clinical settings where we all build our confidence. When we are giving patient-centered care, I learn more and I am able to do more things for the patient. I feel like I am always chasing my skills so I can move along in the program. There are many things I haven't done yet, and that is stressful. I can't imagine going through a Code Blue. That's going to be crazy. I know I'll get there one day. After I've practiced these skills, there will be less stress. Experiencing all these things for the first time is stressful, but I know I can do it.

Jordan said she feels she is working hard to learn nursing skills, so she can progress in the nursing program. She said it is unending stress trying to practice all the new nursing skills. It was more difficult when her assigned nurse was unable to watch her the first time she used that different type of syringe.

Dakota, like Jordan, was preparing a medication with observation. Her clinical instructor was watching her prepare medication for administration to her patient. She said this was stressful

because of the clinical instructor standing so close while she was preparing her medications. She said:

The most stressful thing for me was doing the MedPass (medication administration) for the first time when my instructor was watching. We had to be checked off by our instructor. It was stressful because she was standing right there, and she asked a lot of questions. She would say, 'You're giving the patient metoprolol, what's it for? What are the side effects?' I would say, 'I don't know. Is it a beta blocker? (Laughing). It was so stressful because you feel like you're put on the spot.

My first clinical was not terrible, but it was overwhelming. I didn't know what to expect when we got there because everything was new.

Dakota went on to say that being watched by her nursing instructors makes her so nervous, especially the first time she performs a new nursing skill. She felt there was a lot of information to remember, and she didn't want to forget any of the steps. She went on to explain that clinical gives me more real-world experience.

Each of the five participants described their experiences of stress during their first-time clinical events. As each participant relived their experiences of stress, they would look away from the camera as they described the event in detail. Their expressions grew solemn as they reflected on these first-time learning experiences. Through their statements and facial expressions, it was clear these events were a source of stress for the participants. The first-time clinical experiences stress events for these participants.

Findings 2: Clinical Assignments

A second theme was the events surrounding the completion of clinical assignments for patients in their care during clinical education hours. Three participants, Pat, Jordan, and Adrian,

each described experiencing stress due to the extensive written assignments about their patient care clinical day. Gathering enough information to complete their homework led to several stressful events during clinical education hours.

Pat described an academic schedule that included lectures, labs, and clinical education hours, leaving little time for studying and completing the clinical assignments. He explained that completing clinical assignments, such as his patient care plan, was stressful. He felt pressured to obtain enough information from the patient's medical record to complete his clinical assignments. He explained:

Some days (in clinical education) are more exciting than others, where I learn a lot. Some days, I'm just trying to get enough information on the patient for my patient care plan. I feel like I have to make up the information for my care plan. Some busy days, when I walk out of the hospital, I feel like I've learned so much... but other days, I get just enough for my care plan. I guess that's an accomplishment, but I don't feel fulfilled at the end of the day when it was just about the paperwork. I always hope I get a good grade on my care plan.

Pat said that completing the clinical assignments, classroom and lab readings, and exam preparation is so stressful that there is little time for relaxing. Between the nursing school demands and working full-time, that would leave a little time on Sunday for rest, when he would start reviewing lecture materials for the upcoming week. The difficulty of gathering enough information to complete the clinical assignments added to the stress of trying to earn a good grade in his theory classes.

Jordan also described how the clinical assignments added to the stress of clinical education. She described having no computer access and lengthy clinical assignments as

stressful. She described feeling tired from the clinical day and the need to complete her patient write-up. She said:

One particularly stressful event occurred when I couldn't access the hospital's computer system. It was so frustrating. The computer setup and the login were probably my biggest frustrations, and it was so stressful. I spent time every clinical day contacting the hospital IT department, begging them to help me out. I am already praying this does not happen next semester. I didn't have a login, so I couldn't get on the computer, so I couldn't help the nurse, and couldn't get enough information for my patient assignments.

Because I couldn't get information about the patients, I had to keep asking everybody to give me access, when I know you are not supposed to do that. Gratefully, I have a classmate who even shared her computer access. I know that is not allowed. She gave me her access information in case I needed it later.

I feel pretty exhausted (at the end of the clinical day). I want to go home and decompress, but there's just so much paperwork. I go home and start working on the paperwork right away... writing up our care plans. Some of my classmates do their paperwork while they're at clinical, but I don't want to miss anything. There are approximately 20 pages of clinical paperwork each week. If we fill it out correctly the first time, we can earn a certain score, so the next time we are in clinical, we are assigned less intensive paperwork. But it is still all intensive, right? We still have to get a lot of information for our paperwork, and everything has to be written down. I feel better if I just go home and get that paperwork done while I still remember everything.

Jordan, like Pat, described trying to complete her clinical paperwork at home as a source of stress while also studying for exams. Both describe having a long clinical day, limiting the time at

home for studying. Both felt pressured to get enough information to complete the extensive patient assignment and care plans.

Adrian also reflected on trying to complete the clinical assignments alongside her daily coursework. She described completing her patient care plans during her mental health rotation as stressful due to the limited time with the patient's medical record. She described the stress of a truncated clinical experience and the requirement to complete the same level of paperwork as in other clinical courses. She said:

During our mental health rotation, I felt like I would have to make up information for my care plan...It was an outpatient clinic. It felt like they (the nursing faculty) wanted us to lie on our charts (assignments) just to turn something in... I wasn't going to lie on mine just to get it done. I don't think I learned enough about mental health...We were only allowed to spend 15 minutes with the patient. I would have to make up information for my care plan. It was stressful not having a full day of clinical work. The nurses would tell us we could go home. The nurse would spend only a few minutes with the patients, and we were not allowed to watch or be present with them during the assessment. I believe these types of clinical units significantly impacted my learning in nursing school.

Like Pat and Jordan, she too is tired at the end of the clinical day. She said it is sometimes hard to complete assignments when there isn't enough information, or as a nursing student, you aren't given enough time to complete all the patient care plans. She said it adds stress because she is trying to learn as much as possible during every clinical shift.

The research questions asked which events community college nursing students find stressful during clinical education hours. The research participants provided descriptions of events that community college nursing students find stressful during clinical education hours.

Two primary themes emerged from the participant interviews. The first theme focused on participants' first-time experiences as student nurses. Three participants experienced unexpected changes in their patients' clinical presentations. Each described not having experienced those types of events, and how these new experiences were a source of stress. The participants described feeling overwhelmed by their events and unable to help their patients, as they watched their assigned nurses manage the patient events. Two participants describe the stress surrounding their first time performing nursing skills. Both participants described feeling stressed as they performed medication preparation for the first time. The second theme was the events surrounding the completion of their clinical assignments. Three participants described the stress caused by time constraints in completing their clinical assignments. The participants reported they did not have enough time to obtain sufficient patient information to complete the assignments. Although each participant had a slightly different experience completing the clinical assignments, they all described the experience as frustrating. These events resulted from experiences during clinical education hours and were a source of stress for the research participants.

Research Question 2

What supports do community college nursing students identify as potential stress reducers?

Research question two asked participants to identify potential stress-reducing strategies during clinical education hours. Three themes emerged that addressed question two. The first theme was participants' descriptions of extensive support services offered to all the community college students at their respective institutions. The second theme was a lack of stress management strategies offered by the nursing program leaders. The third theme was the support

and encouragement they received from their clinical instructors during clinical education hours, which was perceived as a stress reducer. Each finding provides participants' reflections on stress management support during clinical education hours or on perceptions of a lack of support, as described in the second theme.

Table 5 RQ2 Findings- Stress Reducers

RQ2	Findings
1	Plentiful College-Wide Student Resources
2	Lack of Stress Management Strategies
3	Support from Clinical Instructors

Findings 1: Plentiful College-Wide Student Resources

Participants identified college-wide student success resources offered at their respective community colleges as possible strategies for managing their stress experience. Four participants describe support resources ranging from food assistance to mental health services. The participants described abundant resources, but seldom accessed the services offered.

Adrian said she was aware of multiple support services offered by the community college. She said she learned about the services during an orientation by their institutional Student Nurse Association. She described a peer-to-peer nursing orientation that was not offered in conjunction with the nursing program administrators. She said if she heard about any classmates who were stressed, she would refer them to the college-wide services. She said:

I know the college has a lot of things in the Learning Center, but I have not really gone over there. They have free mental health counseling. I did try the mental health services once, only because I would send new nursing students over there. It was okay. I thought I should know what it is like if I am going to offer the services to other nursing students.

Adrian explained she would manage her own stress by using the college gym and exercise facilities. She would go to the gym directly after clinical education hours to “get out of clinical mode” and clear her head before working on her homework. She found that was the best way to manage stress after clinical hours.

Jordan, as Adrian did, said she knew the college offered a variety of student support services. She found the student services nice but did not have time to use the amenities. She explained she knew of a few specific student services. She said:

During final exam week, our Learning Center offered chair massages and distributed snacks, but these benefits were available to all students, not just the nursing students. The college also offers a mental health program. Students can have either 3 or 6 free counseling sessions. I never used any of them (Learning Center services). The chair massage looked good.

Jordan said she knew the services were good, but she had developed her own stress management techniques. Staying organized helps her manage her stress. She said she would set a timer and ensure she went to bed on time. She said she gets lost studying and doing homework, and the timer helps her remember to go to bed so she can be rested and ready for the clinical shift.

Pat was also aware of the variety of college student support services offered through the community college. He said their services were good, but, like Adrian and Jordan, he did not use their assistance. He described accessing the Financial Aid services because of the high cost of college. He explained:

We have a person in counseling services, especially assigned to the Health Sciences program. They provided help with tasks such as baby care and financial support. They

also help with scholarships. I used it (Financial Aid counseling) because I needed help applying for scholarships.

I work full-time, and I can support myself, but nursing school is expensive. The books were super expensive, and tuition is expensive. Even if you work full-time, it is good to find some help with money.

The college has counseling services, but that is for the whole college. Any student can access counseling services, whether you're a nursing student or not.

There is financial counseling. If a student is a single mom and needs diapers, baby wipes, and baby formula, students can get help with caring for their kids. If a student needs money, there is help with scholarships, clothes, or food. I would say those are probably the biggest things where students can get help.

I wanted to find a therapist for myself to talk to. I didn't really want to lean on medication. A lot of nursing students see therapists and lean on Lexapro, an anti-anxiety medication or SSRI (Selective Serotonin Reuptake Inhibitors), to get through school. I say do your thing, if that works for you.

I didn't want to lean on (medications) to get through the program. I really wanted to have somebody other than my wife and my family that I could talk to.

Pat also said he understood the nursing program would be stressful. He believed the college services were helpful, but he only used the Financial Aid counselors. He said he enjoys playing video games and watching movies to escape reality, but there is little time for leisure. He stated that with his wife, he can take care of himself.

Dakota said she knew the college had student support services, but she could not list any specific services beyond mental health. She said she was seeing her own mental health therapist. She described the mental health services available through the college. She said:

The college gives 3 or 4 free therapy (mental health) sessions. But that is through the college. We learned at student orientation that there are a lot of resources available from the college. I didn't use any of the free sessions.

Dakota said she did not access any of the student services available through the college. She said she was goal-focused and that if an obstacle comes her way, she takes care of it and moves on. She said she was focused on achieving the finish line.

Four participants acknowledged the college's offered student support service. Dakota, like Jordan, did not access any of the student support services. Dakota described having her own mental health professional and therefore did not access the free mental health sessions. Adrian attended one free counseling session to gather information to advise her nursing classmates. Pat said he applied for scholarships through the Financial Aid office. Each participant described having their own stress management strategies. Although they understood that services were available to all community college students, the four participants had limited or no use of them.

Findings 2: Lack of Stress Management Strategies

Participants were asked to describe the strategies offered by nursing program administrators to help manage stress experiences during clinical education hours. Participants reported that nursing program administrators did not provide stress management strategies for use during clinical education hours. Each of the five participants shared their thoughts about the nursing program administrators and their feelings of stress.

Adrian said the nursing program administrators or staff did not offer help with managing stress during clinical education hours. She said she had her own stress management techniques. She explained that some instructors had ideas for managing stressful events during clinical education. She explained:

They (the nursing program leadership) didn't provide us with anything specific; there was nothing to help us manage our stress during clinical. If I requested feedback, that would help me manage my stress. As far as individual-specific stress management techniques are concerned, there were none.

Some nursing instructors would try to help with stress. They taught us box breathing and deep breathing exercises for stress management, but the school didn't provide any specific resources.

Adrian said she would use box breathing techniques when she experienced stress during clinical. She also said that taking her lunch break and being honest with her own feelings of stress were important during clinical. She tried to give herself grace that there was so much to learn about being a nurse.

Jordan, as Adrian said, could not recall any specific stress management techniques recommended by the nursing program administrator or the instructors for use during clinical education hours. She said she had dealt with her stress by spending time with friends or going to the gym. When asked what strategies the nursing program offered to help with stress, she said:

Coming from the nursing program, we were told nothing more than just to breathe. The nursing director came to our class and said, "If this (nursing school) is too much, you will have to make sacrifices elsewhere. You might have to quit your job, find other people to

watch your kids”. That's not going to work. It was like she didn't understand! We (the nursing students) still have to pay our bills.

When I think about community colleges, I think of students who are not typical college kids. Many community college students are older, typically around 25, and returning to school. They probably have to work. No one is paying their bills or giving them insurance. A traditional college student is typically right out of high school and most likely has their parents providing financial support, insurance, etc. That is not good advice for working adults to manage their stress and time.

Jordan said that during clinical education hours, she volunteers for extra learning experiences because she wants to learn as much as possible. However, she learned to set boundaries and take breaks, including lunch breaks, to manage her own stress. She said she is an introvert and understands she needs time alone to decompress during her clinical day.

When Parker was asked whether the nursing program offered stress management techniques to use during clinical education hours, she remained silent for an extended period. After a while, she said she couldn't remember anything. Thoughtfully, she said:

The nursing program didn't give us any help with stress, but the school told us to do our best. They would tell us, “Don't mess up.” That added to the stress.

Parker said that when she becomes overwhelmed or stressed during clinical hours, she goes to the bathroom and takes a couple of deep breaths. She said she would tell herself, “You got this, so get back into it.” She said sometimes she just needed a minute alone before going back out on the floor.

Pat, like Jordan and Adrian, said he could not remember anything other than deep breathing exercises. He said he could not recall any specific stress management skills. When asked about stress management techniques, he said:

I don't remember them teaching us anything for clinical. They said to use relaxation, deep breathing, and therapeutic communication. I don't remember anything specifically for the students to manage their stress. They never really touched on anything like stress relief. It wasn't emphasized. They said we should take some time for ourselves, but they only brought that up at the end of the semester. They told us it was okay to relax because the semester is over. That's different than the beginning of the semester. In the beginning, they (the nursing program administrators) said, "This is nursing school, there's no time for anything". That was the vibe that everybody was getting. It has been an issue throughout the whole program. I feel like that's universal throughout all nursing programs. They don't give you time for anything else. You're a nursing student, that's it. That's your job.

Pat would manage his own stress during clinical hours. He said that if a stressful situation arose during clinical, he would go to the bathroom and just breathe. He says he would look into the mirror and breathe.

Dakota, like the other participants, did not recall any stress management techniques originating from the nursing program. She said they were expected to go to clinical and learn. When asked what stress management strategies were offered by the nursing program administrator, she answered:

None. I don't think they gave us anything. It felt like we were birds just being set free.

Go, do the things. They (the college nursing professors) said, "It's going to be stressful, and it's going to be hard, but we are going to do it."

Dakota said she would manage stress by doing a respiratory reset. She was using a breathing technique that alternates deep breathing, holding her breath, and exhaling at timed intervals. She said she would use this skill during and after clinical to keep her "chill".

Five participants were asked about stress management strategies offered by nursing program administrators, but none of them could recall any specific techniques. Four participants used deep breathing techniques. Jordan said she was told to just breathe. She would take time alone off the nursing unit to decompress after stressful experiences. She, Pat, and Parker identified that time alone during stressful experiences was how they were managing stress during clinical education hours. The participants were unable to identify any specific stress management techniques aside from breathing exercises.

Findings 3: Support Offered by Clinical Instructors

Participants described the clinical nursing instructors as supportive and encouraging during stressful experiences. Four participants said the clinical instructors were available and provided guidance during stressful clinical events. The clinical instructor's oversight was viewed as both supportive and firm by the participants.

Adrian described how the presence of the clinical instructor was integral in managing stressful events. Previously, in the Findings section of First-Time Clinical Experiences, Adrian spoke about going to her clinical instructor during a stressful experience when she was crying about her patient interaction. She described feeling supported by the clinical instructor after that incident. She said;

When I went to my clinical instructor, and I was crying, the instructor said, "It's going to be okay. Sometimes, as nurses, we get fired for things like that (the patient interaction). However, it's usually for a sillier reason than this. The next time you get fired, it'll probably be something dumb."

My (clinical) instructors were amazing. The individual nursing instructors would help us with stress. They taught us box breathing and deep breathing exercises for stress management.

Adrian said that her first clinical instructor made her feel comfortable during clinical hours. She said she worried about performing her new nursing skills. The instructor made her feel stressed when she was performing her nursing skills, but also supported her during her clinical rotation.

Jordan, as Adrian said, the clinical instructors have been so helpful during clinical education hours. She said she has had a variety of clinical instructors with varying personalities. She explained that the clinical instructor would set the day based on how they manage the clinical group. She explained:

I had an instructor who was pretty relaxed. She didn't arrive too early, so it was nice being ahead of the instructor. She's not a bad person. Some people are more successful when they are late.

We had one clinical instructor who gave us an extension for the clinical paperwork because she realized we had back-to-back exams. There is so much clinical paperwork, so the extension of the due date helped reduce the stress of final exams.

Jordan said she is always early for clinical. This helps her manage her stress by being on time. She said it was nice when instructors pushed back the due dates for the clinical assignments, but

she does not procrastinate in completing the clinical coursework. She says that putting off completing her assignments adds to her stress.

Parker said that the clinical instructors were open to questions and helped her better understand the treatment plans prescribed by the medical team. Parker, like Adrian, said the clinical instructors made her feel comfortable and protected. She said that her clinical instructors were also her skills lab instructors. She said:

Our clinical instructors really help a lot. We interact with them daily, both in class and in the clinical sites. I feel like they know me, and I know them. Our skills teachers are often our clinical instructors, so we know them personally. I feel like they provide emotional support when I need it. They (the clinical instructors) explain what is going on to us. I feel better when the clinical instructors are there. The clinical instructors tell us, "If you have problems, give me a call," so I know I'm protected.

Parker said she knows her clinical instructors better than she knows the college faculty. She said the college instructors emphasize not making mistakes, but the clinical instructors are there to support her during clinical. This support helps with her stress during clinical education hours.

Dakota said her clinical instructor would explain the skills they would perform that day during a pre-clinical conference. She said a clinical pre-conference was conducted before clinical day. She, like Adrian, said the clinical instructors were outstanding. She said:

It was stressful having to practice giving (the patients) report to the instructor at the end of the day. I was excited and stressed about practicing giving a report because I didn't know what to say, but the instructor was great at teaching us at clinical.

I think if I had not had such an amazing clinical instructor, I definitely could have withdrawn from nursing school.

Dakota said she felt the instructor understood that she was still a student and learning. Dakota, as Adrian said, was nervous when performing her nursing skills, and she experienced stress when the instructor was watching. She said the instructor was very good, and she made clinical learning possible.

Four participants described how the clinical instructor helped them manage stress during clinical education hours. Although Dakota experienced stress when the clinical instructor was watching her perform her nursing skills, she said the nursing instructors were amazing. Adrian described an event in which a clinical instructor consoled her emotionally when she experienced stress during clinical. The participants described how the clinical instructors were supportive during clinical education hours.

Research question number two asked what supports community college nursing students identify as potential stress reducers. Three themes emerged from the interview questions. The first theme was that participants identified multiple college-wide student support services but also reported rarely or never accessing them. They said these services might help some students with their stressful experiences, but the participants denied using any of the college-wide services during their own stressful experiences. A second theme was the lack of stress support strategies offered by the nursing program administrator or faculty. None of the participants could recall any stress management strategies from the nursing program leaders or didactic faculty to use during clinical education hours. Finally, the participants described the clinical instructor as being available during stressful events and providing support during those experiences. The participants' responses to the interview questions indicated that the clinical instructor was the primary stress reliever during clinical education hours.

Evaluation of the Outcomes

The research questions organized the outcomes of this study. Data analysis revealed ten findings that supported the research questions. The findings led to the academic, professional, and theoretical implications for this study. The implications of this study were used to develop recommendations for professional nursing education practice.

This study's findings support the research literature that nursing students experience stress during clinical education hours. Nursing education programs are responsible for educating and graduating new nurses into the workforce while supporting the healthcare needs of the communities they serve (Cipher et al., 2021; Moran et al., 2024). Nursing students' stress during clinical education hours is a significant problem in nursing education (Rodriguez-Leal et al., 2023; Stubin & Dahan, 2024). There exists a national (Rosseter, 2024) and global nursing shortage (Haddad et al., 2023) of qualified and experienced nurses. During this pervasive nursing shortage, it is imperative to examine the factors contributing to nursing student attrition in nursing education programs (El Fadely et al., 2014; Sinval et al., 2025). A relationship exists between a nursing student's desire to withdraw from nursing school and stress during the nursing program (LaBraque et al., 2025). Exploring encounters and experiences with stress among nursing students during clinical education hours is essential to understand better the nursing school experience (Dias et al., 2024).

The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and to identify programmatic supports that help alleviate these feelings. The findings in this descriptive phenomenological study were consistent with previous research exploring that nursing students experience stress during clinical education hours. Nursing

students continue to report stress in the clinical education setting (Dias et al., 2024; Rodriguez-Leal et al., 2023; Sun et al., 2024; Torne-Ruiz et al., 2023). The results of this descriptive, phenomenological research study aligned with the existing research literature while adding additional insights. The research questions provide structure to the research findings.

Research question (RQ1) addressed the problem that nursing students report feelings of stress during clinical education hours. The physical clinical environment is a contributing factor to participants' stress. Two findings addressed this research question. The first finding was that regardless of the patient's illness level or the intensity of patient care services, participants experienced stress in clinical settings during their nursing student role. The second finding was stress resulting from unpleasant interactions with facility staff. The dynamic, unpredictable physical clinical environment was a complex learning setting for participants. Multiple factors related to patient care areas and staff interactions contributed to stress experiences within healthcare facilities.

The first finding was that the clinical environment was a source of stress for the participants, consistent with existing research. Participants experienced stress regardless of whether they were assigned to the unstable patients in the Intensive Care Unit or the stable patients who were admitted to the long-term Rehabilitation setting. The clinical learning environment can directly and indirectly impact a student's learning capacity (Ying et al., 2023). Participants' stress levels remained consistent across the varied clinical settings. The actual clinical settings are a significant stressor when students are assigned across a variety of settings (Mazalová et al., 2022). Varieties of clinical settings were among the factors participants described as contributing to stress during clinical education.

The second finding was that participants experienced stress when interacting with healthcare facility staff. Staff members' communication styles and behaviors within the healthcare agencies created stress for the participants. An unwelcoming clinical environment can be a source of stress for nursing students (Dias et al, 2024). Nursing students experienced stress when communicating with healthcare facility staff (Marriott et al., 2024). Nursing students' perceptions and stress indicators were directly linked to the clinical unit, which affected their overall impressions of the quality of the clinical experience (Abousi et al., 2022). Participants described difficult verbal interactions with healthcare facility staff as a source of stress during clinical education hours.

Participants' descriptions of stress arising from the physical clinical environment addressed the research question. Participants reported experiencing stress regardless of the patient's clinical severity or intensity of the clinical unit. Additionally, participants reported experiencing stress due to unpleasant interactions with clinical staff members. The physical learning environment contributed to participants' stress during clinical education hours.

Research sub-question (RQ1a) addressed the research problem by reporting participants' feelings of stress resulting from experiences during clinical education hours. Three findings supported this research question. The findings added context to the research problem of nursing students experiencing stress during clinical education hours and support the research question.

The first finding was stress from feeling unprepared to start working as a nurse, in part due to limited opportunities to develop nursing skills during clinical education. Participants feel unprepared to graduate and begin a nursing career. The combination of a lack of skill practice and the constraints of clinical education hours left them feeling unprepared to graduate from nursing school. These findings are supported by research. Lee et al. (2023) described the clinical

learning environment as the greatest factor in nursing graduate readiness for practice.

Participants felt they had missed learning opportunities and wanted more clinical hours. The participants reported feeling frustrated and stressed due to practice readiness. Nursing students better assimilate into the sensitive medical environment with early college exposure to the healthcare setting (Cho et al, 2023). The feelings of unpreparedness stemmed from a lack of practice time for nursing care skills during clinical education hours.

The second finding addressed feelings of stress during clinical education and the impact on participants' personal identity. Participants differed on whether feelings of stress changed their personal identity. Half of the participants described a change in their identity as they developed new feelings of internal peace and inner strength. Conversely, the other half of the participants felt their identity was unchanged and developed a deeper conviction to finish nursing school. These findings support the research that nursing education involves many stressors that affect nursing students' self-esteem and professional identity (Tuna et al., 2024). Stress experiences during clinical education make the transition from nursing student to professional nurse difficult for some students (Cho et al., 2023). Additionally, participants described feeling determined to complete their nursing education, regardless of whether their identity changed as a result of stress experiences during their clinical education.

The third finding was a resolve to finish nursing school despite the stress encountered during clinical education hours. Participants differed in their perceptions of how stress affects their personal identity, but all were determined to complete nursing school. Participants expressed their determination to complete nursing school despite their stressful experiences, a significant finding that contradicts existing research suggesting that such experiences may lead nursing students to withdraw from nursing school (El Fadely et al., 2024; LaBraque et al., 2025).

During a national nursing shortage (Rosseter, 2024), it is critical to better understand the factors that may lead students to withdraw from their nursing education programs. Participants denied that stressful experiences would cause them to withdraw from nursing school.

The problem of nursing students experiencing stress during clinical education was examined by asking participants to describe their feelings during these hours. Participants reported feeling unprepared for their future careers due to limited learning opportunities during clinical education. The impact of stress experiences on participants' personal identities varied, but they remained determined to complete their nursing education. These findings add perspective to the problem of nursing students experiencing stress during clinical education.

Research question (RQ1b) addressed the problem that nursing students report feeling stressed during clinical education hours. Two findings addressed this research question. The first finding was that participants experienced stress from first-time patient care experiences during clinical hours. The second finding was the stress surrounding clinical assignments during clinical education hours. These two events were sources of stress during clinical education hours.

The first finding was the participants' reflections on a variety of stressful events during their clinical education. The common factor was that each participant experienced a new type of patient care event or skill during clinical education. First-time events ranged from emergency Code Blue alerts to demonstrating medication administration procedures. Nursing students experience stress during their first-time clinical practicum experiences, which requires a higher level of coping skills (Hwang et al., 2021). This information adds to the current research showing that participants find first-time learning events stressful. Nursing students need to adjust their emotional responses to the new learning experiences (Marriott et al, 2024). When the participants described these first-time events in detail, they spoke with emotional tones

describing frustration and fear. Nursing students develop resilience through diverse learning experiences (Aryuwat et al., 2024). The participants each reflected on a variety of first-time experiences and discussed which events are stressful in their nursing student role.

The second finding was events related to completing their clinical assignments. The research participants reported that completing clinical assignments, such as clinical write-ups or patient care plans, was stressful because they struggled to gather sufficient data. Participants said there was limited access to the patient's medical record, or just not enough information available to complete the care plan. An inability to gather sufficient patient information for the clinical assignments, alongside theory coursework and classroom exams, created stress for the participants. This concept is supported in the research. Chust et al (2022) described that a lack of time is one of the greatest sources of stress for nursing students. The participants said they felt pressured to gather enough information to complete their patient care plans. Nursing students have high levels of stress during clinical education hours due to an insufficient time to complete clinical assignments and earn a good grade (Sun et al., 2024). The time constraints placed on the clinical assignments created a series of ongoing stressful events for the participants.

The problem of nursing students' stress during clinical education hours was explored by asking participants which events were stressful during these hours. The participants described a variety of first-time clinical events that they perceived as stressful during clinical education hours. Participants also described the complexity of completing ongoing clinical assignments, which led to a series of stressful events. Learning that first-time events and complexities in completing clinical assignments added context to the problem that nursing students experience during clinical education hours.

Research question (RQ2) addressed the research problem by asking these community college nursing students to identify potential stress reducers. Three findings were identified from participants' responses. The first finding was the participants' descriptions of the college-wide student support services. Participants said these services were available to all community college students at their respective institutions. Support services include financial assistance, mental health counseling, or resources for students with children. Valuable support services should be available to nursing students during their college courses (Mazalová et al., 2022). The participants predominantly denied using the support services or accessing only one service. The research literature highlighted the importance of students' mental health resources. Colleges should monitor the mental health needs of students who are enrolled in stressful academic pathways (Al-Najdi et al., 2025). The participants specifically identified free mental health counseling, but opted not to access these services. Nursing students experience significant mental health challenges, including stress, depression, and anxiety (Hwang & Kim, 2022). The participants were aware of college-wide support services but rarely used them to help manage their stress.

The second finding was the lack of stress management strategies offered by the nursing program administrators to participants. The participants denied being offered any stress management techniques to be used during clinical education hours. The participants reflected on messaging from program administrators that, as nursing students, they were supposed to attend clinical education regardless of personal needs or feelings of stress. Nursing students experienced a “sink-or-swim” teaching approach during nursing school (Marriott et al., 2024). Nursing faculty and program administrators should serve as change agents by addressing students' stress (Stubin & Dahan, 2024). Nursing program administrators should incorporate a

variety of stress management strategies to meet the mental health needs of nursing students (Hwang et al., 2021). The participants identified that the nursing program administration offered no stress management techniques to use during clinical education hours.

The third finding was the support and encouragement the clinical instructor provided during stressful experiences. The participants provided examples of stress management strategies given by the clinical instructors. These ranged from debriefing participants after stressful patient events to teaching deep-breathing exercises. The research identified the clinical instructor as an integral factor for stress management for nursing students. Clinical instructors create a supportive learning environment for students (Alghanty et al, 2024). Participants reported that the clinical instructor caused stress during nursing skills observation. However, the clinical instructors helped them manage their stress during clinical events. Experienced, supportive clinical instructors increased nursing students' confidence in the clinical environment (Carless-Kane & Nowell, 2023). The participants identified the clinical instructor as a stress reducer during clinical education hours.

The problem of nursing students' stress during clinical education hours was examined by asking research participants to identify potential stress reducers. The participants identified an abundance of collegewide support systems but denied using them. It was found that the nursing program administrators did not provide these nursing students with any stress-reducing techniques to use during clinical education. Finally, the clinical instructor played a significant role in managing stress during clinical education hours. Learning about these stress-reducing strategies offers additional perspectives on the research problem of nursing students experiencing stress during clinical education hours.

Implications and Recommendations for Practice

This section is organized as follows: first, a review of how the organizing framework was applied to this study; second, the implications of the research findings; and third, practice recommendations for nursing education leaders. The framework used was Neuman's Systems Model (NSM), which was instrumental in guiding this research study and its implications. The study's implications emerged from the findings derived from participants' responses to each research question. The study recommendations are grounded in the NSM and the study implications. This section precedes the future recommendations and reaches the study conclusion.

This study was grounded in Neuman's Systems Model (NSM). The NSM depicts the consequences of unmanaged stress experiences among nurses or nursing students. The NSM framework warns of the erosion of self-protective layers due to stress and the potential for physical damage, illness, or death when the protective mechanisms are weakened by stress-related experiences (Neuman & Fawcett, 2011). Using the NSM as a guiding framework, it became essential to understand the experiences of stress among community college nursing students during clinical education hours. The concepts of the NSM guided the recommendations resulting from this research study. This information may help nursing program administrators manage or mitigate the factors that contribute to students' stress during clinical education. Identifying stress factors for nursing students is the first step in managing and addressing this problem. Recommendations for managing stress experiences and supporting nursing students were based on the NSM's concepts. It is necessary to identify and mitigate the negative effects of stress for nursing students during clinical education hours. Through the lens of the NSM, it is essential to manage stress experiences to support the health and wellness of nursing students

during their education and upon graduation into the nursing workforce. The impact of using the NSM framework is discussed further in-depth in the Theoretical Implication section.

Academic Implications

The implications for nursing education leaders are that nursing students experience a myriad of stressors in the complex clinical education setting. Nursing students are learning to transfer classroom skills to the complex clinical setting (Marriott et al., 2024). The findings suggest that the traditional components of a clinical education are a source of stress for the participants. Nursing education programs include instruction in the lecture, lab, and clinical settings (Cipher et al., 2021). The participants identified stressors during clinical education, including complex patient care events, performing nursing skills under a clinical instructor's supervision, and completing clinical assignments. The findings suggest these traditional components of clinical education continue to remain a source of stress for nursing students. Neuman's Systems Model states that as individuals are exposed to stressors, their inner protective mechanisms erode (Neuman & Fawcett, 2011). With this perspective, nursing education leaders should assess their student populations for stress experiences during clinical education. Nursing education leaders are responsible for fostering synergy and balance between clinical and theoretical education components that support the clinical instructor.

Theoretical Implications

This study used Neuman's Systems Model (NSM) to inform the study and its implications. This framework describes the interrelation of an individual's responses to physical, psychological, sociocultural, spiritual, and environmental stressors as they relate to wellness and illness (Neuman & Fawcett, 2011). NSM was foundational in framing this study's examination of stress experiences among nursing students during clinical education. Participants described the

multifactorial causes of stress during clinical education hours. If a stressor breaks through the multiple protective layers without intervention, an individual may be at risk of disease or death (Neuman & Fawcett, 2011). The five participants reported experiencing stress during clinical education hours. If the impact of stress extends to the nursing student's personal protective core, it may damage their well-being and undermine their goal of becoming a nursing professional (Hannoodee & Dhamoon, 2023). When asked about the impact of stress on their personal identity, participants were divided in their responses to the stressor. Half of the participants reported no change in their personal identity, while the other half reported increased personal resilience and inner peace. Additionally, participants reported that although there was stress during clinical education hours, they had a deeper resolve to complete nursing school and begin a career as a nurse. These findings contradict the NSM theory. The participants describe experiencing stress from many directions during clinical education hours, but a greater personal conviction to complete their nursing education. If the stress had affected their well-being, it did not seem to change their intent to pursue a nursing career. The findings showed that the college of nursing administrators did not offer stress control strategies to this sample of nursing students. When asked about stress-reducing techniques, all participants described their own coping strategies, ranging from deep breathing to physical exercise. The participants described feeling more determined than ever to complete their nursing degrees, despite the stress of clinical education. Each described understanding that nursing was a stressful career and anticipating that it would be hard work to become a nurse. These signs of resilience unpinned their determination to pursue a nursing degree, graduate from nursing school, and enter the nursing workforce.

Professional Implications

As nursing faces a national and global nursing shortage, it is essential that nursing students are supported through nursing school to enter the nursing profession. The participants described feeling unwanted during clinical education and witnessing stressful conversations between their assigned staff nurses and the healthcare facility workers. An unsupportive clinical environment can be a stressor for nursing students (Dias et al., 2024). These incidents were sources of stress during clinical education hours. The participant expressed concern about working in a tense environment where staff have poor communication skills. Nursing students experienced stress when speaking with healthcare facility staff (Marriott et al., 2024). Stress experiences among nursing students may affect where they choose to begin their nursing careers. Nursing students' experiences of stress affected their perceptions of the value of the clinical learning facilities (Abousi et al., 2022). A shortage of nurses affects the quality of nursing care (Milicia et al., 2023). If healthcare agencies hope to attract new nurses as future employees, creating a strong clinical learning environment with a welcoming spirit for nursing students would likely attract new graduates.

Table 6: Professional Recommendations*Table 6 Professional Recommendations*

		Nursing Student Experiences	Recommendations
Academic Implications:	Stress experiences during clinical education hours	A. Students experience stress regardless of the patient's clinical severity	1. Clinical instructors closely monitor nursing students' stress by frequently rounding when students are assigned to multiple nursing units.
		B. Complexity and time requirements for clinical assignments	2. Evaluate the nursing curriculum for coursework and exam due dates for synergy for lecture, lab, and clinical assignments.
		C. Clinical Instructors were stress reducers	3. Provide routine education and support for clinical instructors with increased integration into the nursing education program.
Theoretical Implications:	Feelings of Stress during clinical education hours	D. Stress, feelings, and personal identity	4. Introducing students to the benefits of joining a professional nursing organization
			5. Nursing program administrators provide regular reviews of collegewide services to nursing students.
Professional Implications:	Events of stress during clinical education hours	E. Lack of stress management strategies	6. Integration of stress management techniques in all the program's clinical courses.
		F. Staff interactions are a source of stress	7. Integrate emotional intelligence education within the nursing program.

Academic Recommendations

The academic implications describe stressors arising from factors within the physical clinical environment. The first recommendation stems from students' experiences of stress in the clinical setting, regardless of the clinical severity or intensity of patient care services. These findings led to recommending that clinical nursing instructors conduct on-site rounding visits when nursing students are placed in different nursing units across the hospital or care center. The manner and approach of the clinical instructors are essential in influencing the level of stress in nursing students (Mazalová, et al, 2022). By conducting frequent rounds with the nursing students, the clinical instructor can help identify when they are becoming overwhelmed and may be able to help manage the stress they experience. Clinical instructors need to understand the stressors nursing students face during clinical practicums to foster effective coping strategies (Sun et al., 2024). The clinical instructor's vigilance is essential for monitoring signs of stress during clinical education experiences.

The second recommendation is that nursing program administrators should evaluate the curriculum for balance across the lecture, lab, and clinical experiences. Classroom assignments, exam dates, and the completion of clinical care plans should be analyzed to ensure synergy across lecture, lab, and clinical coursework. Nursing students experience the greatest academic workload and clinical stress during the first academic year (Mazalová et al, 2022). This can be managed through thoughtful curriculum planning. Academic obligations should be optimized to maximize learning while allowing nursing students to have free time (Chust et al., 2021). Academic stress and assignment workload can lead to stress in the clinical setting (Wahid et al., 2023). Coursework could be organized to facilitate optimal student learning while considering the time constraints placed on nursing students.

The third recommendation is to provide routine education and support for clinical instructors. Inconsistencies between didactic and clinical instruction may cause feelings of confusion and incompetence (Adkins & Aucoin, 2022). The clinical instructor is at the healthcare facilities with the nursing students during stressful patient care events. The clinical faculty is the single most important factor for clinical learning and the support that arises from this supervisory relationship (Marriott et al., 2024). The clinical instructor is an integral person in the education and graduation of new nurses. There should be open discussion between clinical faculty and program leaders to ensure cohesion among lectures, lab, and clinical education (Carless-Kane & Nowell, 2023). Supporting clinical faculty may reduce the stress nursing students experience during clinical education hours.

Theoretical Recommendations

Neuman's Systems Model describes the damage caused by unmanaged or unmitigated stress on an individual's protective mechanisms. The findings describe that participants were divided in their impressions of the impact of stress on their personal identity. To support nursing students during stressful experiences, it is recommended that nursing students be introduced to professional nursing organizations as part of the nursing curriculum. Professional nursing organizations help raise the image of nursing and advocate for the professional nurse's role (El Fadely et al., 2024). Given the vast responsibilities of nursing, it is difficult for students to envision themselves as professionals (Cho et al., 2023). As nursing students progress through their nursing program of study, a professional nursing organization can offer them a sense of belonging and serve as a guidepost when developing a professional identity. Supporting professional identity may help provide support during stressful experiences after nursing school.

The second recommendation is for nursing program administrators to promote collegewide services throughout the nursing program. Although the findings suggest that participants did not use college-wide services, these services could provide support during difficult times in nursing school. Coordinated college resources can enhance student learning and satisfaction by managing nursing students' stress (Hwang & Kim, 2022). Program administrators may coordinate with student support services to ensure that nursing students can access college-wide services as needed. Organizational support for nursing students can reduce high levels of stress (Mazalová et al, 2022). Nursing program administrators may promote student success by encouraging the use of college-wide resources.

Professional Recommendations

The professional recommendations are intended for nursing educators and nursing leaders who oversee nursing students during clinical education. The first recommendation is to integrate stress management techniques across all clinical courses. Clinical stress management techniques, such as mindfulness, provide students with tools for success during nursing school and upon entering the nursing profession (Torné-Ruiz et al., 2023). Nursing program administrators need to acknowledge and take measures to mitigate nursing student stress during clinical education hours. Nursing program administrators should integrate programs to reduce stressors for nursing students (Rodríguez-Leal et al., 2023). Stress management techniques may help students during nursing school and transfer these new skills into their professional careers.

A second recommendation emerged from the participants' descriptions of stressful interactions between the clinical agency and facility staff. These findings suggest that communication is a challenge in healthcare settings. It is recommended that nursing program administrators integrate emotional intelligence (EI) education within the nursing program.

Emotional intelligence is a critical overall professional nursing competency (Merino-Soto et al., 2024). Strong EI skills may promote stress resilience. Incorporating emotional intelligence skills into nursing curricula may improve communication skills and foster resilience to stress (Shubayr & Dailah, 2025). Incorporating EI training into a nursing program of study can foster protective communication skills that transfer to students' professional nursing careers.

The recommendations from this study are intended for nursing program administrators and nursing leaders responsible for clinical education. The research findings guided the recommendations. Recommendations include reviewing the nursing curriculum to increase educational synergy between classroom and clinical instruction, while supporting the clinical faculty's responsibility for articulating the nursing program curriculum in clinical settings. Administrators should continue supporting their nursing students by providing stress management education, teaching communication skills, increasing the visibility of collegewide services, and introducing professional organizations that foster the transition from student to practicing nurse. These recommendations were based on the research findings and their implications, which were supported by the existing literature.

Recommendations for Future Research

Recommendations for future research are based on the findings, implications, and professional practice suggestions of this research study. The first recommendation is to conduct a quantitative correlation study of the relationship between nursing students' stress experiences and stress-reducing interventions. Quantitative research methods would permit the collection of numerical sample data that is generalizable to the research population (Bayot et al., 2023). A quantitative research design can identify specific factors and confirm the theory by explaining the data retrieved (Hood, 2022). This study's findings suggest that participants did not use

college-wide services as a stress-reducing strategy during nursing school. A correlation study could include responses from 100-150 community college nursing students across the United States about their use of college-wide services. This study could inform nurse education leaders specifically about the student support services that nursing students find most beneficial during their program of study.

A second recommendation is to continue research on stress experiences during clinical education by conducting a similar qualitative study. The next study could recruit six to ten traditional baccalaureate nursing students as research participants. The sample population is a smaller representation of the larger group in a research study (Hood, 2022). A delimitation of this study was that the sample population consisted of community college nursing students. The target population is a specifically selected group or individual whom the researcher is interested in studying and who will inform the research questions (Ahmed, 2024). Examining whether baccalaureate nursing students' stress experiences during clinical education hours are similar to those of community college nursing students may provide a broader perspective on nursing students' stress experiences.

A third recommendation would be using a qualitative case study design. Qualitative case study research design provides a deep investigation into specific life events in real-world settings (Ahmed, 2024). The clinical education setting is a complex learning environment (Cipher et al, 2021). A delimitation of this study was the quantity of information gathered using a descriptive phenomenology design. A smaller case study of one to two participants, using a case study design, could provide a detailed, in-depth look at the events that occur during clinical education hours and cause stress for nursing students. The researcher would be at the clinical site with the research participants during clinical education to gather data immediately as the students

experience stress in the clinical settings. This study could inform nursing leaders with a detailed first-hand description of the stressors experienced by nursing students during clinical education hours.

Conclusion

This qualitative, descriptive phenomenological study explored the experiences of stress among community college nursing students during clinical education hours and examined stress-reducing factors. The problem this proposed study addressed is that nursing students report stress during clinical education hours (Dias et al., 2024; Rodriguez-Leal et al., 2023; Sun et al., 2024; Torne-Ruiz et al., 2023). A consequence of nursing student stress is that the students may withdraw from nursing school before graduation (Morris et al., 2023). If nursing students continue to withdraw from nursing school before graduation, the number of nurses graduating would decline, deepening an existing nursing shortage.

The purpose of this qualitative, descriptive, phenomenological research study was to explore the lived experiences of stress among community college nursing students during clinical education hours and identify programmatic supports that help alleviate these feelings. Data were collected from five community college nursing students enrolled in programs in the Western United States. Using semi-structured interviews, the participants described events that caused stress during clinical education, their feelings of stress during those hours, and identified any stress reducers. Data analysis revealed that the stress experienced by nursing students during clinical education is multifactorial. Stressors included working with complex patients, performing nursing skills, completing clinical assignments, and engaging with the healthcare facility staff. The nursing program administrators did not provide stress-reducing strategies, and participants denied using the college-wide student support services to reduce their stress. The

clinical instructor was found to be the greatest stress-reducing factor for these research participants.

The research study's findings on stress experiences among community college nursing students during clinical education hours had academic, theoretical, and professional implications. The academic implications described that the traditional components of clinical education are stressful for nursing students. These included being assigned to various patients and completing clinical assignments. It was learned that the clinical instructor plays a central role in managing students' stress during clinical hours. The theoretical implications were based on Neuman's Systems Model (NSM), which posits that unmanaged stress impacts personal wellness (Neuman & Fawcett, 2011). This study did not support this theory, as it became evident that the stress did not impact their personal goal of completing their college degrees and continuing towards a career in nursing. Finally, the professional implications indicated that nursing leaders should identify the stressors of the clinical education component and help guide nursing students as they develop a professional identity as they move into their new careers.

The practice recommendations included providing nursing students with tools for stress management during clinical education hours. As the sources of stress are multidimensional, the student support should be equally multifaceted. Providing a targeted, collaborative effort between nursing school administrators and collegewide support services may help nursing students better manage feelings of stress during their nursing education. Additionally, nursing education leaders need to work closely with clinical instructors, as they are integral to nursing students' success in clinical education.

In conclusion, this study provided a basis for future research exploring stress and the stress experiences of nursing students in the United States. Using an alternate sample population

or changing the research design may provide a better understanding of this unique educational learning environment. Through recommendations for future studies, researchers can better understand which clinical events are sources of stress for nursing students. This information can be used to identify and develop stress management techniques, guide improvements to the nursing curriculum, and promote the successful education and graduation of new nurses into the nursing profession.

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Appendix A

National University IRB Approval Letter

12/5/25, 8:51 AM

IRB-FY25-26-359 - Initial: Exempt from Further Review - Lori Cook - Outlook

 Outlook

IRB-FY25-26-359 - Initial: Exempt from Further Review



9388 Lightwave Ave.
San Diego, CA 92123
irb@nu.edu

Notice of Exemption

December 3, 2025

To: Lori Cook

Project Title: Experiences of Stress by Nursing Students During Clinical Education: A Qualitative Descriptive, Phenomenological Study

NU IRB Number: IRB-FY25-26-359

Determination: Exempt from further review 45 CFR 46.101 Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

Status: Active - Research activities may begin as of December 3, 2025

Dear Lori Cook:

The study referenced above has been reviewed by the National University IRB. The IRB has determined

12/5/25, 8:51 AM

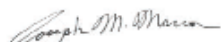
IRB-FY25-26-359 - Initial: Exempt from Further Review - Lori Cook - Outlook

your research is exempt from further review under 45 CFR 46.104, which means you will not need to renew your study and may begin your study effective immediately. However, if you find the need to change your study in any way, you will need to submit a modification to the IRB prior to implementing the changes. This will allow the IRB to determine whether or not the study still meets exemption criteria.

Please review your Post Approval Responsibilities here: [Approved Documents Guidelines](#)

For any questions regarding your protocol, please reach out to the IRB at irb@nu.edu.

Sincerely,



Dr. Joseph Marron, IRB Chair



Dr. Brianne Mungeon, Director, HRPP & IRB



Inessa Eberhardt, Associate Director, HRPP & IRB

Appendix B

Social Media Flyer

My name is Lori Cook, and I am a doctoral student at National University. I am conducting a research study to ask community college nursing students about their experiences of stress during clinical education hours.

I am recruiting individuals who meet all these criteria:

1. You are at least eighteen years of age
2. You are currently enrolled in a professional nursing program at a community college in the western United States
3. You have completed at least one nursing clinical education course

If you decide to participate in this study, you will be asked to do the following activities:

1. Participate in a series of three interviews on Google Meet, lasting about 1 hour for each interview
2. Review the interview transcripts through email for about 10-15 minutes,

During these activities, you will be asked questions about:

1. Why did you decide to become a nurse?
2. What events during clinical education cause you stress?
3. How does the college support you during times of stress?

Participants in this study will receive a \$100 Visa Gift Card as a thank-you for their participation.

If you are interested in participating in this study or have questions, please use the Calendly link to schedule your first interview.

Thank you for considering participating in this voluntary research!

Lori Cook

Imagine Description: A nurse wearing a stethoscope and scrubs uniform, clasping another person's hands.

Join a Research Study!

Share your experiences of stress you faced during clinical hours as a nursing student.



Appendix C
Social Media Post





Appendix D

Consent



National University IRB
9338 Lightwave Ave., San Diego, CA 92123
irb@nu.edu

Consent Form

My name is Lori Cook, and I am a doctoral student at National University (NU).

I'm asking you to take part in a research study about the experiences of stress for nursing students during clinical education. The name of this research is "Experiences of Stress by Nursing Students During Clinical Education: A Qualitative Descriptive, Phenomenological Study."

You may participate in this research if you meet all of the following criteria:

1. You are aged 18 or older.
2. You are enrolled in a professional nursing program at a community college in the western United States.
3. You have completed at least one nursing clinical education course.

I hope to include 4-6 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What you will be asked to do: If you decide to be in this study, you will be asked to do the following activities:

1. Participate in a series of three interviews on Zoom, lasting about 1 hour for each interview
2. Review the interview transcripts through email for about 10-15 minutes.

During these activities, you will be asked questions about:

1. Why did you decide to become a nurse?
2. What events during clinical education cause you stress?
3. How does the college support you during times of stress?
- 4.

Risks: There are minimal foreseeable risks or discomforts associated with this research. You can still skip any question you do not wish to answer, skip any activity, or stop participating at any time.

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

Recording: I would like to video record your responses with Google Meet during the interview. You can disable the video function of the online meeting platform at any time.

Compensation: After you complete the series of three interviews, you will receive a \$100 Visa Gift Card as a thank you for participation.

Mandated Reporting: My professional role outside of NU requires me to report suspicion of child or elderly abuse, suspicion of possible harm to self or others, and committed crimes to the appropriate authorities.

Confidentiality: I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

Appendix E

Interview Protocol

Interview Protocol

Consent: The letter of consent is completed when the participant clicks on the Calendly invite page.

Narrative- “Hello, and thank you for agreeing to participate in this interview today. My name is Lori Cook, and I am a doctoral student at Northcentral University, where I am conducting my dissertation research.

Thank you for taking the time to participate in this study. Before we begin, please know there are no right or wrong answers to the questions. If you need a break or prefer to skip a question at any time, that is completely fine. Some of the questions might be personal, so feel free to share only what is comfortable for you. I deeply value your contribution to this study. Please know that whatever you share will help us all better understand this subject.

This interview is expected to last between 60 and 90 minutes. I will be recording our discussion and taking notes to make sure I have complete information. Your responses will be held in confidence.

Lead into the Interview: Thank you. I am interested in learning about the experiences of stress by community college nursing students during clinical education hours. This information will be confidential, and your individual answers will not be shared with anyone. Your perspectives and experiences are important for understanding the experiences of stress among nursing students during clinical education hours and the support provided to help alleviate these feelings of stress.

Do you have any questions before we get started?

Interview Questions Session #1

Semi-structured Interview Questions #1 History/Contextualization	RQ 1	RQ 1a	RQ1b	RQ 2
Tell me why you want to become a nurse?	X			
Was there a moment or experience in your life when you thought you should become a nurse?	X			
Have you had life experiences you would identify as stressful?	X			
Did you think that nursing could be a stressful career?	X			

Have you ever had a stressful experience when accessing healthcare or talking with a healthcare professional?	X			
Can you give me an example of a stressful experience with healthcare?	X			
If so, can you describe in more detail the healthcare experiences that were stressful?	X			

Interview Questions Session #2

Semi-Structured Interview Questions #2 Details of the Lived Experience	RQ 1	RQ 1a	RQ1b	RQ 2
Tell me about your first clinical experience as a nursing student.		X		
Have you ever had any experience with patients, facility staff, or your instructor that made you feel uncomfortable?		X		
Can you describe in more detail the role of either a patient, facility staff, or your instructor?		X		
Was there an event during clinical education hours that you experienced stress?		X	X	
Can you describe a specific incident or episode during clinical hours that was stressful?		X	X	
Can you tell me how you feel at the end of the clinical day?			X	
Can you describe the feelings as you leave the clinical day?			X	

Interview Questions Session #3

Semi-Structured Interview Questions #3 Reflection on Lived Experiences	RQ 1	RQ 1a	RQ1b	RQ 2
Looking at your clinical experiences, how has this changed you as you progress through the nursing program?	X			
Can you describe in detail a specific event during clinical hours that affected your progress during nursing school?				

Do you ever reflect upon experiences of stress during clinical education hours?		X	X	
Has the experience of stress changed your identity, any of your personal relationships, or your goal of becoming a nurse?		X	X	
What strategies do you use to manage stress?				X
What strategies did the nursing program offer you to help manage feelings of stress during clinical education hours?				X
Tell me about a specific stress management technique provided by the nursing program?				X
If there is a specific stress management technique, tell me when (before, during, or after clinical education hours) you are using this technique?				X
Describe your feelings after using the stress management technique.				X
What would you recommend to future nursing students to manage the experiences of stress during clinical education hours?				X

Conclusion: Thank you for taking the time to meet with me today and to share your perspectives/experiences on stress during clinical education hours.

At the end of each interview session, the following questions will be asked:

1. Do you have any questions, additional thoughts, or concerns?
2. Is there anything you would like to add or clarify about your experiences of stress during clinical education?

Next Steps:

1. Participants will be asked to schedule their next interview using the Calendly site.
2. At the conclusion of the final interview, member checking will be conducted by emailing the participants a copy of the transcripts to review for accuracy.
3. At the conclusion of the final interview, participants will be emailed the \$100 VISA gift card as a thank you for participating in the study.