

Lived Experiences of Stress and Resilience in Undergraduate Nursing Students in Arizona: A Qualitative Phenomenological Study

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Abstract

Undergraduate nursing students commonly experience higher levels of perceived stress compared to other student groups in higher education. Academic pressures, clinical performance expectations, and personal life stressors can result in poor performance outcomes. The problem is that numerous undergraduate nursing students in Arizona may experience levels of stress that may lead to negative physical, psychological, and academic consequences. There is a gap in the literature on lived experiences of stress and resilience in undergraduate nursing students and on effective stress and resilience nursing education interventions. The purpose of this qualitative phenomenological research study was to explore a deeper understanding of Arizona undergraduate student nurses' lived experiences of stress and resilience. Polk's resilience theory and Bandura's self-efficacy theory theoretical frameworks helped guide this study as ways of coping with stress. The research questions sought descriptions and deeper meanings of Arizona undergraduate student nurses' lived experiences of stress and how they build resilience. Fifteen students were selected from the same Arizona university system and data was collected using 60-minute online Zoom semi-structured interviews. Key findings captured unique individual lived experiences and common threads of stress and building resilience. The major themes of stress were identified as: fear of failure, lack of control, study/work/life imbalance. Major themes of resilience were identified as: focus/distraction, belief in a higher power and/or self, support from others and time management. Recommendations are to develop student-centered stress management and resilience-building strategies in undergraduate nursing education.

Keywords

Stress, Resilience, Undergraduate Nursing Students, Lived Experiences,

1. Introduction

Undergraduate nursing students are known globally to experience difficulties in completing their nursing education successfully [1]. Mild to moderate stress levels can be motivating factors to improve learning and academic performance [2]. Stress is a result of being exposed to internal or external pressures, and when perceived negatively can threaten an individual's state of equilibrium and sense of well-being [3].

Research has shown that high-stress levels are commonly experienced by undergraduate nursing students and can lead to reduced learning, academic, and practice performance outcomes and may have negative physical and psychological consequences [4]. Resilience is described as the ability to bounce back from difficult situations and adversity [5]. The phenomenon of resilience is known to counteract high-stress levels, help develop well-being and is an essential trait for the success of undergraduate nursing students and future nurses [1] [6]. The purpose of this qualitative phenomenological research study was to explore a deeper understanding of Arizona undergraduate student nurses' lived experiences of stress and resilience. To address this gap, the following methodology was employed to explore this phenomenon.

2. Methodology/Theoretical Framework

A qualitative phenomenological study was conducted in an Arizona university system with 60-minute semi-structured Zoom interviews involving 15 undergraduate nursing students. Qualitative research methodology was appropriate for this study as the aim was to explore individual experiences and behavior to provide a deeper insight and develop meaning [7]. A qualitative phenomenological design approach gives a clear and true-life description of the participants' original lived experiences from the individual's perspective [8] [9].

Polk's theory of resilience [10] and Bandura's self-efficacy theory [11] have been threaded throughout this research and helped inform the research questions and interview questions. Polk describes resilience as a flow of energy that passes back and forth between people and their environment. It is a complex process related to personal dispositions, relationships with others, specific situations, that enable individuals to develop resilience [10]. Self-efficacy theory is an individual's inner belief that they can change their behavior and adapt to their environment to obtain a successful outcome [11].

Bandura's self-efficacy construct informed the interview question "Resilience is described as having the ability to get back up and carry on after experiencing a difficult event—can you describe any experience during nursing school so far that you have been able to do this? If not, why?" This question enabled the participants to consider why or why not they can carry on in challenging situations and achieve

their goals. The question also informs Polk's theory of resilience as it helped the participants identify life experiences that were unique and showed multi-faceted patterns that provide the ability to face adversity.

2.1. Research Questions

The two research questions that guide this study are:

Research Question 1: How do undergraduate nursing students describe their lived experiences of stress at nursing school in Arizona?

Research Question 2: What are undergraduate nursing students' lived experiences of building resilience at nursing school in Arizona?

2.2. Population and Sample Selection

The target total population size of undergraduate nursing students at the Arizona university system was approximately 500 students with a sample size of 15. Many researchers recommended having a sample size no larger than 20 in phenomenological research [12]. The smaller sample size can provide rich data that reveals deep, hidden layers of understanding of a specific phenomenon [13]. Sample selection will utilize purposive sampling in which participants need to meet specific inclusion and exclusion criteria appropriate to the purpose of the study [14].

The participants were aged 18 years or older, currently enrolled as an in-person undergraduate nursing student from any semester and had been in the nursing program for at least one month. Moderate to high stress levels are subjective because each person has a unique lived experience of stress. Participants were asked to self-identify that they have experienced moderate to high stress levels of stress before signing the consent form. Participants were ensured to meet all of the inclusion criteria when signing the informed consent.

The purposive sampling method helped create a richness of data from nursing students throughout various stages of the program. The snowball sampling method was utilized as initially the sample size was not reached. Snowball sampling is described as the researcher selecting a small number of participants who then recruit other volunteers to participate [14]. The participants recruited through snowball sampling met the same inclusion and exclusion criteria.

No demographic details were taken from the participants because of the qualitative nature of research. Age, gender, geographical location, work status could have contextualized the participants' voices but it may have detracted from the lived experience itself. The aim of phenomenology is to understand unique lived experiences and the meaning for each individual and the focus of this study was to find meaning for each individual rather than comparing demographic characteristics [15].

3. Data Instrument

The research procedures in the data instrumentation included an interview protocol approved by three subject matter experts (SMEs) that were used to help guide the qualitative interview process [16]. SMEs are recognized experts in a spe-

cific field. Semi-structured interviews with SME-approved interview questions were used and then data collection, preparation, and analysis were conducted. Qualitative phenomenological research interviews have the purpose of gaining a holistic understanding of a participant's view and experiences of a phenomenon [17]. This interview protocol included 17 open-ended questions, and five probing/follow-up questions for further clarification, and debriefing [16]. Sixty-minute audio-visual interviews were conducted synchronously via an online Zoom platform and were recorded and transcribed. The questions were also guided by the chosen research theoretical framework of Bandura's self-efficacy theory and Polk's theory of resilience [10] [11].

4. Data Collection

The data was collected through an audiovisual recorded Zoom synchronous interview taking approximately 60 minutes. Informed consent was obtained through an online consent form emailed to the participant who signed and returned the form electronically. The participant was free to withdraw at any time during the research study process. They were able to leave the Zoom interview at any point, or provide email, phone call, or text notification of the decision to withdraw from the study. Online qualitative interviews have become more prevalent since the COVID-19 pandemic and have the advantage of convenience as well as reduced geographical and time restraints [18]. Data saturation was reached when at completion of the questions the participants were unable to provide any new insights or themes [19]. Probing questions were used to ensure that no further data was missed and that clarification of ideas was gathered.

5. Data Analysis

The Modified van Kaam Method of Analysis of Phenomenological Data by Moustakas [20] was utilized to code and analyze the collected data. This data analysis model by Clark Moustakas is an adapted version of the original phenomenological method proposed by van Kaam [21]. The model includes seven methodological procedures: Creation of lists and preliminary groups, determination of unchanging components, identification of themes and categorization, final validation of unchanging components and themes, individual participant text description, individual participant structural description of experience, and final textual and structural description will be utilized to find a deeper meaning of the lived experiences [22]. After the final interview of the 15 participants was completed data saturation was reached as no further codes emerged and there was repetition of previous codes [23]. The interviewer was the sole coder due to time restraints but the participants member-checked their transcripts and made any necessary changes to ensure they were understood accurately [24].

6. Ethical Procedures

This research study upholds ethical and legal requirements by following the Bel-

mont Report's three principles of respect for persons, beneficence, and justice [25]. Informed consent was provided and the freedom of choice to participate voluntarily and withdraw at any time met the respect of persons principle. The principle of beneficence was upheld by causing no harm and the participants' sharing of their lived experiences of stress and resilience may have led to finding effective ways to reduce stress and build resilience. Each participant received phone contact details for counseling services and an additional counseling support phone number for 24/7 service both provided free from their nursing program educational facility. Justice was demonstrated through the fair distribution of the possible benefits of this research study for potential participants by having voluntary participants from all levels of the undergraduate nursing program.

Site permission was obtained from the nursing school program sites, the IRB approved the interview protocol, and SME field testing of interview questions was performed and adjustments made. Potential participants were then sent an email to show interest and received a detailed informed consent form via email. No conflicts of interest were involved in this study as the participants were not known and there were no affiliations with the nursing program. Data was kept confidential by not using participant names or identifying information in any of the audio/visual recordings or transcripts, and informed consents. The data will be kept securely for three years and then destroyed to comply with United States legal requirements [26]. Based on this methodological approach, the following findings emerged.

7. Findings/Results

The interview data supports the research findings of this qualitative phenomenological study. After manual coding and thematic analysis were performed, seven major themes were identified using specific interview quotes from undergraduate nursing students; fear of failure, lack of control, study/work/life imbalance, focus/distraction, belief in a higher power and/or self, support from others and time management/organization (see **Table 1**). All 15 participants attend in-person traditional or compressed Bachelor of Science in Nursing (BSN) programs at one of the three nursing program sites in different regions of Arizona.

Table 1. Major themes in undergraduate nursing students lived experiences of stress and resilience.

Major Theme	Code/Categories
Fear of failure	Overthinking, fear of letting others down, shame, fear of judgment, high expectations, wasted time, unattained goals, lost dreams
Lack of control	Feeling overwhelmed, constant changes and new experiences, unfamiliar testing, unexpected events, feeling powerless, panic attacks, crying episodes
Study/work/life imbalance	Signs of distress, relationship strain, physical and psychological symptoms of stress, academic consequences, feeling guilty, struggling to balance life
Focus/distraction	Therapy, medication, meditation/hot yoga, reflective journaling, sleep/naps, time with others, art and creativity, reading/music/movies/games, sport and exercise, time in nature, pets, getting away

Continued

Belief in a higher power and/or self	Faith in God/higher power, positive self-talk, self-confidence, self-efficacy, sense of purpose and destiny
Support from others	Peer study groups, friends/best friends, group chats, significant others/family, resources and encouragement from professors
Time management/organization	Schedule, calendars, planners, to-do lists, time-blocking, breaking things down, being flexible

Note. All 15 participants experienced all seven major themes of stress.

All major themes align with the theoretical framework of this study. Bandura's self-efficacy theory [11] emphasizes self-belief in achieving goals in a particular situation and influencing events (successfully progressing through nursing school). Polk's theory of resilience [10] is confirmed by the need for dispositional (personal characteristics), relational (relationships with others), situational (circumstances), and philosophical aspects (beliefs) in one's life to be able not to give up and keep going.

Participating undergraduate nursing students were at different levels of the nursing programs ranging from the first to fourth semester and are progressing to their next semester in August 2024 (see **Figure 1**). The nursing programs of the Arizona university system all have five semesters so therefore only four semesters were represented. However, no fifth-semester students were currently studying, and previous fifth-semester students have already graduated.

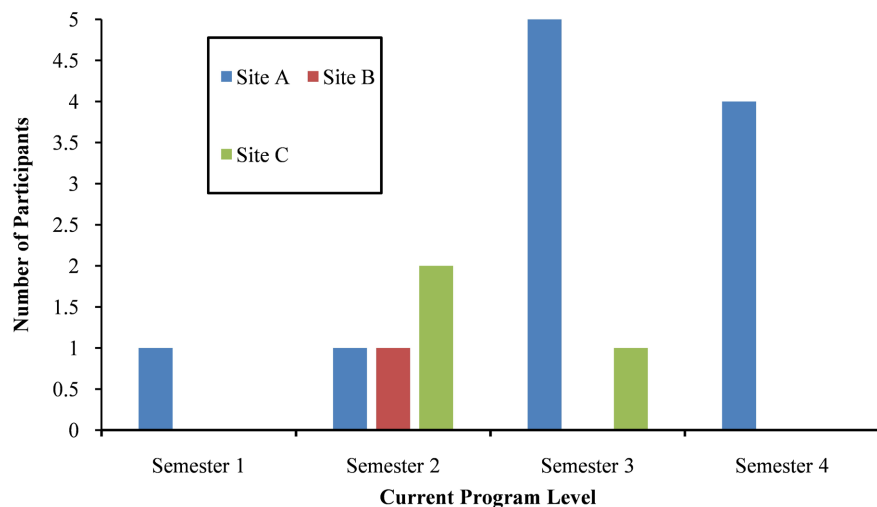


Figure 1. Nursing student program level. *Note.* Nursing students were attending in-person traditional or compressed BSN programs.

The 15 participating undergraduate nursing students were from three research sites in the same Arizona university system (see **Figure 2**). A high proportion (73.33%) were from the same site (Site A), three from Site B (20%), and one from Site C (6.667%). Summer break attributed to the low numbers and the higher number of participants in Site C is from summer semester students and snowball

sampling.

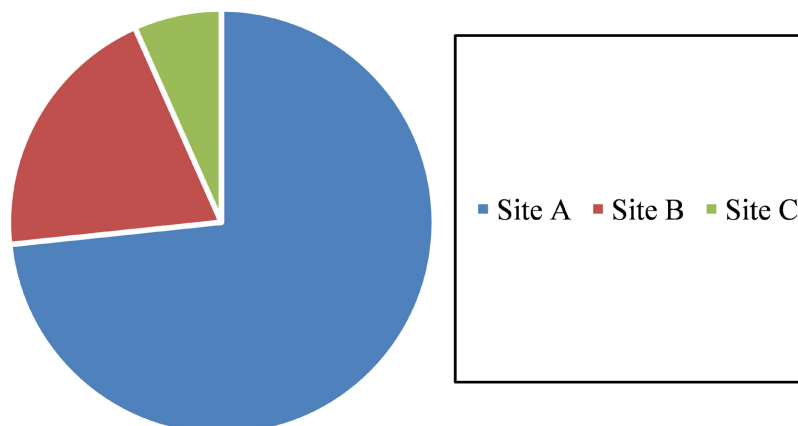


Figure 2. Research site student participation. *Note.* Nursing students were attending traditional or compressed BSN programs.

7.1. Major Themes

Seven major themes were identified in this qualitative phenomenological research study. The first three identified major themes related specifically to stress, including fear of failure, lack of control, and study/work/life imbalance. The remaining four major themes related to the phenomenon of resilience included focus/distraction, belief in a higher power and/or self, support from others, and time management/organization. These major themes were discerned by following the analysis process and with particular emphasis on exploring the deeper meaning and life essence of what the student nurses were sharing and trying to express during the interviews about their lived experiences.

7.1.1. Major Themes of Stress

The three major themes related to stress were fear of failure, lack of control, and study/work/life imbalance and are confirmed in the literature (see [Table 2](#)). Similar to Findlay and Vang's findings, this study found that high-stress levels can arise from the combination of academic, clinical and personal stressors [27]. These three themes were derived from gaining a deeper understanding of complex individuals' descriptions of their own experiences. Hamadi and co-authors agreed that stress is a result of multiple factors that differ for every individual [28].

Stubin identified that nursing instructors were a major factor in undergraduate nursing stress, but the findings of this study found that though it was present for some students it was not a major theme [29]. Toqan and co-authors also found nursing instructors in clinical settings to be the most common source of stress which was not found to be common in this study [30]. Nursing simulation has been found by Peters and co-authors to be highly stressful for nursing students because of the anxiety of being watched and making mistakes [31]. However, the findings from this study found simulation to be only a minor stressor.

Table 2. Major themes in undergraduate nursing students lived experiences of stress.

Major Theme	Code/Categories	Interview Quote
Fear of failure	Overthinking, fear of letting others down, shame, fear of judgment, high expectations, wasted time, unattained goals, lost dreams	Participant B: "I just overthink and I doubt myself. I think what if fail? Then what? My life's gonna be ruined." Participant A: "I would be just destroyed if I got kicked out of nursing school because I couldn't, you know, make exam grades high enough." Participant E: "Maybe because I'm scared to fail. Yeah, I'm scared of not finishing my program"
Lack of control	Feeling overwhelmed, constant changes and new experiences, unfamiliar testing, unexpected events, feeling powerless, panic attacks, crying episodes	Participant F: "But every once in a while I get really just so overwhelmed that I feel like sometimes I get paralyzed, like I can't move." Participant C: "I get very emotional when I'm stressed. So it's just like a whirlwind of emotions, like I can be mad one moment and then I can start crying the other moment." Participant K: "So when I get in those moments of stress, I just feel like I'm spinning out of control, and I can't always stop my thoughts."
Study/work/life imbalance	Signs of distress, relationship strain, physical and psychological symptoms of stress, academic consequences, feeling guilty, struggling to balance life	Participant A: "I think it would be better if I wasn't so mentally exhausted from dealing with school and then all the stresses that come from work." Participant N: "There's a lot of times where there's a stressful situation and I catch myself hyperventilating, feeling like I just can't breathe...I feel I have to be perfect." Participant O: "Ever since starting nursing school I've noticed that I've lost so much hair. I've noticed it's thinned out so much. I grind my teeth a lot."

Note. All 15 participants experienced all three major themes of stress.

1) Fear of Failure

The first major theme that emerged was fear of failure. Fear of failure appeared to be the most strongly experienced major theme of the lived experiences of stress. Participant B: "I just overthink and I doubt myself. I think what if fail? Then what? My life's gonna be ruined." Participant A: "I would be just destroyed if I got kicked out of nursing school because I couldn't, you know, make exam grades high enough. That would crush me, my whole life plan is based around becoming a nurse and getting this license." Participant E: "Maybe because I'm scared to fail. Yeah, I'm scared of not finishing my program, not continuing with education, which is one of my goals in life, you know, being able to provide for my family."

2) Lack of Control

The nursing students frequently described not having a sense of control. Participant F: "But every once in a while I get really just so overwhelmed that I feel like sometimes I get paralyzed, like I can't move." Participant C: "I get very emotional when I'm stressed. So it's just like a whirlwind of emotions, like I can be mad one moment and then I can start crying the other moment." Participant K: "Many people who don't have anxiety don't realize how bad it can make one feel-how out of control and overwhelming. So when I get in those moments of stress, I just feel like I'm spinning out of control, and I can't always stop my thoughts."

3) Study/Work/Life Imbalance

All students shared experiences of feeling a sense of study/work/life imbalance in their lives, which often led to feelings of distress. Participant A: "I think it would

be better if I wasn't so mentally exhausted from dealing with school and then all the stresses that come from work." Participant N: "There's a lot of times where there's a stressful situation and I catch myself hyperventilating, feeling like I just can't breathe...I feel I have to be perfect in my relationships with my significant other, and my mom and sister and being able to balance time with them." Participant O: "Ever since starting nursing school I've noticed that I've lost so much hair. I've noticed it's thinned out so much. I grind my teeth a lot. I've noticed that too, literally all the time."

7.1.2. Major Themes of Resilience

Each nursing student developed a unique way to cope with their specific stressors, but four major themes were identified from their lived experiences on how to build resilience (see **Table 3**). Focus on and distraction from stress, belief in a higher power and/or self, support from others, and time management were the themes most experienced. Each student chose a variety of strategies and methods with a goal of finding the most effective way to manage their stress for their specific

Table 3. Major themes in undergraduate nursing students lived experiences of building resilience.

Major Theme	Code/Categories	Interview Quote
Focus/distraction with others	Therapy, medication, meditation/hot yoga, reflective journaling, sleep/naps, time with others, art and creativity, reading/music/movies/games, sport and exercise, time in nature, pets, getting away	Participant H: "I have therapy that I attend weekly and I also take medications daily which helps a lot and I also go on a lot of walks and journal." Participant C: "That just always helps me get my mind off things and just focus on something else other than school or other than patients I might have." Participant J: "I feel a 15 - 20-minute power nap helps me to refocus, and going out with my friends, listening to music, watching a TV show, or just talking to people."
Belief in a higher power and/or self	Faith in God or higher power, positive self-talk, self-confidence, self-efficacy, a sense of purpose and destiny	Participant K: "Every test I tend to just put myself in God's hands and He knows that I've done the work, that I've studied, and that I'm trying my very best." Participant B: "I'm going to go in, and I can do this. I think that's the biggest thing, just believing that I can do it and taking a deep breath." Participant M: "I've worked so hard to get here. I applied three times. I knew what I wanted, and I was not settling for anything else."
Support from others	Peer study groups, friends/best friends, group chats, significant others/family, resources and encouragement from professors	Participant L: "I feel like she's helped me a lot... We didn't pass first-semester last spring and we kind of just stuck together, because if she could do it, I could do it." Participant G: "Can we all study together? I think that was the best thing I could have ever done, and that's definitely lowered my stress levels." Participant C: "My professors were always there asking me how I was doing, if I needed to talk, and also my family...and they help me calm down and relax."
Time management/organization	Schedule, calendars, planners, to-do lists, time-blocking, breaking things down, being flexible	Participant D: "What really helps me is I personally like to plan. I also always use my agenda and I have planned everything on it and that really helps me." Participant A: "I'll sit down and plan out every hour of my day and I physically feel myself become less anxious." Participant I: "I do to-do lists and planners because my head feels like 20 gazillion things to do. I can see myself checking them off so it's like an accomplishment."

Note. All 15 participants experienced all four major themes of building resilience.

and unique needs. Burner and Sparada agree that self-care is a concept based on holistic health care that covers a range of interventions that can help a student nurse improve coping techniques and build resilience [32]. Kim and Chang study on resilience revealed similar themes of inner self-development, maintaining a positive life attitude and personal strategies [33].

The constructs of Bandura's self-efficacy theory were clearly apparent in the identified codes and themes. Nursing students' statements about their life experiences exhibited self-confidence and belief that they could achieve their goals. For some who had self-doubt it showed that they lacked self-efficacy and found it harder to build resilience. Polk's theory of resilience was also clearly manifested in the variety and multi-faceted strategies that each individual chose to manage their unique lived experiences.

7.1.3. Focus/Distracton

A major theme in undergraduate nursing students' lived experiences of building resilience was a combination of direct focus on stress and finding distraction from the stress. There were no students who just relied on focusing on the perceived stress or just relied on finding ways to distract themselves from their perceived stress. Participant H: "I have therapy that I attend weekly and I also take medications daily which helps a lot and I also go on a lot of walks and journal." Participant C: "That just always helps me get my mind off things and just focus on something else other than school or other than patients I might have, or any problems that I may be having and just focus on me." Participant J: "So usually when I get too stressed, there right in the moment, I like to take a nap because I feel a 15 - 20 minute power nap helps me to refocus, and going out with my friends, just getting out of my house, just like some form of distraction, listening to music, watching a TV show, or just talking to people that bring you joy, or I have pets and sometimes that's a way for me to release my stress in the moment."

7.1.4. Belief in a Higher Power and/or Self

Another significant theme was that all participants believed in a higher power and/or self that helped them cope with nursing school stress. There appeared to be a theme of seeking strength from either a higher source or digging deeper into oneself to find an inner strength. Participant K: "Every test I tend to just put myself in God's hands and He knows that I've done the work, that I've studied, and that I'm trying my very best. So having that religious aspect of my life does really help me when I'm anxious." Participant B: "I do want to give it another try, even though it scares me. But like I said, I'm going to go in, and I can do this. I think that's the biggest thing, just believing that I can do it and taking a deep breath." Participant M: "I've worked so hard to get here. I won't allow myself to not get there. I'm 100 percent going to do this. I applied three times. I knew what I wanted, and I was not settling for anything else."

7.1.5. Support from Others

Additionally, receiving support from others was another major theme for building

resilience with an emphasis on peer study groups. All of the research participants shared how they felt they needed other people to encourage them along their nursing school journey. Participant L: “Yeah, my best friend—I feel like she’s helped me a lot, because she is also along with me. We didn’t pass first-semester last spring and we kind of just stuck together, because if she could do it, I could do it, because she has it way harder than I do.” Participant G: “Can we all study together? I think that was the best thing I could have ever done, and that’s definitely lowered my stress levels. There’s four of us and we go through each topic and then you just learn more about that topic because every person gets like a different, you know, aspect of it sometimes.” Participant C: “My professors were always there asking me how I was doing, if I needed to talk, and also my family, cause whenever I’m stressed and I go with them and I talk with them, and they help me calm down and relax, they’re like, you know, you can do this. Just calm down and everything will be fine.”

7.1.6. Time Management/Organization

Furthermore, effective time management/organization was a common theme in the lived experiences of undergraduate nursing students. Managing time appeared to be an effective strategy to help build resilience by providing a sense of control. Making to-do lists and planning daily and weekly activities was commonly expressed to reduce feelings of anxiety and helped reduce stress levels.

Participant D: “What really helps me is I personally like to plan. I also always use my agenda and I have planned everything on it and that really helps me. So having that part of my life like organized really removes the tension.” Participant A: “The biggest thing I do is make lists of things I need to do when I need to do them. So, you know, even at my most stressful times, I’ll sit down and plan out every hour of my day and I physically feel myself become less anxious”. Participant I: “Yeah, I do to-do lists and planners because my head feels like 20 gazillion things to do, and they’re all just replaying. I can see myself checking them off so it’s like an accomplishment”.

8. Limitations

The limitations of this study concern reliability and validity and the strategies used to help ensure credibility, dependability, confirmability, and transferability. Qualitative phenomenological research requires transparency to identify and clarify any possible bias and a demonstration of the appropriate tools that will provide confidence in the findings, interpretations, and conclusions [34] [35]. Credibility was attempted to be maintained through the trusting relationship developed between the participant and the interviewer. The limitation to this relationship is that it was formed in a short period in an interview of 60 minutes so the trust may have been restricted resulting in the participants only sharing what they felt comfortable with. Member-checking was also performed voluntarily so not all interview transcripts were member-checked or edited as necessary by the participants.

The dependability of this qualitative phenomenological study required a de-

tailed description of the methodology, with results that must be repeatable through analysis of the data, and clear and consistent codes and themes [36]. The methodology description, data analysis, coding, and identification of themes were performed in a transparent manner, so the deeper meanings made sense. However, the codes and themes may have been influenced by the interviewer's own perceptions and life experiences.

Confirmability was maintained using reflective journaling before, during, and after the interviews were conducted. Journaling and bracketing helped the interviewer to identify previous unconscious biases and assumptions, and direct participant quotes were used to retain objectivity. A limitation is the interviewer's unconscious bias or assumptions may not have all been uncovered which may have impacted the results and findings.

The results and findings of this research study may be transferred to a different setting or context. However, there is a limitation in transferability due to the inclusion of only Arizona nursing students. Interview data needs to be detailed, thick, and with a rich description of lived experiences to be transferrable [37]. The interview data gathered in this study was from nursing students using purposive sampling, had rich descriptions of lived experiences and data saturation was reached with all participants. The results could be applied to other populations of nursing students but because of the complexity of individuals' lived experiences, there may be some limitations.

9. Recommendations for Further Research

The findings from this qualitative phenomenological study confirm that a high proportion of nursing students experience high-stress levels during their nursing school experiences so it is therefore recommended that further studies are conducted on the lived experiences of nursing students. There is a significant gap in the literature on the lived experiences of undergraduate nursing students particularly concerning stress and resilience. Exploring how nursing students perceive and experience various stressors and how they find ways to cope with stress may reveal other effective strategies. This study has revealed that nursing students have a variety of strategies for reducing their stress and building their resilience which may be effective when tailored to individual needs.

Further research is also recommended in nursing education by applying the results from this study in developing stress management and resilience-building courses. This study emphasizes that nursing education is needed to help provide information and effective tools to help reduce stress and build resilience in undergraduate nursing students. The importance of teaching nursing students techniques to manage stress effectively and strengthen resilience is well recognized [38].

10. Implications for Leadership

Nursing education leaders need to take responsibility for the well-being of their

undergraduate nursing students. It is clear that there are academic, physical, and psychological negative consequences due to levels of stress for undergraduate nursing students in Arizona. However, it is also clear from the results of this study that nursing students have creative ways of dealing with stress and building resilience. This study emphasizes how everyone has their own specific stressors and ways of coping with stress but yet there are common themes. A comprehensive and holistic educational approach to support nursing students as they navigate the challenges of nursing school will help produce competent and resilient nurses [19]. A one-size-fits-all approach to teaching stress management and resilience building appears to not be the answer. These strategies and tools need to be taught and made to all undergraduate nursing students and nursing education leaders need to find ways to meet the needs of every complex individual.

11. Conclusions

This qualitative phenomenological study explores and describes the lived experiences of stress and how to build resilience for undergraduate nursing students in Arizona. The new knowledge gained from this study is that nursing students have unique ways of dealing with their personalized stress. These strategies can be shared with other nursing students so there is a richer and more diverse range of tools to choose from to help build resilience. Focusing on the major themes found in this study will help nurse educators develop effective stress management and resilience-building courses. Allowing the flexibility of choices within these major themes will help provide a tailored learning plan for each student's needs.

The implications of this research are for serious consideration of nursing education policy changes for mandatory stress management and resilience-building education to be added to undergraduate nursing curricula. Helping undergraduate nursing students learn how to effectively manage the inevitable stress of nursing school and build resilience is crucial to their future as registered nurses. The benefits of this education may not only strengthen nursing students' resilience and sense of well-being but also enhance personal and professional relationships and ultimately improve patient outcomes.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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