

**NURSING STUDENTS STRENGTHENING RESILIENCY THROUGH EDUCATOR  
RELATIONSHIPS: A BASIC QUALITATIVE STUDY**

by

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## **Abstract**

Nursing school attrition rates are steadily on the rise. Attrition rates are related to high course failure, program drop-out, and burnout. Resiliency is a critical quality that baccalaureate nursing students must attain to cope with nursing school stressors successfully. Nursing student resiliency is in the infancy stage of research investigation; however, literature shows the nurse educator-nursing student's influence on student resiliency; how do senior-level baccalaureate nursing students strengthen resiliency through the nurse educator-nursing student (NE-NS) relationship? The nursing student perspective is often overlooked; therefore, this dissertation focused on bringing forth the perspective of nursing students. Senior-level nursing students have 2 to 3 years to cope with the stressors of nursing school; therefore, they offer invaluable insight. The sample was seven senior-level baccalaureate nursing students who currently had a part-time or full-time enrollment status, fluent in the English language, were 18 years of or older, had positive and negative interactions with nurse educators, and had experience coping with the stressors of nursing school. All seven semi-structured interviews were uploaded into the software MAXQDA 2020 for data analysis. Thematic coding was applied, which yielded four themes and five subthemes. The themes emerged were resiliency, NE-NS relationship, NE attitude, and classroom coping activities. The subthemes were personal motivation, resiliency skillset, ideal NE-NS relationship, role modeling qualities to mimic, NE verbal persuasion, and NE pearls of wisdom. The participants discussed how each theme and subtheme was central to strengthening resiliency. While verbal persuasion and NE pearls of wisdom were the most desired method for strengthening resiliency, it was noted that the NE-NS relationship must be established as positive first.

## **Dedication**

I dedicate the completion of this dissertation to my children. Aiden, without your never-ending love, encouragement, and support, I would not have gotten through this. Brianna, thank you for your support, belief in me, and my new name in your phone! Please always remember that I love and believe in you both, and no mountain is ever too high to climb. If I can do it, so can you! To my Dad, thank you for everything. To my best friend, Lisa, I am so grateful for your constant support and encouragement since the day we met 38 years ago. I don't know where I would be without you. Tony, thank you for rooting me on! Cindy, your friendship means so much to me; thank you for all the support and encouragement. Thank you for listening to me for hours on the phone during these four years; that time was precious and priceless to me. Tanya, your belief in me kept me motivated; thank you. Jean, I could not have done this program without you. I am so thankful we met! Rondalynn, thank you for always being my cheerleader! Reenie, my cousin and friend, your never-ending support and belief in me kept me going! To my family and friends, your continued support meant more to me than you will ever know. I look forward to seeing everyone soon and making up for the lost time.

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## **CHAPTER 1. INTRODUCTION**

Resiliency helps nursing students cope with high-stress levels while in nursing school. Nursing students who have moderate to high resiliency levels effectively cope with the rigor demands and the high stress of nursing school (Lekan et al., 2018). Students who are resilient to the demands and stress of nursing programs have higher course and program success rates (Abiola et al., 2017). This chapter will entail the background of the study, the need for the study, and the purpose of the study. There is a brief explanation of the significance of the study involving the stakeholders. The research question will be presented along with definitions of standard terms utilized in this study. The basic qualitative methodology research design is explained, and assumptions and limitations are denoted.

### **Background of the Study**

The phenomenon of interest is student resiliency while attending baccalaureate nursing programs. Resiliency aids in the coping and adaptation of internal and environmental stressors (Abiola et al., 2017). The classroom environment in undergraduate nursing programs is a catalyst for student resiliency and can be a reservoir of stressors (Abiola et al., 2017). Nursing students who score medium to high resiliency levels effectively cope and navigate through the stressors of nursing school and have increased academic success (Froneman et al., 2016; Lekan et al., 2018). Nursing students who cope with the stressors and have academic success are less likely to withdraw from a course, fail a course, or drop out of their nursing programs (Froneman et al., 2016).

Recent studies have shown that nursing students experience a large amount of stress during nursing school leading to low levels of resiliency (Lu et al., 2019). Low levels of student resiliency are known to cause a significant rise in burnout, drop-out, and attrition rates (Bakker et al., 2018; Mooring, 2016; Roos et al., 2016). The increase in drop-out and high attrition rates can negatively impact nursing students, nurse educators, nursing programs, and nursing professionals. Burnout, drop-out, and high attrition rates can lead to a significant shortage of professional registered nurses (Bakker et al., 2018).

Research literature indicated a worldwide issue of nursing students needing to strengthen resiliency. Burnout, program drop-out rates, and attrition rates are on the rise and result in nursing students lacking vital coping mechanisms required to succeed in nursing school (Bakker et al., 2018; Lekan et al., 2018; Lu et al., 2019; Mooring, 2016). Nursing students experience stressors related to social factors, diet, and sleep patterns (Olvera Alvarez et al., 2019). Death, stressful patient situations, communicable diseases, and diverse patient lifestyles paired with the high coursework demands contribute to high-stress levels (Kim, 2019; Thomas & Revell, 2016). Internal and external stressors coupled with the rigor of nursing school can intensify stress. Almost half of the nursing students withdraw, fail, drop out, or leave their nursing program within the first year (Dube & Mlotshwa, 2018). Nursing academic institutions are implementing resources such as mental health, tutoring, and mentoring as tools to increase academic success; however, student resiliency is still a problem (Abiola et al., 2017; Costa et al., 2018; Froneman et al., 2016; Rees et al., 2016).

Nurse educators in academia have witnessed some students struggle with the stressors of nursing school. At the end of each term, nurse educators are debriefed on attrition rates, drop-out

rates, course withdrawal and failure rates, and graduation rates. The topic of how nurse educator-nursing student relationships can strengthen student resiliency could contribute valuable insight on what can be done to help nursing students cope with the stressors.

Bandura's (1977, 1989) social cognitive theory (SCT) is the theory that is most aligned with the school-approved dissertation topic of senior-level baccalaureate nursing students' strengthening resiliency through nurse educator-nursing student (NE-NS) relationships. Student resiliency is a complex, multifaceted concept that requires a multilevel theory to uncover a deeper understanding of the phenomenon. The theoretical framework implemented in this basic qualitative study is Bandura's (1977, 1989) SCT. SCT's concepts of the human agency, collective agency, and the environment helped examine the phenomenon's complexity on multiple levels. SCT served as a guide for this basic qualitative study and the interview questions by uncovering the personal motivation, verbal persuasion, observation and modeling, and the learning environment that aid in strengthening resiliency through NE-NS relationships.

### **Need for the Study**

There is an imperative demand to understand nursing student resiliency. Worldwide burnout, program drop-out rates, and attrition rates are ascending; literature indicates the main problem is the need to strengthen student resiliency (Bakker et al., 2018; Lekan et al., 2018; Lu et al., 2019; Mooring, 2016). Research indicates that motivation, self-esteem, confidence, and the workload and rigor of nursing school, contribute to resiliency levels (Costa et al., 2018; Lekan et al., 2018; Slatyer et al., 2016; Thomas & Revell, 2016). Lekan et al. (2018) research revealed that two-thirds of nursing student participants scored high in coping with social stressors; however, they scored low in coping with stressors of academia. One-third of participants scored

resilient in terms of stressors of academia (Lekan et al., 2018). The level of resiliency is a crucial factor that impacts academic success (Thomas & Revell, 2016). The medium-high levels of resiliency are imperative for student success (Lekan et al., 2018). Other problematic areas concerning resiliency are poor relationships with nursing educators and ineffective learning environments (Dube & Mlotshwa, 2018; Froneman et al., 2016; Reyes et al., 2015).

Research studies have identified several methods to increase student resiliency. Mental health resources, meditation, and relaxation resources have decreased the stress load and increased coping mechanisms (Abiola et al., 2017; Chamberlain et al., 2016; Bodys-Cupak et al., 2016; Saletnik, 2018). Tutoring sessions and mentorship with nurse educators have increased academic success (Abiola et al., 2017; Costa et al., 2018; Froneman et al., 2016). A learning environment that implements trustworthiness, empathy, and positivity enhances academic success and reduces stress (Rees et al., 2016). Although all these methods are implemented, student resiliency is still prevalent.

The research literature also indicated that the NE-NS relationship is instrumental in facilitating student resiliency; however, there is a lack of knowledge on how the NE-NS relationship can strengthen resiliency (Lekan et al., 2018). There is a crucial need to uncover how to help nursing students strengthen resiliency. Jenkins and Germaine (2018) suggested that if nursing students do not strengthen resiliency in school, it can contribute to burnout and cause students to leave nursing academia. Low resiliency levels in nursing school are problematic for students' educational careers and professional careers. Professional nurses who did not strengthen their resiliency levels in nursing school tend to experience more stress and burnout as professional nurses (Amsrud et al., 2019). There is a significant gap in the literature on

understanding student resiliency and the NE-NS relationship, and it should be investigated thoroughly (Lekan et al., 2018; Sanderson & Brewer, 2017).

### **Purpose of the Study**

This basic qualitative research study aimed to describe how senior-level baccalaureate nursing students experienced strengthening resiliency through NE-NS relationships.

Understanding how student resiliency is strengthened will aid nurse educators in integrating the information into their practice (Lekan et al., 2018; Reyes et al., 2015). Nurse educators might understand the nursing students' perception of how the NE-NS relationships could aid in strengthening student resiliency. Nurse educators might utilize the information in the study as a framework to create the NE-NS relationship in terms of strengthening student resiliency. Nursing students could use the study results to gain a deeper understanding of the importance of the NE-NS relationship and the development of student resiliency. Nurse educators and nursing students could understand the importance of resiliency and the NE-NS relationship.

A decrease in resilience contributes to the inability to cope with high levels of stress, which leads to burnout and high attrition rates (Lekan et al., 2018; Thomas & Revell, 2016). Focusing on student resiliency and how the NE-NS relationship strengthens resiliency could contribute to a deeper understanding of the issue. The information gained from this study added to the literature on how NE-NS relationships strengthen student resiliency.

### **Significance of the Study**

This study was significant to nursing education because nursing student resiliency is imperative to coping with the stressors and overcoming the challenges of nursing school (Lekan et al., 2018). Understanding how the NE-NS relationship contributes to strengthening student

resiliency could increase students' coping mechanisms and decrease attrition rates, drop-out rates, and burnout rates (Froneman et al., 2016). The practical implications of this research could positively affect the stakeholders. The knowledge gained from this research could be applied to three main stakeholders. The stakeholders are nursing students, nurse educators in academia, and the administration of nursing institutions.

### **Nursing Students**

Nursing students could gain a deeper understanding of the importance of the NE-NS relationship. The research findings could add valuable knowledge and advice for nursing students on strengthening their resiliency through the NE-NS relationship. Froneman et al. (2016) stated that NE-NS relationships made of mutual respect, caring, and support are the most beneficial in increasing academic success and resiliency. Nursing students are expected to foster trusting, respectful relationships with patients and apply this concept to fostering a trusting relationship with nurse educators (Amsrud et al., 2019). This knowledge could be applied by taking responsibility for their role in self-determination, perseverance, self-reflective practices, and new skillset. Self-reflective practices can strengthen resiliency and build stronger, more effective relationships with nurse educators.

### **Nurse Educators**

Froneman et al. (2016) discovered that nurse educators feel the NE-NS relationship is essential to student success; however, some nurse educators see the student as a recipient of information, not a vital part of the relationship. The research findings could inform nurse educators on how valuable the NE-NS relationship is and its role in student resiliency (Lekan et al., 2018; Reyes et al., 2015). Nurse educators could apply the findings to create respectful,

stronger bonds with nursing students (Amsrud et al., 2019). Nurse educators might understand how valuable and influential being a positive role model is for nursing students (Froneman et al., 2016). The findings could be used to build more effective relationships with nursing students. Building healthy relationships with nursing students could strengthen student resiliency. The information in the study could be applied as a framework for creating the NE-NS relationship. Coping mechanisms, resiliency, and interprofessional relationships could be used to teach nursing students (Froneman et al., 2016; Reyes et al., 2015). Implementation of coping mechanisms, resiliency, and interprofessional relationships could be utilized in student evaluation tools.

### **Administration**

The administration of nursing institutions may utilize the information in the study to create policies on building positive relationships between nurse educators and nursing students to decrease burnout, drop-out, and attrition rates. In-services and training on the importance of NE-NS relationships and how to strengthen resiliency could be implemented. Nursing educational institutions can incorporate resiliency strengthening techniques into the curriculum (McDermont et al., 2020). Updating policies on strengthening resiliency and incorporating measures in the curriculum may lower attrition rates (McDermont et al., 2020).

### **Research Question**

This dissertation research study explored how senior-level baccalaureate nursing students strengthen resiliency through the NE-NS relationship. Senior-level nursing students attending a four-year nursing program have experience coping with personal, professional, and educational stressors. According to Chow et al. (2018), senior-level baccalaureate nursing students have

higher scores of resiliency levels than freshman to junior nursing students. Senior-level nursing students have completed 2 to 3 years of nursing school and learned methods to cope with the stressors. Senior-level students will offer valuable insights regarding how the NE-NS relationship can enhance student resiliency.

### **Definition of Terms**

The following section provides definitions of terms commonly utilized in this dissertation study. Defining commonly used terminology is essential for the interpretation. Furthermore, the definitions are crucial to gaining a deeper understanding of the literature review and the findings.

***Nurse educator-nursing student relationship.*** The nurse educator-nursing student (NE-NS) relationship is a professional, academic relationship between the nurse educator who teaches nursing courses and students enrolled in nursing courses (Froneman et al., 2016). The participants described the NE-NS relationship.

***Resiliency.*** Resiliency is a complex process utilized to cope with stressful environments and situations, allowing the person to adapt and function during stressful events (Froneman et al., 2016; Lekan et al., 2018; Reyes et al., 2015). Resiliency is often referred to as the ability to bounce back from difficult or challenging times (Froneman et al., 2016; Lekan et al., 2018). The participants will verbalize their ability with coping through the stressors of nursing school.

***Senior-level nursing students.*** Senior-level nursing students are in the last year of an academic four-year nursing degree program (Lekan et al., 2018). For this study, any nursing student enrolled in at least one senior-level course is considered a senior-level nursing student. The signed questionnaire form and a valid school email address confirmed enrollment in a nursing program.

## **Research Design**

The arduous task of choosing the correct methodology was accomplished by deliberate self-reflection. An essential role of a researcher is to align the study, design, and theory with unfolding profound insight (Kahlke, 2018). A high-quality study design utilizes the best-fit methodological approach, incorporates the right philosophy, creates a study based on the current literature gaps, and aligns the study with the most appropriate theory. Phenomenology design was considered but rejected since the philosophies are irrelevant to the proposed study; therefore, the best-fit methodological approach is a basic qualitative design.

The true purpose of basic qualitative research, referred to as generic or interpretive, is to understand the participants' experiences with the phenomenon (Hammarberg et al., 2016; Kahlke, 2018). This approach allows researchers to explore novel topics or poorly understood topics to discover how the participants explain their experiences, form the world they live in, and the symbolic meanings of the phenomenon (Hammarberg et al., 2016; Kahlke, 2018). The data could be utilized to gain a deeper understanding from the viewpoint of the people directly or indirectly affected by the phenomenon. This basic qualitative study aimed to understand how nursing students describe their experiences with strengthening resiliency through NE-NS relationships, which coincided with a basic qualitative purpose. Utilization of this design helped discover the participants' experiences with resiliency and the NE-NS relationship and provided valuable insight.

Yin (2016) stated that using an interpretive philosophy places importance on uncovering the participants' truth, resulting in rich data. This basic qualitative study revealed nursing students' experiences with strengthening resiliency through the NE-NS relationship.

Implementing the interpretive method identified multiple experiences and realities with strengthening resiliency. These various realities identified the complex layers of human resiliency and what could be done to strengthen resiliency.

A constructivist, interpretive approach discovered what the participants felt and various experiences, attitudes, and beliefs with strengthening resiliency to gain a deeper understanding of how it is strengthened, what the students experienced, and how nurse educators could help (Aspers & Corte, 2019; Mohajan, 2018, 2020; Tomaszewski et al., 2020). The findings of this dissertation study highlighted the importance of the NE-NS relationship and strategies to help students strengthen resiliency (Amsrud et al., 2019). A student's perspective is often overlooked; therefore, these findings added knowledge of what the students feel, think, and even want from nurse educators to strengthen resiliency.

The study's findings could advance Bandura's (1989) human agency concept. Skills essential to strengthening resiliency can be integrated into Bandura's theory. The human agency might branch into another section called resiliency skillset. Students strengthen resiliency through various lessons integrated through the NE-NS relationship and the collective agency. This study utilized Bandura's (1977, 1989, 2006) human agency, collective agency, and the environment, which are imperative in strengthening resiliency.

### **Assumptions and Limitations**

Assumptions are often generated that are universally applicable, method and theoretical, and literature based. Assumptions are accepted as plausible (Merriam & Tisdell, 2016). Limitations are often referred to as the weaknesses of the study (Merriam & Tisdell, 2016). Most limitations are uncontrollable, and it is imperative to highlight these aspects for the study's

credibility. Delimitations are about the areas of the topic that will not be addressed in the study (Merriam & Tisdell, 2016). Narrowing the focus of the topic makes the research possible to complete promptly.

### **Assumptions**

Universal research assumptions were derived from an extensive literature review and were universally applied. A universal assumption was that all participants were open and honest about their experiences during the interview process. Another universal assumption is that the participants have less motive to say what they think is needed since there was not a previous relationship established prior to the interviews.

Basic qualitative researchers share common assumptions as ontology and epistemology (Merriam & Tisdell, 2016). Ontology is an assumption based on the nature of reality (Cleland, 2017; Farrell, 2020). One of the ontology's positions is realism, a concept that reality and thoughts are independent (Ngozwana, 2018). An ontology assumption is that there are multiple realities to the phenomenon. Epistemology is the concept of interpretivism (Cleland, 2017; Ngozwana, 2018). Interpretivism is the concept that whatever the participant experiences with the phenomenon is the truth (Ngozwana, 2018). Carminati (2018) stated that generalizability is lost if every experience is the truth, and every experience is different. An epistemology assumption is that an interviewer and interviewee influenced each other during the data collection process.

Theoretical assumptions were derived from the theory applied in the research study. Based on a literature review, an assumption was that student resiliency is multifaceted, with critical variables influencing the strengthening process (Froneman et al., 2016; Lekan et al.,

2018). Resiliency is strengthened through key concepts of Bandura's (1977, 1989) human agency, collective agency, and environmental factors. Nursing students have developed resiliency through human agency and previous relationships with educators and the learning environment (Froneman et al., 2016; Lekan et al., 2018). The NE-NS relationship consists of the collective agency concepts and the learning environment. Bandura's (1977, 1989) SCT framework will highlight how each concept influences the nurse educator-nursing student relationship and strengthens student resiliency. An additional assumption is that Bandura's (1977, 1989) SCT concepts apply to all nursing students from all demographics. Students from lower socioeconomic backgrounds may have higher levels of resiliency than their counterparts from higher socioeconomic backgrounds due to having to survive more challenging times.

Based on the current literature, a topic-specific assumption is that most nursing students have low levels of resiliency and need tools to strengthen their resiliency to prevent burnout, drop-out rates, and high attrition rates (Froneman et al., 2016). Assumptions can be made about the nurse educator regarding their educational background. Nurse educators with a degree in nursing education are taught theory and teaching-learning techniques instead of those without a nursing education degree (Mukumbang & Leka, 2017). An assumption is that nurse educators are trained and possess excellent communication skills (Mukumbang & Leka, 2017). Another assumption is that nurse educators are open and want to create stronger bonds with students. Assumptions based on the nursing student are the willingness to understand the importance of the NE-NS relationship and openness to have a relationship with each educator.

## **Limitations**

The nature of basic qualitative design is to gather rich data used interviewing a small sample size (Merriam & Tisdell, 2016). The sample size must be large enough to ensure data saturation has been reached (Merriam & Tisdell, 2016). The small sample size allowed for rich, thick data to emerge, and data saturation was met; however, the sample size can be considered a limitation.

## **Delimitations**

Bandura's (1977, 1989) SCT's human agency, collective agency, and environmental factors are intertwined, meaning all human behavior is influenced by these three concepts; therefore, identifying one concept with a phenomenon would be moot. Bandura's (1977, 1989) concepts do not apply to understanding various personality types related to resiliency. Personality traits and mental health contribute to human behavior and the reactions associated with stressful situations and environments (Abiola et al., 2017; Avrech Bar et al., 2018; Škodová & Bánovčinová, 2018). Bandura's (1977, 1989) SCT takes a comprehensive view of a phenomenon; however, the concepts lack branches for mental health issues or spiritual influence (Gog, 2016; Thomas & Revell, 2016). Another delimitation focused on the relationship between nursing students and nurse educators in the classroom and lab, not clinical instructors.

## **Organization of the Remainder of the Study**

Resiliency is an imperative skill nursing students must have to succeed in nursing school (Abiola et al., 2017). This chapter discussed the background of the study, the need for the study, and the purpose of the study. The significance of the study involving the stakeholders was presented. The research question was stated, and definitions of standard terms utilized in this

study were denoted. The basic qualitative methodology research design was explained, and assumptions and limitations were indicated.

Chapter 2 entails a thorough, scholarly literature review on nursing student resiliency. This chapter discussed the 5 main points of methods and procedures that were used to attain scholarly, primary resources, the theoretical framework utilized, an extensive literature review, a synthesis of the findings, and a critique of the research methods used in the literature. Chapter 3 describes the methodology and procedures utilized in the research study. This chapter examines eight essential points: the purpose of the study, the research question, research design, the targeted population, the participant selection criteria, the research study procedures, data collection, and ethical considerations.

Chapter 4 describes the data results from the research study and a presentation of the data, analysis of the findings, and the study's findings. This chapter presents four elements: the study, a description of the sample population, a brief description of the methodological approach and how it was applied during data analysis, and a presentation of the data and results of the study. Chapter 5 has a discussion section on the study, a conclusion, and examines implications and future recommendations.

## CHAPTER 2. LITERATURE REVIEW

This study explored how the nurse educator-nursing student relationship could strengthen student resiliency. Chapter 2 provides a comprehensive literature review and critique of the supporting evidence for this study. Bandura's (1986, 1989, 2001, 2018) social cognitive theory (SCT) provided the theoretical framework that guided the study. A basic qualitative design was also utilized to conduct this study. This chapter will discuss the methods used to gain a literature review, a comprehensive literature review, theoretical orientation, research method, and a thorough critique of the supporting literature.

### Methods of Searching

The following databases were utilized to generate a comprehensive literature review: Cumulative Index for Nursing and Allied Health Literature (CINAHL), Ovid, PubMed, ProQuest Central, Medline, EBSCO host, Dovepress open access to scientific and medical research, and the search engine Summon. The inclusion criteria for the literature review consisted of articles written in the English language, peer-reviewed articles, full-text online access, and publication date within the last five years. The key terms used to identify relevant research studies were *nursing student resiliency, nursing school attrition, nursing student drop-out rates, nursing shortage, nursing student stress, burnout, emotional exhaustion, nursing programs, baccalaureate nursing programs, coping mechanisms, nursing school, nursing school stressors, mental health, meditation, mentorship, nursing student coaches, learning environment, and nursing school retention*. These keywords were searched individually and in various combinations, resulting in an all-inclusive literature review.

## **Theoretical Orientation for the Study**

The selection of the most appropriate theoretical framework was imperative to the success of this study. The theoretical framework provided clear instructions on designing the research study, analyzing, and interpreting the data with pertinent meaning to gain a richer understanding of strengthening student resiliency to influence practice. The theoretical framework in this study was Bandura's (1977, 1989, 2006) social cognitive theory.

### **Social Cognitive Theory**

Bandura's social cognitive theory (SCT) is a theoretical framework that explains human behavior as an adaptational response to change (Bandura, 1986, 2001, 2006). Human agency is the central belief that one can adapt to and control events that positively or negatively affect their life (Bandura, 1989, 2006). SCT branches into three constructs, the human agency, collective agency, and environmental factors (Bandura, 1977, 1986, 1989, 2001, 2006, 2018).

### ***The Human Agency***

Human agency includes personal factors such as self-efficacy and motivation (Bandura, 1977, 1989, 2006). Self-efficacy is the belief that one can organize the information of a presented situation and create a plan of action to successfully navigate the situation (Bandura, 1977, 1989, 2006). Bandura (1989) stated that high self-efficacy (also linked to resiliency) leads to an increased ability to handle tasks. Furthermore, low self-efficacy leads to a lowered ability to manage tasks. How people view, their self-efficacy relates to handling certain situations and tasks (Bandura, 1989). Motivation is referred to how much effort and drive one puts forth to achieve a goal in the presence of obstacles (Bandura, 1989). Increased motivation and high

resiliency levels lead to an increased ability to cope with obstacles and challenges (Bandura, 1989). Bandura (2001) stated that SCT branches from a human agency into a collective agency.

### ***The Collective Agency***

The collective agency is when people have shared beliefs in their relationship and produce desired results (Bandura, 2001). Group or relationship collective power consists of shared intentions, knowledge, skillset, and the interactive synergistic relationship between the group (Bandura, 2001). Collective power consists of verbal persuasion. Human behavior is influenced through verbal persuasion (Bandura, 1977). Verbal persuasion, such as encouragement and discouragement, contributes to the belief that the capability to succeed is valid (Chandra & Leong, 2016). The collective agency is based upon the dynamic of all group members, who serve as motivators and regulators of resiliency.

Another central concept of collective agency is observational learning and modeling. Bandura (1977) stated that observational learning is the process of observing the behavior of others around them. Observational learning portrays the concepts of watch, learn, then do. People tend to mimic the behavior they perceive as superior. New behavior patterns, adaptation mechanisms, competencies, beliefs, and attitudes can stem from the collective agency (Bandura, 1986).

### ***Environmental Factors***

Human behavior is influenced by personal factors and environmental factors (Bandura, 2018). Human adaptation and survival are dependent on self-efficacy, self-motivation, and environmental stimuli (Bandura, 1989). Human learning is based upon interpersonal influences,

the behavior they participate in, and the environment imposed on them (Bandura, 2018). The learning environment is an integral portion of the learning process and facilitates adaptation.

### **Theoretical Strengths**

Bandura's (1977, 1989) human agency represents self-efficacy, resiliency, and motivation. The human agency branches into subcategories of emotional intelligence, self-esteem, self-confidence, and self-regulation (Duprez et al., 2017; Dybowski et al., 2017; Kim & Sohn, 2019). The categories and subcategories allowed exploration of multiple concepts to fill the literature gap related to nursing student resiliency. There is a fluid connection between the human agency and the collective agency, influencing human behavior.

Bandura's collective agency represents verbal persuasion, observational learning, role modeling, and the environment (Bandura, 1986, 1989, 2001, 2006). Human behavior is influenced by verbal persuasion, observation, role models, and learning environments (Horsburgh & Ippolito, 2018; Palumbo, 2018). Bandura's (1977, 1989) collective agency allowed exploration of how these concepts affect student behavior and relate it to student resiliency.

Strengthening resiliency is multidimensional; therefore, the theory utilized offered flexibility. Bandura's (1977, 1989, 2001, 2006) SCT is fluid, allowing the concepts to interlay and unfold the entire story. Bandura's (1977, 1989, 2001, 2006) SCT concepts create a solid framework for research studies (Fu & Clarke, 2019). The themes discovered in this basic qualitative study aligned with the various concepts of the collective agency, making data interpretation and analysis less problematic (Fu & Clarke, 2019; Horsburgh & Ippolito, 2018).

## **Theoretical Weaknesses**

Bandura's SCT's human agency, collective agency, and environmental factors are intertwined and influenced by three concepts; therefore, identifying one concept with a phenomenon would be moot (Bandura, 1986, 2001, 2006). Bandura's (1986, 1989, 2001, 2006, 2018) concepts do not apply to understanding various personality types related to resiliency. Personality traits contribute to human behavior and the reactions associated with stressful situations (Avrech Bar et al., 2018; Škodová & Bánovčinová, 2018). Bandura's SCT (1977, 1989, 2001, 2006) allowed for a comprehensive view of a phenomenon; however, it lacks branches for mental health issues or spiritual influence (Gog, 2016; Thomas & Revell, 2016).

## **Theoretical Framework Critique**

Bandura's (1977, 1989) SCT has been utilized in various research studies in nursing education and other disciplines to discover a deeper understanding of the phenomenon of interest. Theoretical frameworks can influence practice through conducting studies, integrating Bandura's (1977, 1989) SCT into teaching-learning methods, and student evaluations. The following literature review will showcase how Bandura's (1977, 1989) SCT is utilized in various studies and recommendations on implementing SCT into practice.

Kim and Sohn (2019) explored nursing students' self-efficacy, emotional intelligence, and clinical performance. Bandura's (1977, 1989, 2001) self-efficacy concept was utilized to identify student resiliency related to academic performance (Kim & Sohn, 2019). The concepts of self-efficacy, self-efficacy beliefs, verbal persuasion, and human behavior were used to identify any influences on student academic success (Kim & Sohn, 2019). Human agency framed the research to uncover how the concepts contributed to academic success. Kim and Sohn (2019)

concluded that Bandura's concept of self-efficacy was a driving force in academic success (Kim & Sohn, 2019). Kim and Sohn's research directly correlated with Bandura's (1977, 1989) human agency, emotional intelligence, resiliency, and academic performance. A recommendation is for Bandura's (1977, 1989, 2001) self-efficacy concept to be integrated into clinical evaluations (Kim & Sohn, 2019).

Duprez et al. (2017) studied determination with senior year nursing students and self-reported clinical performances. Bandura's (1977, 1989) SCT was utilized to identify the relationships between self-efficacy, determination, social factors, self-esteem, and academic performance (Duprez et al., 2017). Duprez et al. (2017) utilized Bandura's (1977, 1989) SCT concepts to form variables, hypotheses, and structured self-evaluation questionnaires. Duprez et al. concluded that students need self-management support and confidence boosts to improve self-efficacy (Duprez et al., 2017). A recommendation is for Bandura's (1977, 1989, 2001, 2018) self-management support in the educator's role (Duprez et al., 2017).

Dybowski et al.'s (2017) research compared teaching motivation, self-efficacy, situational factors, teaching quality, student knowledge base, and coping. Bandura's (1977, 1989, 2001, 2018) SCT human agency concepts, self-efficacy, and motivation were integrated into a clinical curriculum rotation, then analyzed (Dybowski et al., 2017). Dybowski et al. found that teaching self-efficacy, motivation, and coping with situational factors with higher student evaluation scores were significant. Dybowski et al. (2017) suggested that training on verbal persuasion be integrated for all nurse educators and incorporate verbal persuasion, motivation, and self-efficacy in curriculum development, lesson plans, student competencies, student learning outcomes, and student evaluations for didactic and clinical.

Horsburgh and Ippolito (2018) investigated the effects of role modeling and nursing students. Bandura's (1977, 1989, 2001, 2018) SCT observational learning and modeling of the collective agency was utilized as a conceptual framework for the study (Horsburgh & Ippolito, 2018). Bandura's (1977, 1989, 2001, 2018) concept of observational learning and modeling was divided into four stages (attention, retention, reproduction, motivation) and utilized to formulate the research and interview questions (Horsburgh & Ippolito, 2018). The themes were compared and aligned with the four stages of SCT, used for data interpretation, and recommendations for future studies (Horsburgh & Ippolito, 2018). Recommendations were to integrate role modeling into the curriculum with evaluations and for nursing faculty to integrate SCT into their daily practice (Horsburgh & Ippolito, 2018).

Palumbo's (2018) research identified role-modeling, observational learning, and the environment with nursing students' ability to cope with hostile or antagonistic situations. Bandura's (1977, 1989, 2018) collective agency and self-efficacy was the conceptual framework that guided the study, the questions, and data interpretation (Palumbo, 2018). A pretest/posttest questionnaire was created using collective agency and self-efficacy to identify increased coping (Palumbo, 2018). Palumbo extrapolated that teaching how to handle adverse situations was not enough, and professional conduct must be role modeled by nurse educators. Recommendations are to integrate self-efficacy and the concepts of collective agency into the nurse educator's role (Palumbo, 2018).

Pfitzner-Eden (2016) investigated the relationship between Bandura's (1977, 1989) human and collective agency with self-efficacy in nurse educators and nursing students in a master's program for nursing education. Pfitzner-Eden (2016) utilized internal factors,

motivation, verbal persuasion, observational learning, and role modeling to structure the research study, implement concepts, formulate hypotheses, and create questions and data interpretation. Pfitzner-Eden discovered a significant relationship between the human agency and collective agency, relating to self-efficacy and verbal persuasion (Pfitzner-Eden, 2016). Recommendations are to integrate verbal persuasion and motivation in nursing curriculums and institute a policy for administration (Pfitzner-Eden, 2016).

Fu and Clarke (2019) studied a high school physics course in China that integrated Bandura's (1977, 1989) SCT concepts of human agency and collective agency into the curriculum. Through the implementation of human agency, educators were responsible for modifying, adapting, and teaching concepts of resiliency and motivation into their course curriculum (Fu & Clarke, 2019). Self-reflective journaling and deliberative consciousness enhanced resiliency and motivation (Fu & Clarke, 2019). Creating a supportive, safe, collaborative learning environment was imperative to the success of the course. Professional development on verbal persuasion, relationship enhancement, essential educator qualities, and curriculum development was vital to enhancing the teacher's role and pedagogical methods, directly impacting student resiliency (Fu & Clarke, 2019). Recommendations are for the administration to support the curriculum reform, team teaching, in-services on curriculum development, classroom observation, and use of mentors (Fu & Clarke, 2019).

### **Review of the Literature**

Recent studies displayed vast interest in finding the cause and appropriate solution for strengthening student resiliency. Resiliency aids in coping and adapting to internal and environmental stress. Student resiliency is a multifaceted problem; as burnout, drop-out, and

attrition rates continue to rise, student resiliency plummets (Bakker et al., 2018, Bakker et al., 2019; Kim, 2019, Mooring, 2016). Nursing student attrition, low levels of student resiliency, and nurse educator-nursing student relationships are problematic areas that are crucial to student resiliency (Bakker et al., 2018; Bakker et al., 2019; Kim, 2019; Lewis, 2020; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Slatyer et al., 2016).

### **Nursing Shortage**

The shortage of professional nurses impacts the nursing profession in the workforce (Bakker et al., 2018; Spurlock, 2020). A projected 80 million people will be on Medicare in the United States by 2030 (Buerhaus et al., 2017; Spurlock, 2020). People born between 1946 to 1964 are known as the baby boomer generation (Lissitsa et al., 2022). The substantial growth is precipitated by the baby boomer generation being 70 years and older, which is a significant increase of seniors by 55 % (Buerhaus et al., 2017). Baby boomers have longer lifespan expectations with 1 to 3 chronic diseases, making caring for this population complex (Buerhaus et al., 2017). The baby boomer generation's complex healthcare needs, home care services, and social services pose many challenges for nurses to keep up with the increased demand for delivering care. There are 4.2 million nurses in the United States, and the projected growth needed to handle the aging population is over 11 million by 2030 (Haddad et al., 2020).

Nurses leaving the profession contributes to the nursing shortage. Over 50 % of nurses intend to leave their current positions (Bakker et al., 2020; Gad, 2020; Martin et al., 2017). The turnover rate for nurses is close to 30 % in the United States, which is considerably higher than in other countries (Bakker et al., 2020; Gad, 2020; Martin et al., 2017). High turnover rates leave nurses short-staffed, overworked, and overwhelmed, contributing to burnout and increased

turnover rates (Bakker et al., 2020; Gad, 2020; Goodare, 2017; Martin et al., 2017). Over 60 % of new graduate nurses leave their position within the first year of practice (Chin et al., 2017; Garside et al., 2021; Goodare, 2017). Over 30 % leave the nursing profession within the first 5 years of practice, contributing to the nursing shortage (Goodare, 2017). There is an estimated 36 % decrease in working nurses since 2017 (Goodare, 2017).

In 2019, over 252,000 nurses entered the nursing profession; however, less than half of what is needed to fill the nursing shortage gap for the projected 2021 year (Spurlock, 2020). Before the COVID-19 pandemic, there was an anticipated need for 1.1 million nurses to enter the workforce by 2022 (Spurlock, 2020). COVID-19 created a global pandemic, which led nurses to play a central role in unprecedented times (Garcia & Calvo, 2021). While the demand to care for COVID-19 patients drastically increased, the nursing profession felt the heavy weight of the nursing shortage. Due to the rise in demand for nurses and lack of personal protection equipment, emotional exhaustion, burnout, and death from COVID-19, turnover rates have increased (Garcia & Calvo, 2021; Lin et al., 2021). The amount of COVID-19 patients surpassed the amount needed to fulfill the shortage, which created an ample supply and demand issue (Lin et al., 2021). The need for more nurses to join the workforce is crucial for the nursing profession and the safety of patients' lives.

### **Nursing Student Attrition**

Attrition rates are the number of students who do not complete and graduate from the program attended (Jones-Berry, 2018, 2019). There are various reasons students are leaving and not completing their programs (Chan et al., 2019). Financial, career, and familial obligations pose non-negotiable barriers to academic program completion (Bakker et al., 2018; Darch et al.,

2019; Roos et al., 2016). Academic failure, poor performance, and stress are critical barriers that lead to high attrition rates (Bakker et al., 2018; Darch et al., 2019; Roos et al., 2016).

There is a vital mandate for nursing academic institutions to fulfill the supply and demand of nurses. The alarming attrition rates contribute to the deficit of professional nurses. National and international educational nursing institutions have created solutions for the high attrition rates; however, students are still leaving (Bakker et al., 2018; Roos et al., 2016).

Worldwide, an alarming rate of undergraduate nursing students leave their programs before completion (Chan et al., 2018). In Australia, 10 to 40 % of nursing students left their program; in the United Kingdom, an alarming 27 to 40 % of nursing students left; in Canada, around 28 % left and in the United States, close to 50 % left their nursing programs before graduation (Mooring, 2016). Research studies have been conducted to understand why nursing students are leaving their programs and conclude that attrition rates are linked to drop-out rates, poor academic success, and stress (Bakker et al., 2018; Bakker et al., 2019; Kim, 2019; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Slatyer et al., 2016).

### ***Program Drop-out***

Program drop-out rates are a sizeable contributor to high attrition rates. The drop-out rates vastly differ in geographical locations ranging from 20 to 50 % (Bakker et al., 2018; Mooring, 2016). An average of 34 % of nursing students drop out within the first year of the program (Bakker et al., 2018; Roos et al., 2016). Multiple research studies postulate that students dropping out of nursing school was due to poor academic success and high levels of stress (Bakker et al., 2018; Darch et al., 2019; Roos et al., 2016). The focus of researchers turned to investigating the cause of poor academic success and high-stress levels.

Nearly one-third of all nursing students will drop out of their nursing program (Fagan & Coffey, 2019). The drop-out rates were linked to a lack of support from nursing faculty, low perseverance, and low resiliency abilities (Fagan & Coffey, 2019). Fagan and Coffey (2019) conducted a study where perseverance and resiliency training course was bridged into the upper-class nursing student curriculum. Fagan and Coffey discovered that course rigor, challenging situations, and lack of support decreased self-esteem, raises the desire to drop out of school (Fagan & Coffey, 2019). The bridge course implemented nurse faculty as coaches and mentors, self-reflective activities, problem-solving activities, and promoted resiliency training (Fagan & Coffey, 2019). Eighty-five % of the students who took the bridge course improved in academic success and reported improvement in self-preservation (Fagan & Coffey, 2019).

Dropping out of school in the third year or later in an undergraduate nursing program is considered a late drop-out (Bakker et al., 2019). Late drop-out rates have steadily risen, which is problematic for the nursing profession (Bakker et al., 2019). If fewer nursing students are graduating, then the nursing shortage persists. Third-year students reported course rigor, high expectations, and higher clinical demands precipitate their stress (Bakker et al., 2019). The lack of nurse educator support and encouragement decreased the student's belief in themselves, lowered their self-esteem, increased reports of exhaustion, and questioned their decision to become a nurse (Bakker et al., 2019). Improving student support through mentoring, coaching, and facilitating positive learning environments is recommended to conquer high drop-out rates (Bakker et al., 2019).

### *Academic Success*

Resiliency is directly related to student academic success and retention rates (Reyes et al., 2015). Nursing academic institutions measure academic success by meeting the state and accreditation requirements (Dube & Mlotshwa, 2018). Academic failure rates are escalating, increasing course withdrawal rates and program drop-out rates (Dube & Mlotshwa, 2018). The withdrawal rates for nursing students in challenging nursing courses, such as pharmacology, range from 7 % to 18 % (Doggrell & Schaffer, 2016). Academic institutions that offer mentorship and tutors have reduced the withdrawal and drop-out rates; however, the rates are still increasing. Ineffective educator-student relationships, stressful learning environments, and high demand for success contribute to high-stress levels (Dube & Mlotshwa, 2018; Mthimunye & Daniels, 2019). High levels of stress are related to poor academic success (Dube & Mlotshwa, 2018; Reyes et al., 2015). High levels of stress and poor academic success are symptoms of low levels of resiliency.

Academic success has various meanings for nursing students (i.e., certain grade point average (GPA), having a degree, acquiring a skillset, even attaining degree requirements) (Denham et al., 2018). However, nursing academic institutions define academic success as achieving passing grades and attaining satisfactory progress toward degree conferment (Denham et al., 2018). Denham et al. (2018) study concluded that language barriers, lack of support, and culturally incompetent nurse educators lowered academic success.

Failing a course contributes to lowered academic success (Lewis, 2020). Lewis (2020) posited those nursing students who failed a course in the first year eventually failed another course, whereas students who failed a course in their last year did not fail another one. Program

policies and nurse educators' behavior strongly impact how students repeat a course (Lewis, 2020). Lewis suggested tutoring and mentorship can help but is only part of the solution.

Approximately 80 % of baccalaureate nursing students graduate from their program (Owen, 2021). Failure rates are a consistent problem that leads to higher attrition rates. Owen (2021) identified life-school balance, students unaware of resources, and poor nurse educator relationships as significant contributors to student failure rates. Nursing professors can inform students of available resources on the first day of class to increase awareness (Owen, 2021). Nurse educators should apply empathy, encouragement, constructive communication, and supportive methods in their relationships with nursing students (Owen, 2021).

Lowered academic success and failure of courses are international problems in nursing schools (Brown et al., 2021). The impact can have devastating effects on the nursing students, their families, the academic institution, and the nursing profession (Brown et al., 2021). Nursing students tend to have high determination, higher self-esteem, and better study habits than undergraduate students in non-nursing programs (Brown et al., 2021). However, academic success was directly linked to student resiliency (Brown et al., 2021). Forty-one % of nursing students reported wanting to drop a course due to the high demands of the coursework and failing grades (Jones-Berry, 2018). Brown et al. (2021) postulated that high-stress levels, a lack of coping mechanisms, and poor educator-student support contribute to lowered resiliency and self-efficacy levels.

### ***Nursing Student Stress***

Slatyer et al. (2016) research study revealed that retention and attrition rates are directly affected by the students' vulnerability to stress and resiliency. Nursing programs are notorious

for being stressful and demanding. The rigor of the theoretical workload, deadlines, course rigor, and the high emotional demands of nursing school, increases stress levels (Costa et al., 2018; Losa-Iglesias et al., 2019; Slatyer et al., 2016). Prolonged exposure to high levels of stress can cause physical and emotional health conditions; therefore, incorporating coping strategies into the curriculum is imperative (Olvera Alvarez et al., 2019).

A common precursor to psychological distress and high attrition rates is the high-stress levels experienced by nursing students (Zhu et al., 2020). In general, stress is considered a normal part of life, and effective coping mechanisms aid in being resilient to the situation (Zhu et al., 2020). However, nursing students' stress levels are higher than usual, which creates a dire need to implement effective coping mechanisms (Zhu et al., 2020). Nursing students who have difficulty adapting to high-stress levels have decreased resiliency (Zhu et al., 2020).

A research study focused on stress in nursing school was conducted in four different countries, with 2,804 nursing students (Chaabane et al., 2021). The participants' ranked their stress levels while attending nursing school, along with coping mechanisms used. Over 88 % to 99.2 % of participants ranked their stress level as a medium to high (Chaabane et al., 2021). Reported stressors were a lack of academic support, coursework demands, exams, a negative learning environment, and a lack of clinical experience (Chaabane et al., 2021). The most common coping mechanism used was mental disengagement and avoidance; however, most reported that academic support would be helpful (Chaabane et al., 2021). Chaabane et al. (2021) highly recommended that coping strategies be added to the curriculum.

Chamberlain et al. (2016) studied third-year nursing students' resiliency and managed stress through mindfulness, professional lives, and employment status. Online surveys were sent

to 240 willing participants at three different nursing schools, allowing for an increase in generalizability (Chamberlain et al., 2016). The results showed the significance of mindfulness, resiliency, and compassion fatigue with burnout (Chamberlain et al., 2016). Chamberlain et al. proved significant relationships existed between the variables; however, a lack of solutions was offered.

Costa et al. (2018) investigated undergraduate nursing students' resiliency and correlations with stress factors that impact academic success. Data collection was on-site surveys with Likert scaled questionnaires with 1,047 willing participants from five different nursing institutions (Costa et al., 2018). The instrument Assessment of Stress in Nursing Students (ASNS) was utilized for data interpretation and analysis, which increased the credibility and reliability of the data results (Costa et al., 2018). The results showed a statistically significant relationship between nursing student stress and coursework deadlines, nursing exams, extra-class activities, and interprofessional relationships (Costa et al., 2018). Costa et al. offered valuable insight into nursing students' stressors; however, no solutions were offered to decrease or lessen the stress on nursing students.

Masilamani et al. (2019) focused on undergraduate nursing student stressors and coping mechanisms. On a global level, over 80 % of nursing students experience high levels of stress (Darch et al., 2019; Johnson et al., 2020). Confidence and educational stress ranked higher than socioeconomic stressors and financial stress (Masilamani et al., 2019). Confidence stressors were defined as lowered self-esteem and self-reflection with knowledge and skills, and educational stressors related to course workload, rigor, exams, and lack of support (Johnson et al., 2020). The nursing students who utilized the coping mechanisms of self-doubt and self-blame had lowered

self-esteem and higher stress levels than those who used religion, acceptance, and planning (Darch et al., 2019; Masilamani et al., 2019). The consequences of high-stress levels and ineffective coping mechanisms are higher attrition rates, drop-out rates, burnout rates, and emotional exhaustion (Darch et al., 2019; Johnson et al., 2020; Ríos-Risquez et al., 2018).

High levels of sustained stress can amplify unhealthy behaviors concerning diet, alcohol intake, and irregular sleep patterns (Olvera Alvarez et al., 2019). An unbalanced diet, alcohol consumption, and poor sleeping habits can precipitate poor well-being, mental health, and inability to cope with stressors (Fruh et al., 2021; Marchena & Bernabéu Elena, 2020). Over 50 % of university students use ineffective coping methods such as excessive alcohol consumption and unhealthy eating to cope with stress and anxiety (Marchena & Bernabéu Elena, 2020). Maladaptation is a top coping mechanism for nursing students (Nebhinani et al., 2020). Students who do not utilize effective and healthy coping mechanisms can suffer from emotional exhaustion and burnout (Fruh et al., 2021; Olvera Alvarez et al., 2019). Marchena and Bernabéu Elena (2020) advised implementing essential coping skills into the curriculum to help students cope with the stress and anxiety of school stressors.

Death and dying situations can contribute to high-stress levels (Kim, 2019). Kim (2019) reported that the most stressful thing nursing students experience is the distress of patient death. Nursing students who experience the death of a patient report feeling helpless, fearful, and high anxiety (Alexander, 2019; Kim, 2019). End-of-life decisions and care can cause turmoil and stress for nursing students (Kim, 2019).

Nursing students who lack experience and feel unprepared to handle death and dying situations often withdraw from patient care (Alexander, 2019). Death and dying situations can

encompass tragic or sudden death to hospice care (Alexander, 2019). Nursing students report having at least one experience with a dying patient; however, most reported a lack of preparation for communicating with the family (Lavoie et al., 2018). A lack of preparation leads to feelings of inadequacy and ineffective coping measures (Lavoie et al., 2018).

Educating and adequate preparation for handling death and dying situations enriches coping mechanisms and psychological well-being (Kim, 2019). Students are debriefed after simulation; however, not all real experiences are given the same debriefing methods as simulation (Alexander, 2019; Lavoie et al., 2018; Kim, 2019). Students who are not prepared nor properly debriefed after a real experience with death and dying lack effective coping methods and can suffer from emotional exhaustion (Alexander, 2019; Lavoie et al., 2018; Kim, 2019).

**Emotional Exhaustion.** High-stress levels without effective coping methods can elicit emotional exhaustion (Ríos-Risquez et al., 2018). Emotional exhaustion is caused by an overload of emotional or physical stress for a prolonged time (Johnson et al., 2020). Nursing students experience prolonged stress due to the duration of the program, exams, clinical placements, and stressful situations with patients (Rios-Risquez et al., 2018; Xu et al., 2020). Emotional exhaustion can cause a decrease in psychological well-being, hinder effective coping mechanisms, even lead to sleep disorders (Bodys-Cupak et al., 2016; Chow et al., 2018; Kim, 2019; Ríos-Risquez et al., 2018; Valero-Chillerón et al., 2019; Xu et al., 2020). Sensitive subjects such as death and dying are difficult for students and exacerbate stress, depression, and anxiety levels for those who decrease psychological well-being (Chow et al., 2018; Kim, 2019). The lack of coping mechanisms leads to a decrease in adapting to difficult situations and stress (Ríos-Risquez et al., 2018).

Decreased well-being, emotional exhaustion, and a lack of coping mechanisms lead to high burnout rates (Johnson et al., 2020; Xu et al., 2020). Emotional exhaustion and burnout can lead to sleep disorders such as insomnia (Johnson et al., 2020; Xu et al., 2020). Nursing students suffer from burnout more than students from non-nursing disciplines (Sharififard et al., 2020).

**Burnout.** Burnout is a symptom of prolonged stressful events or environments without relief (Wei et al., 2021). Burnout is directly linked to low resiliency levels (Kong et al., 2021; Ríos-Risquez et al., 2018; Valero-Chillerón et al., 2019; Wei et al., 2021). In nursing academia, nursing student burnout can be caused by emotional exhaustion, depersonalization, low academic success, and poor performance (Darch et al., 2019). Burnout can exacerbate low self-esteem and worth and emotional exhaustion, which contributes to a decrease in resiliency (Darch et al., 2019; Martínez-Rubio et al., 2021; Wei et al., 2021).

The high demand for course rigor, not being late to class, exams, and completing assignments contribute to high levels of prolonged stress (Darch et al., 2019). Many students reported a lack of academic support and coping skills caused discontentment with nursing courses and nursing professors, which were precursors to burnout and drop-out rates (Kong et al., 2021). Students with medium-high motivation rates were more resilient than students with low motivation rates (Kong et al., 2021).

Over 76 % of nursing students experience emotional exhaustion, leading to depersonalization (Galdino et al., 2020). Depersonalization is an ineffective coping mechanism commonly used due to enduring high-stress levels (Galdino et al., 2020). Depersonalization is linked to demotivation and mental withdrawal (Galdino et al., 2020). Students may not

participate in activities, socially distance themselves, have low motivation to succeed, and have a defensive attitude (Galdino et al., 2020).

If nursing students suffer burnout while attending school, they are at risk for professional burnout (Ríos-Risquez et al., 2018; Wei et al., 2021). Professional burnout can arouse poor psychological health, reduced personal accomplishment, high turnover rates, and high suicide rates; therefore, addressing burnout in nursing students is mandatory (Darch et al., 2019; Kong et al., 2021; Martínez-Rubio et al., 2021; Valero-Chillerón et al., 2019; Wei et al., 2021).

Professional burnout contributes to high turnover rates and leaving the nursing profession (Rios-Risquez et al., 2018).

One method to combat burnout is self-compassion, which is being kind to oneself (Kotera et al., 2021; Martínez-Rubio et al., 2021). Self-compassion is strongly related to positive self-esteem and mental health (Kotera et al., 2021). Self-compassion, self-esteem, and mental health are linked to increased motivation and resiliency (Kotera et al., 2021). Nurse educators can utilize role modeling and teach coping methods to enhance resiliency and reduce student burnout (Darch et al., 2019; Kong et al., 2021; Valero-Chillerón et al., 2019).

### **Low self-esteem**

Nursing school is demanding, and success requires flexibility, adaptability, and lifestyle changes (Borji et al., 2020; Rodrigues Mendes et al., 2021). There is a significant relationship between self-esteem, resiliency, and drop-out rates (Dancot et al., 2021; Johnson et al., 2020; Rodrigues Mendes et al., 2021). According to Rodrigues Mendes et al. (2021), self-esteem is a personal assessment based on emotions, beliefs, and acceptance of oneself. When self-esteem is high, there is an increase in positivity and happiness, which leads to an increase in coping with

situations (Borji et al., 2020; Rodrigues Mendes et al., 2021). When self-esteem is low, there is an increase in negativity and difficulty believing in good outcomes, leading to a decrease in coping with situations (Borji et al., 2020; Rodrigues Mendes et al., 2021). Nursing students tend to rate their self-esteem as medium to low before nursing school and state there is a decrease in self-esteem while attending a nursing program (Dancot et al., 2021). A reduction in self-esteem can lower the ability to cope with difficult situations and stressful times. Personal, academic, and lived experiences effects self-esteem (Dancot et al., 2021).

Auttama et al. (2021) study discovered that 82 % of nursing students have mental health problems such as anxiety, depression, and low self-worth. Almost 30 % of undergraduate nursing students in the United States have depression (Facioli et al., 2020; Johnson et al., 2020; Lavoie et al., 2018). Nursing students are at a higher risk of developing mental health problems due to the high demands of the program, prolonged stress, and patient care (Facioli et al., 2020). Nursing students who have been previously diagnosed with a mental health disorder are at a higher risk of exacerbating symptoms (Facioli et al., 2020). Poor mental health is associated with failing a course, burnout, and high attrition rates (Jenkins & Germaine, 2018).

McDermont et al. (2020) conducted a study on nursing students' resiliency and the relationship with depression, academic success, and well-being. McDermont et al. used online surveys of 933 randomly selected, willing participants at 23 different universities for 2017-2018, which increased generalizability. Validity, reliability, and rigor were established by utilizing the published and validated measurement tool, the Brief Resilience Scale (BRS), created by Healthy Minds Network (McDermont et al., 2020). The data had a statistical significance with student resiliency, nursing school distress, and poor academic success (McDermont et al., 2020). It was

noted that student resiliency was impacted by the academic environment and a sense of belonging (McDermont et al., 2020).

The two significant factors that help mental health problems are positive self-esteem and higher resiliency levels (Auttama et al., 2021; Darch et al., 2019). Positive self-esteem can cause emotional security, a positive outlook, and an ability to cope with stressors in nursing school (Johnson et al., 2020). Lower self-esteem can cause emotional insecurity, a negative outlook, increased stress levels, and the inability to be flexible or adapt to nursing school's constant changes and pressures (Vestphal et al., 2020). The lower the self-esteem one has, the lower resiliency level is noted (Vestphal et al., 2020).

Low self-esteem and low resiliency levels are linked with higher suicidal ideation (Auttama et al., 2021; Johnson et al., 2020). Globally, over 1.5 million will commit in 2020, and 10-20 times that number will attempt suicide (Amazue et al., 2019). Poor mental health care, high levels of stress, and low levels of resiliency contribute to suicidal ideation (Amazue et al., 2019). There is an increased risk for suicidal ideation in nursing students due to the high program demands, increased pressure, and increased stress (Abdollahi et al., 2018). Nursing students with poor mental health tend to exhibit signs of suicidal ideation (Abdollahi et al., 2018; Darch et al., 2019). Problem-solving skills and social support are linked to higher resiliency levels and lower suicidal ideation rates (Abdollahi et al., 2018; Auttama et al., 2021).

**Anxiety.** High levels of stress can activate increased anxiety levels (Hernández Ortega et al., 2021). A significant cause of high anxiety levels is exams (Brodersen, 2017; Custer, 2018; Lavoie et al., 2018). Lower self-esteem and low confidence levels increase nursing students' stress and anxiety levels, which can cause a decrease in academic success (Aloufi et al., 2021;

Hernández Ortega et al., 2021). Higher anxiety levels can cause a reduction in therapeutic communication with patients and interprofessional relationships and exacerbate depression (Aloufi et al., 2021).

Test anxiety is a real problem for nursing students. Over 50 % of nursing students report having test anxiety (Quinn & Peters, 2017). Students with test anxiety answer 55 % of the questions wrong (Quinn & Peters, 2017). Poor test performance leads to lowered self-esteem and a negative mindset, which could risk program success and scholarship funding (Brodersen, 2017; Custer, 2018; Quinn & Peters, 2017; Liu & Xu, 2017).

Self-esteem, knowledge of content, poor study habits, high demands of performance progression, chronic stress, and a negative mindset are antecedents of test anxiety (Brodersen, 2017; Custer, 2018; Darch et al., 2019; Lavoie et al., 2018; Liu & Xu, 2017; Magnavita & Chiorri, 2018; Quinn & Peters, 2017). Symptoms of test anxiety include but are not limited to heart palpitations, stomachache, severe perspiration, excessive worry, and a negative mindset (Kolagari et al., 2018; Lavoie et al., 2018; Liu & Xu, 2017). Test anxiety contributes to a lack of concentration, poor academic performance, and significant impacts on test performance (Brodersen, 2017; Custer, 2018; Darch et al., 2019; Lavoie et al., 2018; Liu & Xu, 2017).

Warshawski et al. (2019) study concluded a relationship between test anxiety, poor test performance, and drop-out rates. If anxiety levels are not reduced through effective solutions, nursing students may suffer burnout, emotional exhaustion, failing grades, and low academic success (Aloufi et al., 2021; Brodersen, 2017; Custer, 2018; Hernández Ortega et al., 2021; Liu & Xu, 2017; Magnavita & Chiorri, 2018). Effective solutions to reducing nursing student stress are stress management, mind-body therapy, emotional freedom technique (light tapping), and

breathing-relaxation techniques (Aloufi et al., 2021; Broderson, 2017; Custer, 2018; Hernández Ortega et al., 2021; Liu & Xu, 2017).

**Lack of Social Support.** Nursing students can feel overwhelmed, pressured, and have excessive stress resulting in a negative disposition and anger (Jun et al., 2018). Nursing students who have support during stressful times tend to have a grateful disposition and less anger (Jun et al., 2018). Social support is defined as emotional support stemming from family, friends, fellow nursing students, faculty members, and nurse educators (Martin et al., 2017). Students who have an effective social support system tend to be more motivated, less depressed, happier, resilient, lead healthier lifestyles, and achieve academic success (Martin et al., 2017; Tejada, 2019).

Nursing students who do not have any social support tend to have a negative disposition, experience more anger, have higher stress, and have lower academic success (Jun et al., 2018). Excessive stress without adequate social support can impair the learning process and reduce coping abilities (Jun et al., 2018; Magnavita & Chiorri, 2018; Martin et al., 2017; Tejada, 2019; Yildirim et al., 2017). The impaired learning processes and low resiliency levels negatively impact academic success (Jun et al., 2018; Magnavita & Chiorri, 2018; Martin et al., 2017; Tejada, 2019; Yildirim et al., 2017).

Nursing students who have social support tend to be more successful in the nursing program, have effective coping mechanisms, and have a positive mindset toward their future careers in nursing (Oh & Oh, 2018). Female nursing students depend more on social support than male nursing students (Tejada, 2019). When family and friends lack support, nurse educator support becomes crucial to academic success (Brajša-Zganec et al., 2017). Nursing students who

receive the essential encouragement and support from nurse educators tend to have less stress and academic success (Brajša-Zganec et al., 2017).

### **Lack of Problem-Solving Skills**

Problem-solving is an intellectual process of identifying the issue and barriers, selecting the appropriate intervention, and implementing an effective solution (Ahmady & Shahbazi, 2020). Problem-solving skills are imperative for nursing students to balance difficult situations and stressful challenges in work, life, and school (Pinar et al., 2018). Nursing students must use these skills to navigate through exams, clinicals, patient care experiences, and the daily stressors of each course in the nursing program. High-stress levels, lack of coping mechanisms, and negative environments can impair problem-solving skills (Ahmady & Shahbazi, 2020; Lavoie et al., 2018; Shahbazi et al., 2018).

Students who do not possess these skills tend to have higher stress levels, depression, and poor academic success (Ahmady & Shahbazi, 2020; Lavoie et al., 2018; Pinar et al., 2018; Shahbazi et al., 2018). Poor problem-solving skills, stress, and depression result in lowered resiliency levels (Ahmady & Shahbazi, 2020; Lavoie et al., 2018; Pinar et al., 2018; Shahbazi et al., 2018). Decreased resiliency levels lead to poor academic success, higher drop-out rates, and higher attrition rates (Bakker et al., 2018; Bakker et al., 2019; Darch et al., 2019; Kim, 2019; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Slatyer et al., 2016).

### **Low Levels of Resiliency**

Resiliency is not an innate ability but rather a learned, complex process of applying coping mechanisms to successfully adapt to stressful and challenging situations (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Darch et al., 2019; Froneman et al., 2016; Johnson et al., 2020;

Lekan et al., 2018; Lu et al., 2019; Thomas & Revell, 2016). Nursing students do not passively attain the ability to successfully cope and adapt to nursing school stressors; therefore, resiliency must be taught (Low et al., 2019). Nurse educators can highlight troubling situations, demonstrate interventions, and verbalize coping with specific issues. Nurse educators who empower students with positive feedback and help with challenging problems strengthen resiliency (Spurr et al., 2021).

Effective coping mechanisms lead to strengthening resiliency levels. Some effective coping mechanisms are positive reframing, planning, and problem-solving skills (Nebhinani et al., 2020). Higher levels of resiliency aid in coping with the daily and academic stressors of nursing school (Fowler et al., 2020; Johnson et al., 2020). The utilization of positive coping mechanisms increases the ability to bounce back from stressful times (Amsrud et al., 2019; Froneman et al., 2016; Lekan et al., 2018). Students who employ positive coping mechanisms and higher resiliency levels have higher levels of academic success, lower stress levels, and lower attrition rates (Amsrud et al., 2019; Bakker et al., 2018; Bodys-Cupak et al., 2016; Darch et al., 2019; Froneman et al., 2016; Jenkins & Germaine, 2018; Johnson et al., 2020; Kim, 2019; Lekan et al., 2018; Lavoie et al., 2018; Lu et al., 2019; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Thomas & Revell, 2016; Slatyer et al., 2016; Spurr et al., 2021).

Some students have challenges coping with the day-to-day stressors of life; the intense nursing program demands increase stress and decrease resiliency (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Darch et al., 2019; Froneman et al., 2016; Johnson et al., 2020; Lekan et al., 2018; Lu et al., 2019; Thomas & Revell, 2016). A lack of resiliency leads to utilizing noneffective coping mechanisms to navigate situations. Non-effective coping mechanisms are

avoidance, blame, anger, and leisure activities, leading to maladaptation (Nebhinani et al., 2020). Nursing students who lack resiliency are inept to handle stressful events and situations and have difficulty adapting to the challenges needed to be successful in nursing school (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Froneman et al., 2016; Johnson et al., 2020; Lekan et al., 2018; Lu et al., 2019; Thomas & Revell, 2016; Spurr et al., 2021).

Lack of coping with prolonged stress and challenging times can decrease nursing school satisfaction and overview (Amsrud et al., 2019). A decrease in satisfaction and a low viewpoint of the program can generate a reduction in motivation. A decrease in motivation can increase depression symptoms, decrease self-esteem, cause poor academic performance, and lower academic success (Amsrud et al., 2019; Froneman et al., 2016; Lavoie-Tremblay et al., 2021; Lekan et al., 2018; Lu et al., 2019; Thomas & Revell, 2016). Research trends are in the infant stage of uncovering the multilayered issues of resiliency; however, literature has shown that low levels of resiliency contribute to drop-out rates, failure rates, and attrition rates (Amsrud et al., 2019; Darch et al., 2019; Kim, 2019; Lavoie et al., 2018; Johnson et al., 2020; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Slatyer et al., 2016).

Nursing students who have moderate or above resiliency levels tend to be well-prepared, manage and adapt to changing situations effectively, and make accurate decisions (Chow et al., 2018; Hwang & Shin, 2018; Watson et al., 2019). Students with high resiliency levels are more likely not to drop a course, have good study habits, and graduate from nursing programs (Hwang & Shin, 2018). Academic success and higher retention rates are significantly related to high resiliency levels (Hwang & Shin, 2018; Reyes et al., 2015; Slatyer et al., 2016).

### ***Resiliency Levels***

Quantitative research studies on nursing student resiliency utilized the Resilience Appraisal Scale (RAS) to measure resiliency levels. Lekan et al. (2018) research revealed that two-thirds of nursing student participants scored high in coping with social stressors; however, they scored low in coping with stressors of academia. One-third of participants scored resilient in terms of stressors of academia (Lekan et al., 2018). The level of resiliency is a crucial factor that impacts academic success (Thomas & Revell, 2016). The medium-high levels of resiliency are imperative for student success (Lekan et al., 2018). Nursing students who scored high in well-being had higher levels of resiliency (Abiola et al., 2017). Positive emotions and engagements were indicators of higher resiliency levels (Abiola et al., 2017). Positive emotions can stem from encouragement, praise, learning coping skills, positive nurse educator relationships, and supportive environments. Nurse educators can utilize encouraging, positive feedback and empathetic communication with students to contribute to feelings of well-being and self-efficacy (Abiola et al., 2017; Bodys-Cupak et al., 2016).

Nursing students experience a variety of emotions and stress-related events in nursing school. Only 30 % of nursing students expressed the ability to cope with patient-related death situations and training on the management of emotions (Kim, 2019). Nursing students who do not cope effectively with one aspect of nursing can transition with a decrease in coping in other areas of nursing (Kim, 2019). The lack of coping contributes to decreased psychological well-being and increased burnout rates (Chow et al., 2018; Kim, 2019). Burnout and high attrition rates can result from nursing students not strengthening resiliency while attending nursing school (Jenkins & Germaine, 2018). Jenkins and Germaine (2018) proposed that nursing education

should incorporate resiliency training into the curriculum to increase coping mechanisms.

Nursing students who establish positive relationships with nurse educators have better coping mechanisms (Kim, 2019).

### **Nurse Educator-Nursing Student Relationship**

The nurse educator-nursing student (NE-NS) relationship is a professional relationship based on mutual respect, guidance, and knowledge dissemination. Nursing education is underpinned by andragogy, theoretical framework, and the nursing practice (Chan et al., 2017; Darch et al., 2019; Martin et al., 2017). Nurse educators (NE) are trained in teaching and learning theories, developing and applying nursing curriculum, ethics, legal policies, institution and accreditation regulations, and therapeutic communication techniques (Darch et al., 2019). NEs teach problem-solving skills, critical thinking skills, self-reflective practices, and debriefing; however, strengthening student resiliency is not part of any nurse educator curriculum (Amsrud et al., 2019; Darch et al., 2019; Ingraham et al., 2018; Lekan et al., 2018; Lu et al., 2019; Martin et al., 2017; Thomas & Revell, 2016).

Fifty % of nursing students reported that nurse educators were unsupportive, unapproachable, and inaccessible (Ingraham et al., 2018). When educators are not friendly or approachable, students keep their distance and do not ask questions (Chan et al., 2017; Lavoie et al., 2018). The power dynamic shifts in a negative environment from leader to coercive (Chan et al., 2017). Nursing students tend to have ineffective coping mechanisms and poor academic performance in a negative learning environment (Froneman et al., 2016).

A learning environment that implements trustworthiness, empathy, and positivity can enhance academic success and reduce stress (Rees et al., 2016). Nurse educators teaching

philosophies can influence a positive or negative learning environment (Ríos-Risquez et al., 2018). Positive learning environments promote the development of resilience in students (Froneman et al., 2016; Hope et al., 2016). The learning environment that offers respect and collective power creates a dynamic relationship between students and educators (Froneman et al., 2016; Lavoie et al., 2018). A poor rapport between the NE and the nursing students can negatively impact the learning environment (Mooring, 2016).

Nurse educators often feel their contributions to their practice are not respected or appreciated, which is often portrayed in the learning environment (Umubyey et al., 2021). Nurse educators report a lack of support and training to increase their abilities to effectively manage their learning environment (Umubyey et al., 2021). The lack of support for nurse educators contributes to a lack of support for nursing students, making this a top-down issue (Umubyey et al., 2021). Even if nurse educators are educated in nursing education practice, utilize self-reflective practices, and receive training, the administration's lack of support and appreciation affects the learning environment (Umubyey et al., 2021).

Encouragement and positive reinforcement techniques enhance self-confidence and motivation in nursing students (Sharififard et al., 2020). Nursing students with increased self-confidence are motivated to get through challenging times (Sharififard et al., 2020). Self-motivation and self-confidence coincide with academic success. Nursing students who succeed academically have increased self-esteem and are motivated to participate in class and complete assignments (Sharififard et al., 2020).

The nurse educator-nursing student (NE-NS) relationship is critical to strengthening academic performance and resiliency (Froneman et al., 2016; Hope et al., 2016; Lavoie et al.,

2018; Mooring, 2016). The role of the NE-NS relationship is to act as a buffer against an adversary, promote caring relationships, and foster well-being for nursing students (Abiola et al., 2017; Costa et al., 2018; Froneman et al., 2016; Hope et al., 2016; Ingraham et al., 2018). Chamberlain et al. (2016) discussed strengthening resiliency but lacked solutions. Resilient students have higher success rates in working as professional nurses (Chamberlain et al., 2016; Hope et al., 2016). Despite recognizing the vital role nurse educators play in student resiliency (Froneman et al., 2016), there is a lack of research on how NE-NS relationships strengthen student resiliency.

### **Implemented Solutions**

Many successful solutions have been implemented in nursing education to strengthen student resiliency and decrease burnout, drop-out, and attrition rates. Mindfulness is one intervention highly recommended for anxiety-ridden and stressed nursing students (Chen et al., 2021; Lee & Jang, 2021; Lu et al., 2019; Rayan, 2019). Mental health resources and self-management skills can be offered through the universities for easy access (Abiola et al., 2017; Alsarairh & Aloush, 2017; Bodys-Cupak et al., 2016; Johnson et al., 2020; Lavoie et al., 2018). Mentorship, coaching, and academic monitoring are offered in some academic settings to increase academic success and resiliency (Ahmady & Shahbazi, 2020; Fard et al., 2020; Lekan et al., 2018; Navarra et al., 2018; Nelson et al., 2018; Shahbazi et al., 2018). Self-reflective practices are beneficial in aiding students to manage stress and emotions (Contreras et al., 2020; Iqbal et al., 2019; Latham et al., 2020; Oliver et al., 2021). Problem-solving skills are taught in nursing programs to increase the ability to manage difficult situations, decrease stress, and

strengthen resiliency (Ahmady & Shahbazi, 2020; Ingraham et al., 2018; Shahbazi et al., 2018; Van Hoek et al., 2019; Walsh et al., 2020).

### ***Mindfulness***

Mindfulness interventions have drastically reduced nursing students' anxiety, depression symptoms, and stress levels (Chen et al., 2021). Mindfulness is a technique that concentrates on the present with or without meditation, acting with awareness, non-judging, and non-reacting (Chen et al., 2021; Lee & Jang, 2021; Li et al., 2020; Lu et al., 2019; Rayan, 2019). Mindfulness techniques enhance mental health, psychological well-being, and academic success (Chen et al., 2021; Rayan, 2019; Van der Riet et al., 2018). There is a statistical significance between mindfulness interventions and reduced anxiety; therefore, nurse educators should teach and encourage students to utilize these techniques to get them through difficult situations and test anxiety (Lu et al., 2019). Students must be open to meditation for mindfulness to work (Chen et al., 2021; Li et al., 2020; Van der Riet et al., 2018); therefore, mindfulness may not work for every student with anxiety, depression, or stress. Even though mindfulness is an exceptional tool, student resiliency still exists.

### ***Mental Health***

Academic nursing institutions can offer resources for mental health counseling and methods to reduce stress in personal and professional lives (Abiola et al., 2017; Alsarairh & Aloush, 2017; Bodys-Cupak et al., 2016; Tung et al., 2018). Self-care habits, counseling resources, and self-management techniques can enhance self-esteem and positively impact student resiliency (Auttama et al., 2021). Nurses' top priority is the well-being of their patients, as nursing institutions should have a top priority on nursing students' well-being (Tung et al.,

2018). Mental health resources, academic support, and a stress management seminar should be implemented in every university to assist students with the challenges of mental health issues (Alsaraireh & Aloush, 2017; Auttama et al., 2021; Tung et al., 2018). Not all nursing institutions offer these services or prioritize students' well-being; however, even with the resources implemented, student resiliency levels are dwindling in coping with academic stressors (Alsaraireh & Aloush, 2017; Tung et al., 2018).

### ***Mentorship***

Mentorship provides support and guidance from an experienced nurse educator and the nursing student (Ahmady & Shahbazi, 2020; Fard et al., 2020; Ingraham et al., 2018; Jack et al., 2017; Lekan et al., 2018; Shahbazi et al., 2018). Mentorship includes coaching, guidance, role-modeling, advising, and scholarship (Ahmady & Shahbazi, 2020; Fard et al., 2020; Ingraham et al., 2018; Jack et al., 2017; Lekan et al., 2018; Navarro et al., 2018; Nelson et al., 2018; Shahbazi et al., 2018). Nursing students seek mentorship to look for guidance and a sense of belonging (Jack et al., 2017). Nurse educators and nursing students rated mentorship as valuable and instrumental to student academic success (Navarra et al., 2018; Nelson et al., 2018; Thomson et al., 2017). Mentorship is designed to aid in the development of high-quality leadership skills, service and scholarship, and advancement of careers, which takes commitment, responsibility, and accountability for the mentor and mentee (Ahmady & Shahbazi, 2020; Fard et al., 2020; Kitutu et al., 2016; Lekan et al., 2018; Navarro et al., 2018; Nelson et al., 2018; Sanderson & Brewer, 2017; Shahbazi et al., 2018). Only 55 % of nursing students found mentorship highly valuable, and 38 % misunderstood the purpose of mentorship, and it was not beneficial (Navarro et al., 2018; Nelson et al., 2018). The pairing of the mentor and mentee based on mutual respect,

interests, background, personal strengths, and goals is often beneficial (Ingraham et al., 2018; Kitutu et al., 2016; Sanderson & Brewer, 2017; Thomson et al., 2017). If mispairing happens, students report feeling unsupported, alone, and under additional stress (Jack et al., 2017).

**Academic Coaching.** Academic coaches help nursing students identify learning needs, guidance for academic success, utilize various support methods such as listening, stress management, and help with study skills (Connelly et al., 2019; Dylan & Ban, 2021; Knowlton, 2017). Nursing students who utilized weekly coaching sessions had higher test grades and higher course grades than students who did not use coaches (Cox-Davenport, 2017). Academic coaches can perform academic monitoring to identify at-risk students and offer services (Dylan & Ban, 2021; Mudaly & Mtshali, 2018). Students who utilized monthly coaching sessions had better stress management techniques, academic success, and higher retention rates (Knowlton, 2017). Academic coaching is an excellent tool to aid students with various support; however, not all students utilize academic coaches (Connelly et al., 2019; Cox-Davenport, 2017; Knowlton, 2017).

### **Self-Reflective Activities**

Self-reflective activities, such as journaling, are valuable self-awareness tools that enhance critical thinking skills (Contreras et al., 2020; Iqbal et al., 2019; Latham et al., 2020; Oliver et al., 2021). Journaling is an effective approach to increasing self-awareness about one's beliefs and thoughts on patients, patient care, pain, weight, and highlighting stereotyping and biases (Contreras et al., 2020; Iqbal et al., 2019; Latham et al., 2020; Oliver et al., 2021). These tools can be utilized to help nursing students manage their emotions, feelings, and frustrations in a safe manner (Contreras et al., 2020). Self-reflective activities are being used as a clinical

debriefing tool; however, this should be implemented in the classroom to increase learning, self-awareness and decrease stress (Latham et al., 2020).

### **Problem-Solving Activities**

Students with poor problem-solving abilities tend to have poor coping skills and low resiliency levels (Ahmady & Shahbazi, 2020; Ingraham et al., 2018; Shahbazi et al., 2018; Van Hoek et al., 2019). Problem-solving activities present nursing students with challenging issues in a case study that stimulate critical thinking skills (Ahmady & Shahbazi, 2020; Ingraham et al., 2018; Shahbazi et al., 2018; Van Hoek et al., 2019; Walsh et al., 2020). These activities can be completed independently and in small groups to facilitate critical thinking, teamwork, interprofessional relationships, and self-awareness (Ahmady & Shahbazi, 2020; Shahbazi et al., 2018). Problem-solving activities alone do not strengthen resiliency; however, resiliency is strengthened when combined with mentoring, coaching, self-reflective activities, and positive learning environments (Walsh et al., 2020).

### **Conflicting Perspectives**

Manomenidis et al. (2018) discovered that students who scored moderate resiliency levels had a higher education background. People with higher education have less anxiety and less stress in their personal and professional lives (Manomenidis et al., 2018). Higher education equates to advanced critical thinking and self-reflective practice, which contributes to moderate levels of resiliency (Manomenidis et al., 2018). Resiliency is strengthened through continuing education, educational pursuit, and experience. Lekan et al. (2018) research revealed that two-thirds of nursing students scored high in personal resiliency levels; therefore, challenging Manomenidis et al.'s (2018) discovery that higher education leads to moderate resiliency levels.

While the literature displays knowledge in increased resiliency with higher educational levels, this does not apply to nursing students with Licensed Practical Nursing (LPN) or Associate Degree in Nursing (ADN) programs.

Saletnik (2018) discussed personal resiliency as a method to cope with stressors. Personal resiliency is developed and strengthened through positive relationships, optimism, accepting what one cannot control, and maintaining a positive long-term outlook (Saletnik, 2018). Strengthening personal resiliency can be done by taking a walk, being creative, meditating, being in nature, and daydreaming (Saletnik, 2018). Student and professional nurses who have developed personal resiliency experience less stress and burnout (Saletnik, 2018). Saletnik's (2018) discoveries on developing and strengthening resiliency are interesting; however, it may be difficult for nursing students to implement while in school. The learning environment and relationships with nurse educators significantly impact nursing students (Saletnik, 2018); therefore, this aspect of strengthening resiliency lacks important, influential factors.

Van der Riet et al.'s (2018) research concluded that mindful meditation significantly influences nursing student resiliency levels. Nursing students who meditated felt decreased anxiety, stress, depression, and burnout (Van der Riet et al., 2018). Van der Riet et al. (2018) recommended implementing meditation into the nursing curriculum to strengthen resiliency and decrease burnout. Some religions and cultures view yoga and meditation as sinful acts and are forbidden (Gog, 2016). Implementing meditation into a curriculum may violate students' rights and make them feel uncomfortable; therefore, this method is not the most appropriate practice to increase resiliency levels (Gog, 2016).

Emotional regulation plays an imperative role in student resiliency (Taylor et al., 2020). Emotional regulation is the ability to be compassionate and empathetic toward others who are going through difficult times (Taylor et al., 2020). Taylor et al. (2020) stated that incorporating emotional regulation into the curriculum will enhance empathy and student resiliency by decreasing compassion fatigue and burnout. While emotional regulation can strengthen student resiliency, there are nursing programs that implement conceptual frameworks of caring and empathy (Taylor et al., 2020). Many nursing programs implement Jean Watson's theory of caring into the curriculum, yet students still lack resiliency; therefore, emotional regulation would not apply to the proposed research.

### **Synthesis of the Research Findings**

Nursing student resiliency is a complex issue that contributes to high attrition rates, course withdrawal rates, and program drop-out rates (Bakker et al., 2018; Lekan et al., 2018; Lu et al., 2019; Mooring, 2016). Motivation, self-esteem, confidence, and the workload and rigor of nursing school contribute to resiliency levels (Costa et al., 2018; Lekan et al., 2018; Slatyer et al., 2016; Thomas & Revell, 2016). Other problematic areas concerning resiliency are poor relationships with nursing educators and ineffective learning environments (Dube & Mlotshwa, 2018; Froneman et al., 2016; Reyes et al., 2015).

As previously discussed, there are several techniques to strengthen student resiliency. Nursing students suffer higher stress levels relating to the nursing curriculum, rigor of the coursework, test anxiety, caring for diverse patients, and the financial demands of schooling (Olvera Alvarez et al., 2019). Mental health resources, meditation, and relaxation resources decrease the stress load and effects coping mechanisms (Abiola et al., 2017; Chamberlain et al.,

2016; Bodys-Cupak et al., 2016; Saletnik, 2018). Mindful meditation can reduce stress and anxiety; however, not all students are open to meditation or can successfully dedicate time to achieving these results (Van der Riet et al., 2018). Therefore, the lack of student resiliency still exists.

Academic coaching and mentorship with nurse educators have increased academic success (Abiola et al., 2017; Ahmady & Shahbazi, 2020; Conelly et al., 2019; Costa et al., 2018; Dylan & Ban, 2021; Fard et al., 2020; Froneman et al., 2016; Ingraham et al., 2018; Jack et al., 2017; Knowlton, 2017; Lekan et al., 2018; Shahbazi et al., 2018). Nursing students who sign up for a mentor want a sense of belonging, acceptance, and guidance from the nursing faculty (Jack et al., 2017). The proper pairing between nurse educators and nursing students can be instrumental in the student's academic success; however, many students do not feel supported, which adds stress for the students and has detrimental effects (Ingraham et al., 2018; Jack et al., 2017; Kitutu et al., 2016; Sanderson & Brewer, 2017; Thomson et al., 2017). Nursing faculty should be trained in mentorship and coaching to improve their effectiveness (Jack et al., 2017; Thomson et al., 2017).

One of the nurse educators' responsibilities is to create a positive learning environment. A positive learning environment can reduce stress, boost confidence levels, and support academic success (Froneman et al., 2016; Rees et al., 2016; Umubyey et al., 2021). When students are in a safe and positive environment, learning is enhanced (Froneman et al., 2016). However, some nurse educators reported feeling disrespected and underappreciated, which is detrimental to the learning environment (Umubyey et al., 2021). If the NE-NS rapport is not established as positive, the learning environment can falter (Mooring, 2016).

The NE-NS relationship is instrumental in facilitating student resiliency; however, there is a lack of knowledge on how the NE-NS relationship can strengthen resiliency (Lekan et al., 2018). There is a crucial need to uncover how to help nursing students strengthen resiliency. Jenkins and Germaine (2018) suggested that if nursing students do not strengthen resiliency in school, it can contribute to burnout and students leaving nursing academia. A decrease in resiliency in nursing school is problematic for students' educational and professional careers. Professional nurses who did not strengthen their resiliency levels while in nursing school tended to experience more stress and burnout as professional nurses (Amsrud et al., 2019).

There is a significant gap in the literature on understanding student resiliency and the NE-NS relationship; therefore, it should be investigated (Lekan et al., 2018). Sanderson and Brewer (2017) stated that information on resiliency enhancement is limited. There is an imperative exigence to understand the nursing students' experience of strengthening resiliency through NE-NS relationships. Bandura's (1986, 1989, 2006, 2018) collective agency can highlight unidentified areas of strengthening resiliency through the NE-NS relationship.

### **Critique of Previous Research Methods**

Multiple research methodologies are utilized to investigate a phenomenon, and the most common methods are quantitative and qualitative. Quantitative and qualitative research offer different yet equally important aspects to research (Merriam & Tisdell, 2016). Qualitative research seeks to understand how the participants view their experiences, what lessons are gained, and the value of their experiences with the phenomenon (Hammarberg et al., 2016; Merriam & Tisdell, 2016). Quantitative research utilizes scientific methods to find the relationship between two or more variables with the phenomenon (Edmonds & Kennedy, 2017).

The literature review provided quantitative and qualitative studies on nursing student resiliency.

### **Quantitative Research Critique**

Quantitative research uses numerical data to identify causation and measure statistical relationships between two or more variables (Edmonds & Kennedy, 2017; Hackett, 2018).

Quantitative methods are commonly seen as accurate and valuable due to the scientific, computational, and mathematical techniques (Edmonds & Kennedy, 2017; Hackett, 2018). Data collection is structured without offering much flexibility and is often completed by conducting online and paper surveys, telephone, and face-to-face interviews, online polls, and observational studies (Hackett, 2018). Quantitative data collection allows for a large population sample and provides a broader viewpoint (Hackett, 2018). There were quantitative studies that measured multiple variables relating to nursing student resiliency and provided valuable results linking high levels of stress to having low levels of resiliency (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; McDermont et al., 2020; Lekan et al., 2018; Rios-Risquez et al., 2018; Sharifiard et al., 2020).

There are strengths to quantitative research. Data were collected using online surveys and online questionnaire forms (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; Lekan et al., 2018; McDermont et al., 2020). The internet allows easy access to a large, diverse population, which increases generalizability. Probability sampling techniques were utilized with size samples that ranged from 187 to over 1,000 participants (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; McDermont et al., 2020), which provided a wide-ranging viewpoint with a targeted population, and increased statistical power (Hackett, 2018).

Validity, reliability, trustworthiness, and rigor were established by the utilization of published and validated tools of measurement such as the Brief Resilience Scale (McDermont et al., 2020), Interpersonal Reactivity Index (Kim, 2019), Connor-Davidson Resilience Scale (Lekan et al., 2018; Rios-Risquez et al., 2018), Maslach Burnout Scale (Rios-Risquez et al., 2018; Sharifiard et al., 2020), Zajacova's Educational Stress Questionnaire (Sharifiard et al., 2020), and Assessment of Stress in Nursing Students (Costa et al., 2018). Using measurement tools for data collection and analysis provides visibility of numerical statistical results, highlights existing relationships between variables, and increases credibility (Edmonds & Kennedy, 2017; Hackett, 2018). The knowledge gained from the relationships between the variables is practical and has scientific meaning, bringing awareness to the topic of interest (Edmonds & Kennedy, 2017).

There are limitations to quantitative research. While surveys and questionnaires gain quantities of participants' input, they lack flexibility and depth (Edmonds & Kennedy, 2017). Even though online surveys may generate many participants, surveys may not be returned or completed. Chamberlain et al. (2016) sent out 240 surveys, and only 20% of the participants who returned completed the online surveys, which drastically reduced generalizability.

Lekan et al. (2018) utilized a convenience sample of 27 willing participants. Lekan et al. (2018) postulated a significant relationship between nursing students' stress and resiliency levels. Convenience sampling is a sample population based on location, time, money, and ease (Merriam & Tisdell, 2016). While some convenience samplings are intermixed with purposive sampling, having an entire sample be convenience would be deemed not credible, reliable, or trustworthy (Merriam & Tisdell, 2016). A convenience sample may produce a lack of rich

information or misrepresentation of the truth (Merriam & Tisdell, 2016). Jager et al. (2017) stated that when a convenience sample is the only choice, the researcher should choose homogenous convenience sampling. Homogenous convenience sampling (HCS) uses convenient sampling to target one sociodemographic or socio-cultural group within a targeted population (Jager et al., 2017). HCS would have given this study a narrow lens, making it easier to replicate, increasing transferability and generalizability (Jager et al., 2017).

The quantitative articles discussed in the literature review used a variety of appropriate research designs. Each study's purpose aligned with the methodology chosen. Random sampling was appropriate and commonly used (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; McDermont et al., 2020). The research studies discussed in the literature review indicated the alignment of the purpose, aim, research questions, hypothesis, and theoretical frameworks (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; Lekan et al., 2018; McDermont et al., 2020). The studies resulted in significant relationships noted between various stressors, nursing students, and stressors that increase or decrease resiliency levels (Chamberlain et al., 2016; Costa et al., 2018; Kim, 2019; Lekan et al., 2018; McDermont et al., 2020); but there was a lack of solutions on how to strengthen student resiliency.

### **Qualitative Research Critique**

Qualitative research focuses on uncovering the participants' experiences with a phenomenon (Merriam & Tisdell, 2016; Yin, 2016). The qualitative approach seeks to understand how the participants view their experiences, what lessons are gained, and the value of their experiences (Hammarberg et al., 2016; Merriam & Tisdell, 2016). Qualitative research requires the researcher to be the primary instrument for data collection, interpretation, and

analysis (Merriam & Tisdell, 2016). Participants are allowed to have a strong voice that unfolds deep, rich subjective data (Akinyode & Khan, 2018). Rich data produce valuable information about the participants' experiences that cannot be captured in a quantitative study or statistical data (Akinyode & Khan, 2018; Merriam & Tisdell, 2016). Only one qualitative research study related to nursing student resiliency provided exposure to the need for a qualitative study on the gap in nursing student-nurse educator relationships and strengthening resiliency (Froneman et al., 2016). One qualitative study displayed the importance of the nurse educator-nursing student relationship (Chan et al., 2018).

There are strengths to qualitative research. Qualitative use smaller sample sizes, typically producing rich, thick data (Merriam & Tisdell, 2016). Froneman et al.'s (2016) sample size was 40 participants, and Chan et al. (2018) sample size was 124. While qualitative research typically has small sample sizes, researchers must continue until data saturation has been reached (Merriam & Tisdell, 2016). Data collection was completed through face-to-face small group interviews (Froneman et al., 2016) and personal essay forms requiring 200 words or less (Chan et al., 2018). Qualitative research utilizes in-depth interviews with the participants to gain thick data (Råheim et al., 2016; Shaw, 2019).

A method of increasing credibility is triangulation. Triangulation utilizes multiple techniques to result in one conclusion (Heesen et al., 2019). Data analysis is open to interpretation, and researchers can interpret data in their favor; therefore, some researchers question the credibility and trustworthiness of the results (Heesen et al., 2019). Implementing multiple strategies to conclude one result often amplifies the credibility and trustworthiness of the study (Heesen et al., 2019; Santos et al., 2020). Froneman et al. (2016) integrated the

interpretation of results by including all researchers involved, Creswell's analysis steps, member checking, and the use of a co-analyst, which established credibility through triangulation. Chan et al. (2018) established credibility with triangulation by implementing axial coding and presenting the coding process (Chan et al., 2018).

To increase dependability, the researcher should be concise, specific, and transparent when reporting the data collection and analysis process (Korstjens & Moser, 2018; Merriam & Tisdell, 2016). Froneman et al. (2016) and Chan et al. (2018) described the data collection in-depth. Both studies were transparent in the coding process of data analysis (Chan et al., 2018; Froneman et al., 2016).

There are limitations to qualitative research. Due to the nature of qualitative research, various ethical dilemmas can evolve (Cleland, 2017; Ngozwana, 2018). The researcher is the primary instrument of data collection and analysis; therefore, many ethical issues may arise (Cleland, 2017). In both studies, Froneman et al. (2016) and Chan et al. (2018), the researchers were the primary data collection and analysis instrument. The researcher must be competent, professional, and uphold ethical standards (Dubois et al., 2016). The role of the researcher with the participants is highly debated for credibility and trustworthiness (Råheim et al., 2016).

Data collection was collected at a local café, using multiple researchers who sat at tables with groups of seven participants for 15 minutes (Froneman et al., 2016). While group interviews are sufficient in collecting data, 15 minutes for all 7 participants may not produce rich, thick data and could result in biased answers, which would reduce the credibility and trustworthiness of the data (Merriam & Tisdell, 2016). Chan et al.'s (2018) data collection was a personal essay form requiring 200 words or less and asked for metaphors on the nurse educator-nursing student

relationship. While this form of data collection applies to this study, phone, online, or face-to-face interviews have higher results in attaining rich data (Merriam & Tisdell, 2016).

The qualitative articles discussed in the literature review used appropriate research designs. Each study's purpose aligned with the methodology chosen. A non-probability purposive sampling method was the most suitable for both studies (Chan et al., 2018; Froneman et al., 2016). Non-probability is utilized in qualitative studies to discover what occurred and the relationships with the phenomenon (Merriam & Tisdell, 2016). Purposive sampling is used to discover, explore, and understand the participants' experiences (Merriam & Tisdell, 2016). To gain information-rich data, the researcher must choose the sample from which the most can be learned based on the participants' experience with the phenomenon (Merriam & Tisdell, 2016). The research studies discussed in the literature review indicated the alignment of the purpose, aim, research questions, hypothesis, and theoretical frameworks (Chan et al., 2018; Froneman et al., 2016). Froneman et al. (2016) concluded that the nurse educator-nursing student relationship is imperative to academic success and listed qualities nurse educators should have to build strong relationships with students. Chan et al. (2018) implied that the nurse educator-nursing student relationship is powerful, dynamic, helpful, and influential (Chan et al., 2018).

### **Summary**

The literature review provided substantial support for the imperative need to strengthen nursing student resiliency; however, there were contradictory stances on the methods. The low levels of resiliency in nursing students attending nursing programs result in higher burnout rates, drop-out rates, and program attrition rates (Bakker et al., 2018; Doggrell & Schaffer, 2016; Dube & Mlotshwa, 2018; Mooring, 2016; Park & Ko, 2020; Roos et al., 2016; Schmitt & Schiffman,

2019; Slatyer et al., 2016; Van Hoek et al., 2019). Great strides have been studied and implemented in mentoring, coaching, and various learning techniques; however, low student resiliency still exists (Kitutu et al., 2016; Sanderson & Brewer, 2017). Multiple methods help create positive learning environments to increase student resiliency; however, the problem still exists (Abiola et al., 2017; Chamberlain et al., 2016; Costa et al., 2018; Foreman et al., 2016). Motivation, self-esteem, and confidence, along with the workload and rigor of nursing school, contribute to resiliency levels (Costa et al., 2018; Lekan et al., 2018; Slatyer et al., 2016; Thomas & Revell, 2016).

The research literature also indicated that the NE-NS relationship is instrumental in facilitating student resiliency; however, there is a lack of knowledge on how the NE-NS relationship can strengthen resiliency (Lekan et al., 2018). There is a crucial need to uncover how to help nursing students strengthen resiliency. Jenkins and Germaine (2018) alluded that if nursing students do not strengthen resiliency in school, it can contribute to burnout and cause students to leave nursing academia. Low student resiliency levels in nursing school are problematic for students' educational and professional careers. Nurses who did not strengthen their resiliency levels while in nursing school tended to experience more stress and burnout (Amsrud et al., 2019).

There was a significant gap in the literature on understanding student resiliency and the NE-NS relationship (Lekan et al., 2018). Sanderson and Brewer (2017) stated that information on resiliency enhancement is limited. This dissertation research study stemmed from the imperative need to understand the nursing students' experience of strengthening resiliency through NE-NS relationships. Bandura's (1986, 1989, 2001, 2018) SCT highlighted the unknown

areas of strengthening resiliency through the NE-NS relationship, successfully fulfilling the literature gap.

## **CHAPTER 3. METHODOLOGY**

This chapter deliberates the basic qualitative methodology utilized as a guide to answer the research question. Chapter 3 repeats some of Chapter 1; however, it reveals more substantial detail. Chapter 3 identifies the purpose of the research, which focused on how relationships between nurse educators and baccalaureate nursing students can strengthen resiliency. This chapter concentrates on the data required to answer the research question. The target population and sample are identified with specific detail of the participant selection and the protection process implemented in the study. The guiding interview questions, data collection, and data analysis procedure with instruments utilized are denoted. This chapter elucidates the researcher's role and highlights the ethical standards considered.

### **Purpose of the Study**

The central purpose of this basic qualitative study was to discover how the NE-NS relationship can strengthen student resiliency. Gaining an understanding of how student resiliency is strengthened will aid nurse educators in integrating the information into their practice (Lekan et al., 2018; Reyes et al., 2015). Nursing students' perception of how the NE-NS relationship can strengthen resiliency benefits all stakeholders.

As previously stated in Chapter 1, some students struggle with the daily stressors of life, and combined with the high demands of nursing programs, resiliency is decreased (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Fowler et al., 2020; Froneman et al., 2016; Lekan et al., 2018; Low et al., 2019; Lu et al., 2019; Nebhinani et al., 2020; Thomas & Revell, 2016). Globally, an average of 80 % of nursing students experience high-stress levels (Masilamani et

al., 2019; Nebhinani et al., 2020). High-stress levels lead to higher dropout, failure, and attrition rates.

Academic failure, poor performance, and stress are identified as key barriers that lead to high attrition rates (Bakker et al., 2018; Chan et al., 2019; Roos et al., 2016). Nursing students who have diminutive resiliency levels are inept at managing stressful situations and have difficulty adapting to the challenges needed to be successful in nursing school (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Froneman et al., 2016; Lekan et al., 2018; Lu et al., 2019; Nebhinani et al., 2020; Thomas & Revell, 2016; Spurr et al., 2021). There is an imperative need to understand how to strengthen student resiliency and decrease attrition rates (Bakker et al., 2018; Chan et al., 2019; Froneman et al., 2016; Lekan et al., 2018; Roos et al., 2016).

Research trends are in the infant stage of uncovering the multilayered issues of resiliency; however, literature has shown that low levels of resiliency contribute to dropout rates, failure rates, and attrition rates (Amsrud et al., 2019; Bakker et al., 2018; Bakker et al., 2019; Fowler et al., 2020; Kim, 2019; Mooring, 2016; Ríos-Risquez et al., 2018; Roos et al., 2016; Slatyer et al., 2016; Watson et al., 2019). Chan et al. (2018) announced that an alarming amount of undergraduate nursing students are leaving their programs before completion; therefore, the wider community represents undergraduate nursing students. Senior-level baccalaureate nursing students have two to three years of coping with nursing school stress, have better coping mechanisms, and have higher resiliency levels than first-year nursing students (Chow et al., 2018). Therefore, it was essential to investigate senior-level baccalaureate nursing students' experiences with strengthening resiliency through NE-NS relationships.

As previously discussed in Chapter 1, the information gained from studying the students' experiences with strengthening resiliency through NE-NS relationships will advance the scientific knowledge base. Nursing students' experiences provide a framework that nurse educators can implement into their daily practice (Froneman et al., 2016; Lekan et al., 2018). Nurse educators can utilize the information by creating a NE-NS relationship that strengthens student resiliency (Froneman et al., 2016; Lekan et al., 2018). Nursing students can use the information to understand the importance of the NE-NS relationship and resiliency. Nurse educators and nursing students can gain a deeper appreciation for the importance of resiliency and the NE-NS relationship (Froneman et al., 2016; Lekan et al., 2018).

### **Research Question**

This basic qualitative study explored how senior-level baccalaureate nursing students strengthen resiliency through the NE-NS relationship. Senior-level nursing students attending a four-year nursing program have experience coping with personal, professional, and educational stressors. According to Chow et al. (2018), senior-level baccalaureate nursing students have higher resiliency levels than freshman to junior nursing students. Senior-level nursing students have completed two to three years of nursing school and learned methods to cope with the stressors; therefore, senior-level students will offer valuable insights regarding how the NE-NS relationship can strengthen resiliency (Chow et al., 2018).

### **Research Design**

As previously discussed in Chapter 1, the basic qualitative design aims to understand the participants' experiences with the phenomenon (Hammarberg et al., 2016; Kahlke, 2018). This design allowed the researcher to interview nursing students and explore their experiences with

strengthening resiliency through NE-NS relationships. An interpretive philosophy places importance on uncovering the participants' truth, resulting in rich data (Yin, 2016). The researcher incorporated an interpretive philosophy to discover multiple experiences of nursing students' feelings about their resiliency and the NE-NS relationship. These various realities identified the complex layers of strengthening human resiliency.

Basic qualitative design is underpinned by a constructivist paradigm (Merriam & Tisdell, 2016). A constructivist, interpretive approach discovered the participants' various experiences, attitudes, and beliefs about how nurse educators can help strengthen resiliency (Aspers & Corte, 2019; Mohajan, 2018, 2020; Tomaszewski et al., 2020). During data analysis, the researcher discovered the importance of the NE-NS relationship and strategies to strengthen student resiliency. A student's perspective is often overlooked; therefore, these findings added knowledge of what the students feel, think, and want from nurse educators regarding resiliency. Through the basic qualitative design with a constructivist, interpretive approach, and a suitable sample population, the researcher was able to answer the research question.

### **Target Population and Sample**

The population includes all the members of a specific group identified as beneficial for this basic qualitative study (Merriam & Tisdell, 2016; Saunders et al., 2018). The sample is a population subset that contributes to the study's feasibility. Previous research studies on the topic aided in finding the correct population for this study (Merriam & Tisdell, 2016). Merriam and Tisdell (2016) declared that selecting the correct sample is crucial to answering the research question.

## **Population**

The characteristics of the larger population represent nursing students currently enrolled in baccalaureate nursing programs in every country. Nursing students who experience school stressors and interactions with nurse educators would be valuable to this qualitative study. Nursing students experience stress which leads to higher attrition rates; therefore, this population was imperative to gain the answer to the research question (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Chaabane et al., 2021; Froneman et al., 2016; Lekan et al., 2018; Fruh et al., 2021; Marchena & Bernabéu Elena, 2020; Olvera Alvarez et al., 2019).

## **Sample**

A non-probability, purposive sampling method was applied in this basic qualitative study. Non-probability purposive sampling is utilized in qualitative studies to discover and explore what occurred and the relationships with the phenomenon through the participants' experiences (Merriam & Tisdell, 2016). The chosen sample allowed the most valuable, rich data to be gained from the participant's experience with the phenomenon (Merriam & Tisdell, 2016).

The specific sample that was chosen reflects the key features of the larger population. The targeted sample was senior-level baccalaureate nursing students who have at least two-three years of coping with the stressors of nursing school and strengthening resiliency. This basic qualitative study sought to discover and gain insight into the senior-level baccalaureate nursing students' experiences with strengthening resiliency through NE-NS relationships; therefore, purposive sampling was the best choice (Merriam & Tisdell, 2016).

A qualitative methodology uses a smaller group to gain rich data on the phenomenon (Hammarberg et al., 2016). The sample size is large enough when data saturation and

redundancy have been reached (Merriam & Tisdell, 2016). The quality of the research is enhanced with data saturation (Saunders et al., 2018). Individual, private interviews were conducted to gain rich, thick data. Data saturation occurred when the main concepts were repeated, no new concepts or codes emerged, and the research question was thoroughly answered (Merriam, 2009; Merriam & Tisdell, 2016; Saunders et al., 2018).

A qualitative methodology uses a smaller group to gain rich data on the phenomenon (Hammarberg et al., 2016). There is no method to predict when data saturation will be reached; therefore, there is not a set number of required participants (Hammarberg et al., 2016; Merriam & Tisdell, 2016; Saunders et al., 2018). A thorough literature search was conducted using Capella University's e-library and resulted in multiple qualitative research articles on nursing students, revealing the sample size ranged from 3 to 10 participants (Clohessy et al., 2019; Ha & Pepin, 2017; Nyhan & Howlin, 2021; Rakime et al., 2019; Vestphal et al., 2020). All articles revealed that data saturation was met between 3-8 individual interviews (Clohessy et al., 2019; Ha & Pepin, 2017; Nyhan & Howlin, 2021; Rakime et al., 2019; Vestphal et al., 2020). A sample size of 3-8 is appropriate, includes enough participants to ensure data saturation will be reached, and the research question answered for this basic qualitative study.

The inclusion criteria required the participants to be enrolled in any senior-level course and currently have a part-time or full-time enrollment status. The population demographic information included every race, ethnicity, gender, sexual orientation, and financial status. The nursing students will validate that they have stress during school and experienced positive and negative relationships with nursing professors. Participant exclusion included anyone under 18 years old and not fluent in reading and speaking English.

## **Procedures**

This section includes the procedures for the participant selection, organizing the sample, and the recruitment process. The protection of the participants, an expert review, and the list of guiding interview questions that were utilized are discussed. A step-by-step process is explained for the data collection and analysis performed. Lastly, the instruments used, the role of the researcher, and ethical considerations are thoroughly addressed.

### **Participant Selection**

A non-probability, purposive sampling method was applied in this basic qualitative study. In qualitative studies, a non-probability, purposive sampling is utilized to uncover the participants' experiences with the phenomenon (Merriam & Tisdell, 2016). Most nursing students who attended a baccalaureate nursing program experienced stress, coping issues, and interactions with nurse educators (Chow et al., 2018; Costa et al., 2018; Losa-Iglesias et al., 2019; Slatyer et al., 2016). Senior-level nursing students tend to have better coping mechanisms and higher resiliency levels than first-year nursing students (Chow et al., 2018). Therefore, senior-level nursing students allowed the most valuable, rich data to be gained by exploring their years of experience with resiliency and NE-NS relationships while attending a baccalaureate nursing program.

### ***Organizing the Sample***

Initially, the larger population was contacted by posting the institutional review board (IRB) approved recruitment flyer on multiple public Facebook pages. Strict adherence to site de-identification was upheld to reduce the likelihood of participant identification. The combined IRB-approved Facebook pages host over 40,000 nursing students globally. Participants were

interviewed from various nursing programs worldwide, which brought forth a well-rounded study. The recruitment flyers were posted 3 times a week for 3 months. The recruitment flyer displayed information on the study, participant requirements, and the researcher's contact information.

The researcher responded to emails from all potential participants within 24 hours, thanking them for their interest, and emailed an attachment of the IRB-approved inclusion questionnaire form. The questionnaire form is a set of closed-ended questions based on the inclusion eligibility requirements. The questionnaire form included confirmation of (a) senior-level nursing student, (b) currently enrolled in a baccalaureate nursing program, (c) enrollment status of part-time or full time, (d) 18 years of age or older, (e) experienced stress in nursing school, (f) has experience coping with the stressors of nursing school, (g) has had positive interactions with nurse educators, (h) has had negative interactions with nurse educators, and (i) is fluent in the English language. The potential participants who answered yes to all the criteria were classified as eligible. The potential participants who answered no to any criteria were classified as not eligible.

The potential participants were asked to fill out the questionnaire form and email it back to the researcher. All questionnaire forms were downloaded, assessed, and categorized into eligible and not eligible. The participants who did not meet eligibility were emailed, thanked for their interest, and informed that they did not meet the eligibility requirements. The participants who met eligibility were thanked for their interest, informed that they met the participation requirements, and emailed the consent form. The participants were instructed to read the consent form and contact the researcher with any questions or concerns. All communication, including

completed forms and emails, was printed, the de-identification process was implemented, and items were placed in a locked cabinet in an undisclosed area.

The steps of the recruitment process that were completed are as follows:

1. Institutional Review Board (IRB) application was submitted and gained full approval.
2. Upon IRB's full approval, the IRB-approved recruitment forms were posted on the IRB-approved Facebook pages three times a week for three months.
3. Potential participants who emailed the researcher interested in this study were emailed the IRB-approved inclusion questionnaire form. The questionnaire form included a space for their name and contact information.
4. All inclusion questionnaire forms were carefully assessed for eligibility and categorized as eligible and not eligible.
5. All potential participants who were not eligible were emailed, thanked for their interest, and informed that they did not meet the requirements for this study.
6. The eligible potential participants were emailed, thanked for their interest, informed they met the requirements, sent the IRB-approved consent form in an attachment for review, and asked to email with any questions or concerns. The consent form included the researcher's contact information, overview of the study, inclusion criteria, risks, time frame of participation, personal information gathered, the process, costs, removal of participation, and privacy and confidentiality guidelines that will be followed.

7. The researcher set up times for email and phone conversations with each potential participant. The conversation included answering questions about this basic qualitative study, the process, questions, and concerns regarding the consent form.
8. The participants emailed the researcher with specific days and times they were available for the individual zoom interview.
9. The researcher emailed each participant with confirmation of the date, time, and zoom link for the interview.
10. The willing participants were emailed the IRB-approved interview questions to review before the interview appointment 24-48 hours before the zoom appointment.
11. The potential participants initialed, dated, and signed the consent forms were sent as an attachment in an email to the researcher before the zoom appointment.
12. All corresponding emails and completed forms were printed and secured in a locked, undisclosed location known only to the researcher.

### **Protection of Participants**

An IRB full approval was obtained from Capella University prior to conducting any recruitment activities or interactions with any potential participant. The IRB-approved consent form was emailed to each willing, eligible participant. Each eligible participant was provided the opportunity to ask questions and address all concerns regarding the consent form and the participant process (Merriam & Tisdell, 2016). After the researcher corresponded with each potential participant and answered all questions regarding the consent form, the potential participants were instructed to initial, date, sign, and email it back to the researcher. The researcher printed the consent forms, implemented a de-identification process for every form,

deleted the email, and put all documents in a locked, undisclosed cabinet. Only the researcher is cognizant of the location of the cabinet and the key (Merriam & Tisdell, 2016).

The framework of the *Belmont Report* was implemented to maintain the participant's rights and reduce harm during this basic qualitative study (Miracle, 2016). Participation was a voluntary process, and the participants were advised of their rights, ability not to answer any questions, and the right to stop participating without repercussions (Merriam & Tisdell, 2016; Miracle, 2016). Anonymity was upheld via meticulous adherence to participant de-identification throughout the research process.

To ensure credibility and transferability, the researcher recruited and interviewed participants that were unknown personally or professionally (Dubois et al., 2016; Jager et al., 2017). Participants with a personal or professional relationship with the researcher can result in false information and risk the credibility and transferability of the study (Jager et al., 2017). The participants were not recruited from any current academic institution where the researcher is employed. Therefore, the researcher was not in a position where power dynamics were a concern (Dubois et al., 2016; Merriam & Tisdell, 2016; Shaw, 2019).

### **Expert Review**

A field test by three experts reviewed the guiding interview questions before conducting the interviews. The three experts were nurse educators who currently work in an academic setting and have over 50 years of teaching in baccalaureate nursing programs. Two expert nurse educators had 30 years of teaching experience in a baccalaureate nursing program. The two nurse educators hold Master of Science in Nursing Education degrees. The other nurse educator holds a PhD in Nursing Education and has over 20 years of teaching experience.

The experts' feedback was encouraging and supportive of the guiding interview questions. One of the experts identified two typographical errors and suggested minor corrections. Two experts identified the need to define resiliency or change the wording for clarification for the participants. After reviewing the guiding interview question and deliberating on the word choice, the decision was to remove the word resiliency to avoid confusion. Merriam and Tisdell (2016) recommended using common, everyday terminology to avoid confusion and misinterpretation. The expert reviewers approved all the guiding interview questions once the recommendations were applied.

### **Data Collection**

Data collection began with reviewing all potential participants' consent forms to ensure it was initialed, dated, and signed. The consent forms were placed into a locked cabinet in an undisclosed area to ensure privacy and confidentiality were not violated. The participants emailed specific times and dates they were available for the Zoom interview. The researcher confirmed a time and date and emailed the Zoom link. The interview questions were emailed to the participants 24-48 hours prior to the Zoom appointment.

Each participant accessed Zoom using the link and password that the researcher emailed via private laptops. The researcher introduced self, the process, and reviewed the consent form with each participant. Each participant was given ample time to address all questions and concerns regarding the consent form, participation rights, privacy and confidentiality, and the interview process (Guthrie, 2010; Merriam & Tisdell, 2016). Once all questions and concerns were thoroughly addressed, verbal permission was granted by the participant to proceed and

record the interview. The researcher recorded each interview with a hand-held tape player and uploaded the recording to a private, secured qualitative coding software using a USB cord.

The online interviews were synchronized in real-time using the computer webcam and audio features to produce a face-to-face feeling. Online interviews allowed the researcher to interview participants from various geographical areas that would not be possible otherwise (Merriam & Tisdell, 2016). The individual interviews were conducted on neutral grounds via Zoom with each participant, which reduced the risk of violating the credibility of this basic qualitative study (Dubois et al., 2016). The environment was a quiet, private room, free of people, animals, and distractions (Guthrie, 2010; Merriam & Tisdell, 2016).

Semi-structured, open-ended questions were utilized during the interview process. The researcher started with easy, light questions that made the participants feel comfortable sharing their experiences (Merriam & Tisdell, 2016). The expert-approved, semi-structured guiding interview questions provided flexibility and the ability to ask follow-up questions when applicable (Creswell, 1998; Merriam & Tisdell, 2016). The prolonged interview time frame ranged from 20 to 32 minutes in length. The time frame varied depending on the participants' experiences of positive and negative interactions with nurse educators. The researcher remained cognizant of the participants' time and stamina, making sure the participants were not tired or bored during the interview process (Merriam & Tisdell, 2016). The researcher remained neutral, non-judgmental, and sensitive to the participants' experiences. The researcher did not comment, give a personal or professional opinion, use facial cues, or lead the participants to answer differently (Creswell, 1998).

At the end of the interview, the researcher stopped the recording and thanked the participant. Each participant was offered a read-back transcription of their interview to ensure their experiences were interpreted correctly (Guthrie, 2010; Merriam & Tisdell, 2016). The researcher noted to email the transcription for review to each participant who wanted to do a read-back. The researcher emailed each participant within 24 hours after the interview, thanking them for their participation and valuable contribution to this basic qualitative study. Interviews were conducted until no new concepts emerged and data saturation was reached.

Safeguards were implemented during the entire process to ensure the participants' privacy and confidentiality were upheld. The participants were asked to refrain from stating names, educational institutions, location, and personal identifiers. If identifiers were mentioned, the researcher removed this information in the transcription. The researcher employed a de-identifying process on all printed email correspondence, forms, electronic documents, and recorded audiotapes, which will be stored in a locked file cabinet in an undisclosed location for seven years, then will be shredded and disposed of appropriately (Merriam & Tisdell, 2016).

### **Data Analysis**

Primary data were obtained from the individual participant interviews. The interviews used semi-structured, open-ended questions, yielding thick, rich data (Merriam & Tisdell, 2016). The primary data consisted of direct quotes from the participants' experiences, opinions, and feelings on student resiliency and NE-NS relationships (Merriam & Tisdell, 2016).

Each participant was interviewed individually via Zoom and recorded on a hand-held tape recorder. The researcher uploaded each interview to the password-protected, computer-assisted qualitative data analysis software (CAQDAS), MAXQDA version 2020. All identifiers

were discarded, and an alphanumeric coding process (P1-P7) was implemented to avoid a breach of privacy and confidentiality (Merriam & Tisdell, 2016). The researcher judiciously listened to each recording and transcribed each interview verbatim using MAXQDA 2020. Each transcription was double-checked for errors by listening to the audio-recorded interviews. Member checking is a type of triangulation that increases the credibility and trustworthiness of this basic qualitative research study (Heesen et al., 2019; Korstjens & Moser, 2018; Merriam & Tisdell, 2016; Percy et al., 2015; Santos et al., 2020). The researcher implemented member checking by emailing a copy of the transcription in a Microsoft Word document to the corresponding participant for the opportunity to approve, clarify misinterpretations, and make modifications. All participants approved the transcriptions and denied the need for revision. Master copies of all transcription will be kept in a secured, locked cabinet in an undisclosed location for seven years.

The thematic coding process began after member checking was complete. Thematic coding with constant comparison was applied throughout data collection and analysis. Each interview was transcribed, analyzed as it was collected, and compared to the analyzed data (Percy et al., 2015). This process identified patterns and themes of current data and recently coded data (Percy et al., 2015).

The intuitive generation of the coding process began with assessing the transcription and highlighting sentences, phrases, and words that appeared meaningful (Percy et al., 2015). The highlighted data was evaluated and compared to the research question. All highlighted data related to the research question was kept, and the other data was stored in a file for later reevaluation (Percy et al., 2015). The clusters of highlighted data were divided into similar

repeating words and phrases (Bryant & Charmaz, 2019). The highlighted words and phrases created simplistic codes (Bryant & Charmaz, 2019; Percy et al., 2015; Nowell et al., 2017). The simplistic, repeating codes merged into different categories (Bryant & Charmaz, 2019; Nowell et al., 2017). Each category is a collection of similar words, phrases, and metaphors repeated in the interview data (Bryant & Charmaz, 2019; Nowell et al., 2017).

Next, the researcher identified words and phrases with relationships, similarities, and differences between the categories (Bryant & Charmaz, 2019). The researcher read, reread, and interpreted the categories to ensure accuracy (Bryant & Charmaz, 2019; Nowell et al., 2017). The categories were given names to organize the information. The name reflected the repeating concepts, parts of the research question, and information from the research literature (Bryant & Charmaz, 2019). Once the categories were completed, the researcher reread the categories and the questions, interpretively analyzing the meaning (Bryant & Charmaz, 2019; Nowell et al., 2017). The researcher interpreted the meaning and connected the meaning to a relationship between a concept seen in the research questions and the theory used (Bryant & Charmaz, 2019; Nowell et al., 2017). The meaning became a theme (Bryant & Charmaz, 2019; Nowell et al., 2017; Percy et al., 2015).

The data were transcribed and analyzed using a thematic process after every interview. The new highlighted data were added to the cluster groups and aided in identifying categories (Percy et al., 2015). Patterns shifted during this process; therefore, careful assessment and reevaluation of the data patterns and themes were imperative to accurately interpret the data (Percy et al., 2015).

Lastly, the researcher defined the theme names and produced a solid, detailed report (Nowell et al., 2017). An essential part of the data analysis process is when triangulation occurs. Reassessment and triangulation were implemented to confirm the themes were accurate and reliable (Nowell et al., 2017). The themes were identified and linked to the theory, literature, and research question (Bryant & Charmaz, 2019; Nowell et al., 2017). Although thematic coding is complex and time-consuming, it is standard practice for basic qualitative research.

### **Instruments**

In qualitative research, conducting interviews is the most common method of data collection (Merriam & Tisdell, 2016). Interviews are done when participants' feelings, behaviors, intentions, and experiences of a phenomenon are not observable (Merriam & Tisdell, 2016). The researcher was the primary data collection and analysis instrument in this basic qualitative study. The role of the researcher is defined, exploration of the researcher's biases is highlighted, and the guiding interview questions are listed.

### **The Role of the Researcher**

The researcher conducted online interviews that were synchronized in real-time using a computer webcam, audio features, and Zoom, which produced a face-to-face feeling. The researcher utilized semi-structured interview questions to gain rich, thick data. As a nurse educator, the researcher has 17 years of interviewing patients and families, 5 years of interviewing prospective adult learners for academic placement into nursing programs, and ten years of asking adult learners about preferred learning methods. The doctoral program enriched the researcher's knowledge and skillset in research protocols, data collection, and the analysis process. The researcher passed a doctoral-level qualitative research course with high remarks and

conducted a miniature, course-long, qualitative study. The small, course-long, qualitative study concentrated on a thorough literature review, writing interview questions, interviewing participants, and conducting an open-coding data analysis. Prior to the dissertation phase, the Collaborative Institutional Training Initiative (CITI) certification was completed, which enhanced the researcher's knowledge of the rights and protection of human subjects.

Due to the holistic and interpretative nature of qualitative research, there is potential for biases (Gough, 2017; Johnson et al., 2020). Reflexivity is the researcher's deliberate and conscious effort to take responsibility to eliminate biases and reduce potential errors (Dodgson, 2019). The researcher reduced biases through ethical reflexivity. Ethical reflexivity was utilized by implementing continuous self-reflection during the research process, data collection, data analysis, and data interpretation (Roth & Von Unger, 2018). The researcher identified and reflected upon the three aspects of reflexivity, which were personal, professional, and disciplinary (Gough, 2017; Johnson et al., 2020; Shaw, 2019).

Personal reflexivity refers to the researcher's motivations, expectations, beliefs, and knowledge based on the topic (Gough, 2017; Johnson et al., 2020). As a nurse educator with years of teaching experience, there was motivation to help nursing students cope with stressors. The researcher has previous knowledge and higher academia work experience identifying preexisting issues with the selected topic.

Sharing thoughts, assumptions, preconceived notions, and issues that arose with the dissertation mentor helped reduce overinvolvement, errors, and biases during the research process (Roth & Von Unger, 2018; Ngozwana, 2018). Valuable self-reflection journaling was utilized to identify and bring awareness of biases throughout the research study (Roth & Von

Unger, 2018). The researcher's personal feelings, expectations, beliefs, and motivation on nursing student stress and roles of the NE-NS relationship were journaled to reduce the possibility of skewed data interpretation. The researcher journaled the similarities and differences of shared experiences with the participants to minimize influence and biases (Dodgson, 2019). A researcher who does not implement these self-reflective practices leaves much debate about the credibility of the research (Roth & Von Unger, 2018).

Professional reflexivity refers to the “perceptions of participants, interpersonal dynamics, communication styles” (Gough, 2017, p. 2). The researcher identified communication styles and preconceived notions before and during the interview process. If the researcher does not remain neutral, then the participants may not feel comfortable or safe sharing their experiences (Merriam & Tisdell, 2016). The researcher remained neutral and did not lead or be dismissive of the participants (Dubois et al., 2016; Gough, 2017). The researcher did not argue, debate, or let personal beliefs be known to the participants (Merriam & Tisdell, 2016).

Strategies should be implemented to reduce the risk of biased interview questions (Dodgson, 2019; Dubois et al., 2016). Seeking guidance and review of the interview questions eliminates the risk of using leading questions (Dodgson, 2019; Dubois et al., 2016). The guiding interview questions were reviewed and approved by 3 experts, which aided in reducing leading questions. The researcher was aware of and understood the power dynamics between the nurse educator and nursing students. The participants were not known personally or professionally to the researcher, which minimized dynamic interpersonal influence, conflict of interest, or persuasion of participants' perceptions (Dodgson, 2019).

Disciplinary reflexivity refers to how the researcher explains and utilizes a theory in the study (Gough, 2017). Utilizing an ill-fitting theory can skew data and result in misinterpretation of the data (Gough, 2017). The researcher researched, assessed, and identified various theories for this basic qualitative study and carefully selected the best-fitting theory.

### **Guiding Interview Questions**

The guiding interview questions used a semi-structured, open-ended format. The semi-structured format guided the interview process and allowed flexibility (Merriam & Tisdell, 2016). The open-ended format aided in unfolding the participants' experiences with the phenomenon of interest. The following are the guiding interview questions that were utilized.

1. Nursing school is filled with challenges and obstacles. In your own words, can you please tell me about a time in nursing school when you overcame a challenging time?

Rationale: Bandura (1977) linked high levels of self-efficacy with high levels of resiliency. High levels of resiliency aid in the ability to overcome challenges and stressful events (Amsrud et al., 2019; Bandura, 1977; Froneman et al., 2016; Lekan et al., 2018). Bandura (2018) believes that resiliency is developed through internal and external factors. This question will help answer how students develop resiliency.

2. During this challenging time or obstacle, what personal factors motivated you to overcome the situation?

Rationale: Bandura (1977) linked high levels of motivation with the ability to cope and overcome challenges, obstacles, and/or stressful events. This question continues to build on the internal factors that motivate a person, which are linked to the development of resiliency. This will aid in answering the research question by

understanding what motivates a person to overcome obstacles, which strengthens resiliency.

3. Some people believe they will get through challenging times, and other people may not believe this. In your own words, can you tell me about your beliefs about overcoming a challenging time?

Rationale: Bandura's (1977) human agency states that a person who believes they have the ability to adapt and overcome the situation is more able to come up with a plan of action and becomes highly motivated. This question will allow the researcher to link belief in oneself with resiliency development.

4. There are a lot of people who motivate you to overcome stressors. In your own words, please tell me in detail, how your relationship with nurse educators could motivate you through challenging or stressful times in nursing school.

Rationale: Members of one's group can serve as motivators, which will increase self-efficacy, motivation, and coping of stressful and challenging times (Bandura, 1999, 2001). This question begins to gather information about the NE-NS relationship, which will help answer the research question on how important NEs can be in strengthening resiliency.

5. In your own words, can you tell me about a time when a nurse educator encouraged you during a challenging or stressful time?

Rationale: Bandura (1977) stated that people are persuaded by verbal encouragement and suggestions, increasing motivation and self-efficacy. This question digs deeper

into the importance of the NE-NS relationship, which will build information on understanding how the NE-NS relationship can strengthen resiliency.

6. Encouragement is another way of believing in the ability to get through something.

Can you tell me how it makes you feel that a nurse educator believes in you?

Rationale: When an influential person is encouraging, they can increase motivation and belief in themselves to get through the difficult time (Bandura, 1977, 1997, 2001). This question looks at how the student feels about the educator's belief in them. This helps answer the research question on what the educator does that helps strengthen resiliency.

7. In your experience during nursing school, can you tell me about a time when you saw a nurse educator (not a clinical instructor) handle a difficult situation in a manner that you would like to mimic?

Rationale: Good role models can serve as a means for teaching how to handle certain situations (Bandura, 1977, 1989). The answer could show that even how nurse educators handle situations in class can influence behavior and resiliency. This can help answer the research question on an aspect of the NE-NS relationship that strengthens resiliency.

8. In this situation, what are the qualities that the nurse educator displayed that you would like to mimic and why?

Rationale: New adaptation, behaviors, and coping mechanisms stem directly from observation and modeling one view as influential (Bandura, 1977, 1989). The answer can show traits that students look for to guide them and inevitably influence their

behavior. This can help answer how the NE-NS relationship can influence and strengthen resiliency.

9. Can you tell me about a time in class when the nurse educator's attitude influenced the classroom vibe in a positive manner?

Rationale: Bandura (2018) stated the learning environment is influential in the development of motivation and resiliency. The answer can give insight into how the learning environment can influence students. This can answer the research question pertaining to how influential the educator can be for students and strengthening/decreasing resiliency.

10. Would you explain, in your opinion, what can nurse educators do to be a positive influence on nursing students?

Rationale: The nurse educator can be seen as an influencer, a role model, and someone to mimic, which would be an important part of developing self-efficacy and motivation (Bandura, 1989, 2018). The answer can show insight into what students want from nurse educators. The information from this question can show how important the NE-NS relationship is.

11. Can you describe the ideal relationship you could have with a nurse educator?

Rationale: New ideas, attitudes, behaviors, and beliefs can stem from having positive role models (Bandura, 1989). The answer will bring new light to the NE-NS relationship, meaning, and importance. This can help answer how the NE-NS relationship is important to the student and gain insight on how this can contribute to strengthening resiliency.

12. In your own words, can you tell me about a time when a nurse educator's influence was negative?

Rationale: New ideas, attitudes, behaviors, and beliefs can stem from having positive role models (Bandura, 1989). The answer will bring new light to the NE-NS relationship, meaning, and importance. This can help answer how the NE-NS relationship is important to the student and gain insight on how this can contribute to strengthening resiliency.

13. Referring to this negative influence situation, what could have the nurse educator done to make a positive impact on you?

Rationale: New ideas, attitudes, behaviors, and beliefs can stem from having positive role models (Bandura, 1989). The answer will bring new light to the NE-NS relationship, meaning, and importance. This can help answer how the NE-NS relationship is important to the student and gain insight on how this can contribute to strengthening resiliency.

14. In your opinion, what can nurse educators do to help nursing students cope with the stressors of school?

Rationale: This question may help bring forth knowledge on what a nurse educator can do to strengthen resiliency. This question will help answer how NE-NS relationships strengthen resiliency.

15. In your own words, can you explain the nursing students' role in having a professional relationship with nurse educators?

Rationale: This question may bring forth knowledge on how nursing students view the importance of the NE-NS relationship.

16. Please think about how you were able to overcome difficult times and challenges in nursing school. What qualities do you think nursing students need to help cope and overcome obstacles?

Rationale: This question may bring forth knowledge on skills that are needed to strengthen resiliency.

### **Ethical Considerations**

The *Belmont Report* safeguards participants' rights with specific guidelines that researchers must adhere to (Anabo et al., 2019; Miracle, 2016). The framework and principles of the Belmont Report were utilized to protect and maintain the participant's rights and reduce harm (Miracle, 2016). The three principles of ethical framework in research that need to be addressed are respect for human rights, beneficence, and justice (Miracle, 2016). The ethical considerations for this dissertation research included respect for human rights, beneficence, justice, anonymity, and confidentiality (Miracle, 2016).

The first principle of the *Belmont Report* is respect and autonomy for participants (Miracle, 2016). Respect and autonomy principles ensure that the human participants have the right to decide if they want to participate in any research study (Anabo et al., 2019; Miracle, 2016). Obtaining consent forms is a measure to uphold respect and autonomy (Anabo et al., 2019). The researcher provided and obtained signed consent forms for every participant. Consent forms provide valid information on the research, objectives, and methodology (Anabo et al., 2019; Miracle, 2016). The consent form provided information regarding the study, inclusion

criteria, participation requirement, and risks and benefits so the participants could make an informed decision. Excluding all the risks and benefits can violate human rights (Anabo et al., 2019).

The topic of student resiliency is a sensitive topic. The participants could be embarrassed or uncomfortable by the questions related to personal experiences with resiliency; therefore, the researcher provided a non-judgmental and safe environment (Iphofen & Tolich, 2018). An environment based on respect and sensitivity was conducted by being cognizant of the participants' feelings and speaking in a non-threatening manner (Merriam & Tisdell, 2016). The researcher respectfully approached difficult questions and reiterated that the participant could skip any question or end the interview.

The second principle of the *Belmont Report* is beneficence (Miracle, 2016). Miracle (2016) defined beneficence as “do no harm” and “increase potential benefits and decrease possible adverse events or harm” (para. 12). The first measure of beneficence is to obtain IRB approval (Miracle, 2016). An IRB full approval was received from Capella University IRB for this dissertation study. Another measure is to provide a consent form, which was previously discussed. Lastly, participants were advised that participation is voluntary and can skip any question or withdrawal from the study without repercussion (Anabo et al., 2019; Miracle, 2016).

The third principle of the *Belmont Report* is justice (Miracle, 2016). Justice represents the fair and equal treatment of all participants (Anabo et al., 2019; Miracle, 2016). While not all voluntary, willing participants will meet the inclusion criteria, all participants must receive the same treatment (Anabo et al., 2019; Miracle, 2016). To be fair and just, the recruitment of

participants for this dissertation study was strictly based on the inclusion criteria. All willing participants who did not meet eligibility were treated fairly and respectfully.

Anonymity and confidentiality were implemented in the entire process of this dissertation study. Confidentiality and privacy violations can happen; therefore, the researcher must protect the participants and the data collected (Anabo et al., 2019). The participants' names and experiences were not shared with anyone. Anonymity was strictly upheld to protect the participants' identities during data collection, analysis, and writing of the dissertation process. COVID-19 pandemic restrictions and guidelines ensured participant safety was intact by conducting online interviews. Whether the interview is in-person or online via Zoom, confidentiality, privacy, and participant rights do not change (Anabo et al., 2019). The utilization of the internet poses threats to breaching privacy and confidentiality if the researcher's system is hacked or open to the public (Anabo et al., 2019). Issues with a breach of confidentiality revolve around email and software violations (Anabo et al., 2019). The researcher used a virtual private network (VPN) to route internet activity through a private, secure, and encrypted connection.

All identifiers were removed with a master password and code belonging to the researcher only to ensure the confidentiality and privacy of the participants. Hard copies of the data are kept in a locked cabinet with the researcher for seven years, then disposed of appropriately (Chow et al., 2018). Privacy and confidentiality can be violated if other people, friends, co-workers, family, or strangers are in the room and freely listening to the interviews. The interviews were conducted via Zoom in a quiet, private room, free of people and distractions (Merriam & Tisdell, 2016).

Protecting vulnerable groups is noted as applying autonomy, beneficence, and protection of human rights (Anabo et al., 2019). This dissertation study was non-therapeutic; however, this does not mean that the participants were not considered at risk or a vulnerable population. The definition of vulnerable is acknowledged as being too broad or too narrow, leaving much to debate on who is vulnerable (Bracken-Roche et al., 2017). Nursing students are considered vulnerable due to the power imbalance and risk of coercion (Gehlert & Mozersky, 2018; Merriam & Tisdell, 2016). Students may feel pressure to participate in research studies, especially when conducted by a peer or nurse educator. Students might believe that participating in the study may bring them into good standing with the instructor and school, whereas repercussions might exist if they do not participate (Bracken-Roche et al., 2017; Gehlert & Mozersky, 2018; Merriam & Tisdell, 2016). If a student participates due to pressure, the information provided might misrepresent the truth. Therefore, participants were recruited from various nursing education institutions where the researcher was not employed.

### **Summary**

This basic qualitative study aimed to uncover how nursing students strengthened resiliency through NE-NS relationships. The target population for this study was senior-level nursing students in baccalaureate nursing programs. A non-probability, purposive sampling method was applied to uncover nursing students' experiences with strengthening resiliency and NE-NS relationships.

Initially, the larger population was contacted by posting the IRB-approved recruitment flyer on multiple public Facebook pages. Strict adherence to site de-identification was upheld to decrease the risk of participant identification. All willing participants were sent the IRB-

approved inclusion questionnaire form to verify eligibility. Participants that met the inclusion requirements of the study were accepted. The guiding interview questions used a semi-structured, open-ended format. The semi-structured format guided the interview process and allowed for flexibility (Merriam & Tisdell, 2016). Data collection was accomplished through private, individual interviews on Zoom. Strict de-identification was completed with all data during data collection, interpretation, and analysis. Data interpretation and analysis were completed by the utilization of MAXQDA. Multiple ethical standards were considered, and safeguards were placed to avoid the risk of violation.

Chapter 4 presents the data findings of this dissertation study. Chapter 4 will present the study and the researcher. A detailed description of the sample is denoted. The research methodology that was applied during data analysis is explained. Lastly, there is a presentation of the data results and analysis.

## **CHAPTER 4. PRESENTATION OF THE DATA**

The purpose of Chapter 4 is to present the data acquired during this dissertation study. This chapter describes the study, the role of the researcher, and a thorough description of the sample population. The research methodology applied to the data analysis process, a presentation of the data, and a depiction of the results of the data analysis are conveyed. Lastly, this chapter will discuss the data from the seven interviews with coded patterns, categories, and themes that emerged from the semi-structured online interviews.

### **Introduction: The Study and the Researcher**

The previous chapters provided an extensive overview of the research methodology and theory and a thorough literature review. This chapter offers details about the sample used and a presentation of the analyzed data. This chapter provides an in-depth examination of the collected data, data analysis, and the research findings. This chapter considers how senior-level baccalaureate nursing students describe their experiences with strengthening resiliency through NE-NS relationships and evaluates how the findings may contribute to decreasing high attrition rates, dropout rates, and failure rates in nursing education institutions.

The researcher in this dissertation study has 17 years of interviewing patients and families, five years of interviewing prospective adult learners for academic placement into nursing programs, and ten years of asking adult learners about preferred learning methods. The researcher's training and education that contribute to an increased knowledge base are a doctoral program focusing on nursing education. The researcher's skillset was deepened in the doctoral program regarding research protocol, data collection, and analysis. The researcher passed a doctoral-level qualitative research course with high remarks and conducted a miniature, course-

long qualitative study. The miniature, course-long, qualitative study concentrated on a thorough literature review, writing interview questions, interviewing participants, and conducting an open-coding data analysis. Prior to the dissertation phase, the Collaborative Institutional Training Initiative (CITI) certification was completed, which advanced the researcher's knowledge of the rights and protection of human subjects. The researcher's educational background, courses, and certification aided in preparation for this dissertation study.

The researcher's role in this basic qualitative research study was previously discussed in Chapter 3. The researcher has been a nurse educator teaching in academia for ten years. An essential aspect of being a nurse educator is to recognize how to facilitate student success to decrease high attrition rates, dropout rates, and failure rates (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Fowler et al., 2020; Froneman et al., 2016; Lekan et al., 2018; Low et al., 2019; Lu et al., 2019; Nebhinani et al., 2020; Thomas & Revell, 2016). The topic of student resiliency and creating successful NE-NS relationships are essential aspects of student success (Amsrud et al., 2019; Froneman et al., 2016; Lekan et al., 2018). Therefore, it was natural for the researcher to gravitate toward a topic that could gain a deeper insight into nursing student resiliency and how the NE-NS relationship can strengthen resiliency. The researcher's motivation to investigate this specific topic is to understand what nurse educators can do to help nursing students become more resilient and successful in nursing school.

### **Description of the Sample**

A non-probability, purposive sampling method was applied to this basic qualitative study. This sampling method yielded insight and a deeper understanding of how nursing student resiliency is strengthened through the NE-NS relationships. Using a sampling method that

resulted in rich, thick subjective data significantly contributed to answering the research question (Aspers & Corte, 2019; Merriam & Tisdell, 2016).

Forty-one nursing students signed up as willing potential participants for this basic qualitative study. A thorough assessment of the completed inclusion questionnaire forms was conducted. After a diligent review of all the inclusion questionnaire forms, it was determined that 31 participants did not meet the eligibility criteria; therefore, there were ten eligible participants. The 31 willing potential participants were deemed not eligible due to (a) a lack of proof of being a nursing student, (b) not currently enrolled in senior-level courses, (c) had graduated nursing school, (d) stated had not coped with the stressors of nursing school, and (e) not fluent in the English language. All 31 potential participants were emailed, thanked, and informed that they did not meet participation eligibility.

Three of the ten eligible participants withdrew from the study before the interviews were conducted. One participant stated midterms were too stressful and could not take the time to participate in the study. The second participant said personal conflicts arose, and they could not participate in the study. The third participant stated work, school, and life were unbalanced and did not want to participate in the study. All 3 participants were thanked for their time and did not have any repercussions from withdrawing from the study. Since the participants withdrew before the interviews were conducted, no data was lost or partially obtained.

The sample size was 7 senior-level baccalaureate nursing students. The demographical locations included the United States and the Philippines. Four participants resided in Illinois, Florida, and California. The participants identified as four females and three males, ranging from 24-54 years of age. The participants classified their races as White, African American, American

Indian, and Native American. All 7 participants were confirmed as currently enrolled as senior-level nursing students in baccalaureate nursing programs, utilized university emails for correspondence, and met all eligibility requirements. All seven participants confirmed they were fluent in the English language.

The nature of qualitative research analysis is interpretative and based on the participant's subjective findings (Aspers & Corte, 2019). An important aspect of interpreting the data is identifying any factors that might influence the participants' contributions (Merriam & Tisdell, 2016). After careful reflection of the data and the utilization of a self-reflection journal, it was concluded that other factors could have influenced one participant. This participant expressed frustrations over a new testing method through the first four interview questions. The expressed frustration with the change of testing could have influenced the answers that were given during the interview. However, the testing comments were disregarded as the comments did not correspond with the questions asked. Tangential paths during research interviews are impractical; therefore, the data can be discounted (Bryant & Charmaz, 2019; Nowell et al., 2017). Follow-up questions were utilized to explore the previously asked question but were not answered. The participant did answer the follow-up questions, which resulted in important feedback for data and aided in reaching data saturation.

Seven participants were sufficient to reach data saturation. According to Merriam and Tisdell (2016), data saturation is attained when there are no new data, insights, or information emerge. Data saturation was also noted when common themes became apparent, and information was repetitive (Merriam & Tisdell, 2016). Furthermore, data saturation was confirmed during the

ongoing data analysis process by having robust findings in the categories and themes (Merriam & Tisdell, 2016).

### **Research Methodology Applied to the Data Analysis**

As previously discussed, a basic qualitative research methodology was applied to this dissertation study. The basic qualitative research purpose is to understand the participants' experiences with the phenomenon (Hammarberg et al., 2016; Kahlke, 2018). This approach allowed the researcher to explore and understand how senior-level baccalaureate nursing students describe their experiences with strengthening resiliency through NE-NS relationships.

The primary data collection mode for this dissertation study online interviews. The expert-approved guided semi-structured interview questions were utilized in the online interviews. All interviews were recorded and uploaded into MAXQDA 2020 software for data analysis. Strict adherence to maintaining participant anonymity and confidentiality was upheld through the ritual de-identification process.

All interview data were transcribed verbatim and analyzed using a thematic process. The data was added to cluster groups, which aided in identifying categories (Percy et al., 2015). Patterns did shift during this process; therefore, careful assessment and reevaluation of the data patterns and themes were imperative to accurately interpret the data (Percy et al., 2015). Lastly, the researcher defined the theme names and produced a solid, detailed report (Nowell et al., 2017). This was an important part of the data analysis, as triangulation occurred. The themes were identified and linked to the theory and the research question (Bryant & Charmaz, 2019; Nowell et al., 2017).

The data analysis process was complex and time-consuming. Careful assessment and reassessment of the data were completed. Data analysis was discussed and approved by the assigned dissertation mentor. There were no differences or departures from the protocol described in Chapter 3. No problems arose during the data analysis process. Data was not lost nor contaminated during the analysis process; therefore, there was no need to reconstruct or recollect data. The step-by-step procedure for the data analysis process and the expert-approved guided interview questions used in this dissertation study were discussed in detail in Chapter 3.

### **Presentation of Data and Results of the Analysis**

This basic qualitative research study aimed to describe how senior-level baccalaureate nursing students experienced strengthening resiliency through NE-NS relationships. Expert reviewed guided interview questions were developed by the researcher for the interview process. The seven online interviews utilized a naturalistic approach and environment to reach data saturation. The participants were asked to refrain from identifying themselves, fellow students, nurse educators, and the universities (Merriam & Tisdell, 2016). Data saturation was reached after the fourth participant; however, the researcher continued with three more interviews to ensure that no new information was obtained, no further coding was necessary, and to confirm with certainty there was enough information for this study to be replicated (Merriam & Tisdell, 2016). Each interview was recorded using a hand-held tape recorder and uploaded into MAXQDA 2020 qualitative research analysis software using a USB cord. The interviews were coded using alphanumeric codes to deidentify the participants and transcribed verbatim. This process is described in detail in Chapter 3.

## **Thematic Analysis**

Thematic analysis is widely utilized to “identify, organize, describe, and report themes found within a data set” (Nowell et al., 2017, p.2). The researcher assessed and reassessed the data, and the data was intuitively highlighted. The data that did not correspond with the research question was placed aside from the pertinent data. During the coding process, the researcher determined vital sections of the highlighted text and labeled them individually as they related to a theme (Nowell et al., 2017). The data under each theme was analyzed in a numerical and intuitive method to understand the prominent results better. Each theme and sub-theme corresponded with Bandura’s (1977, 1989, 2001, 2006) SCT concepts, literature, and research question. The researcher used Nowell et al.’s (2017) data analysis process as the steps to analyze the data:

- Familiarizing self with the data collected
- Generating initial codes
- Searching for themes
- Defining and naming themes
- Producing the report

This data analysis process allowed insights to emerge into specific data patterns and themes (Nowell et al., 2017). The following list displays the clustered patterns that formed primary and sub-themes.

- Resiliency
  - Personal Motivation
  - Resiliency Skillset

- NE-NS Relationship
  - Ideal NE-NS Relationship
  - Role Modeling Qualities to Mimic
  - NE Verbal Persuasion
  - NE Pearls of Wisdom
- Nurse Educator Attitude
- Classroom Coping Activities

Direct quotes from the participants in this basic qualitative study are grounded in the *Belmont Report's* principle of authenticity (Miracle, 2016). The participants' direct quotes that were relevant, concise, and portrayed the patterns and themes were classified as rich data (Nowell et al., 2017). The participants' quotes helped answer the research question of how senior-level baccalaureate nursing students describe the nurse educator-nursing student relationship and strengthening resiliency. The researcher will discuss each theme and the corresponding interview questions and provide the participants' quotes.

### **Theme 1: Resiliency**

Theme 1, resiliency, included the personal factor of motivation (Bandura, 1977, 1989, 2006). Theme 1 includes subthemes of personal motivation and resiliency skillset that help students cope with the stressors of nursing school. The researcher was interested in learning what motivates nursing students to cope with stressful times in nursing school and what qualities are imperative to strengthen resiliency.

### ***Sub-theme 1: Personal Motivation***

Personal motivation is a personal factor that drives one to achieve a goal in the presence of obstacles (Bandura, 1989; Kotera et al., 2021). To adequately identify personal motivation motives that help baccalaureate nursing students get through the stressors of nursing school, the researcher asked the participants to describe a stressful situation in school. The researcher followed up with the question, “What kind of personal factors motivated you to overcome this situation that you were just talking about?” The participants quickly identified personal reasons that motivated them to get through stressful times in nursing school. Examples of the top two personal factors that motivated the participants included “to become a nurse” (P3, P4, P5, P6, & P7) and “to graduate” (P3, P6, & P7). Other personal factors included, “I always wanted to be like the people who helped dad. And I wanted to make sure I succeeded so I could help him” (P1), and “I had to get this done; I don’t want to fail out” (P5). One participant stated:

Well, it’s a lot of money to repeat a course. You can only fail one course in my program, and I didn’t want to waste that on that class. I haven’t failed a course yet, and I don’t want to either, not that I would get kicked out, but still, I want to pass. So, money motivated me. And I didn’t want to be behind my cohort. I know people who failed and are in a different cohort cause their behind now, and they do fine, but I started with this group, and I want to graduate with them too. I guess it’s about me graduating and becoming a nurse that keeps me going. (P7)

Participant 2 stated:

I had to think about the pros and cons. I had to realize that the whole path of nursing is a journey, not a destination. I had to really think about what is best to get through this and just do it. I told myself I would be cheating myself if I just barely passed the classes; I wouldn’t learn what I was supposed to. At the end of the day, it’s about you and your patient. Not rushing through a program to be a nurse. If you don’t study, you don’t know the material; then you can’t pass the boards or take good care of patients. So, mindset is what motivated me to get through this.

### ***Sub-theme 2: Resiliency Skillset***

Resiliency skillset is the skills that strengthen resiliency and the ability to cope with stressors (O’Sullivan et al., 2021). To adequately identify the resiliency skillset that baccalaureate nursing students use to cope with the stressors of nursing school, the researcher asked the question, “What qualities do you think nursing students need to cope and overcome stressors?” The top responses were “determination” (P1, P2, P4, P5, P6, & P7) and “to be flexible” (P1, P3, P4, P5, P6, & P7). Other participants stated, “meet your goal” (P1), “you gotta keep thinking about the final destination” (P2), “passion to be a nurse” (P4), and “remember why you are doing this in the first place” (P6). Other qualities included “time management” (P3, P5, & P7), “positive mindset” (P3), “open mind” (P1), “perseverance” (P4), “being an advocate for yourself” (P2), “ambition” (P4), “unwavering faith and will” (P1), and “empathy” (P4).

### **Theme 2: NE-NS Relationship**

The NE-NS relationship is the most important concept of the collective agency. The collective agency is when people have shared beliefs in their relationship and produce desired results (Bandura, 2001). Group or relationship collective power consists of shared intentions, knowledge, skillset, and the interactive synergistic relationship between the group (Bandura, 2001). The researcher asked several questions to accurately identify the concepts of the collective agency to identify how the NE-NS relationship can aid in strengthening resiliency. The sub-level themes are the ideal NE-NS relationship, role modeling qualities to mimic, NE verbal persuasion, and NE pearls of wisdom. The third theme is nurse educator attitude, and the fourth theme is classroom coping activities.

### ***Sub-theme 1: Ideal NE-NS Relationship***

The researcher asked one question to accurately identify how the NE-NS relationship can help strengthen student resiliency. The question, “Can you describe the ideal relationship you could have with a nurse educator” was asked to all seven participants. The top response was to have “open communication” (P1, P2, P3, P4, P5, P6, & P7). One participant stated, “Open door policy is number one for me. I feel like I can go to the professor during office hours or before or after class. And be like, hey, do you have a minute? And them being like yes, what can I do to help you, is great” (P1). Another participant stated, “Open communication and honesty are the two top things for me. To make them feel they are safe to discuss things and ask questions. This helps students feel the ability to talk to the nurse educator about anything, even a mistake, and not cover things up” (P2). Other responses included, “I really like to ask a question and get the answer. And they don’t make me feel stupid for asking any question” (P3), “a nurse educator, who is easy, open, enthusiastic, and nice, and I know cares that I do well” (P4), “where they listen and give feedback that is positive and helpful” (P5), “Their encouragement and interest in our success goes a long way” (P6), and “mentorship” (P1, P4, P6, & P7). Other responses were, “make students feel safe” (P2), a “positive” relationship (P5 & P6), and “not overly strict” (p4). One participant stated,

It would be so nice to just pick their brain on how to handle things that are going on, work, school, and life. I know it’s not their job, they’re not a counselor, but they’ve been here and done this and got through it. They know how it is, and their advice would be helpful. (P7)

### ***Sub-theme 2: Role Modeling Qualities to Mimic***

Role modeling qualities are considered ethical and professional characteristics (Van Dyk et al., 2020). To better understand the NE influence of role modeling, the researcher asked,

“What are some qualities that the nurse educator displayed that you would like to mimic and why?” The top two answers were “empathetic and understanding” (P2, P3, P4, P5, P6, & P7) and “calm” and “patient” (P1, P2, P5, P6, & P7). One participant stated, “To know and acknowledge people have other points of view, and it’s ok. It is so important to be calm and empathetic. As students, we are stressed out and freaking out, and it is calming to us when the educator is calm” (P2). Another participant stated, “I think it is important to be calm, patient, understanding, and have empathy for others. They are nurses, and these are qualities all nurses should have, whether you’re at the bedside or a teacher” (P7). Other role modeling qualities were “matter of fact, no sugar coating” (P1), and “composed” (P2).

### ***Sub-theme 3: NE Verbal Persuasion***

Verbal persuasion, such as encouragement and discouragement, contributes to the belief that the capability to succeed is valid (Chandra & Leong, 2016). To adequately assess this concept, the researcher asked, “Can you tell me how it makes you feel when a nurse educator believes in you?” The top response was “the best feeling in the world” (P1, P2, P3, P4, P5, P6, & P7). One participant said:

It’s the best feeling ever! Because, as I said, we look up to professors when we’re sitting in chairs. They’re your role models because you look at them and say, I wanna be you. I wanna get to that point. And it makes you feel secure. You feel they’re seeing what you feel you’re lacking. Which is awesome because you feel like I don’t have that ability, or I’m never gonna get it, and they’re like yes, you can, let me help you, let me show you. It makes me feel believed in, makes me feel empowered, and makes me feel encouraged. It makes me feel like it’s possible. (P1)

Participant 2 stated:

It’s the best feeling in the world! They know what attributes you need to do to be a nurse, and they are the experts, so when they say they believe in me, and I’m supposed to be a nurse, oh, it makes me feel so, so good. There are no words, but it’s the best feeling. It means a lot to me that they are proud of me.

Participant 3 explained:

It means everything. Students don't see what nurse educators see. We are really hard on ourselves and are so stressed out about everything. Most of us are just getting by. To have a nurse educator say she believes in me is like saying I can do it. She sees something I don't, so I must be able to do this. She said so. So, it's huge. It means everything to us.

One participant added:

It's a really, really, big feeling; when a lecturer talks to you and says I believe in you, you are going to make a great nurse someday, I've seen your skills, I've seen your potential. It's so, so nice. It is such a big deal; it's a qualified person saying I can do this. It makes me so happy and makes me believe I can do it. (P4)

Participant 5 said:

I've had a few favorite teachers. And when they tell me they believe in me and I can do it, it's, um, God, I'm getting emotional here. Sorry. It made me feel like I could do it. Sometimes, I don't think I can. This stuff is hard, and sometimes, I don't feel smart enough or good enough. And to have someone who is a nurse and a teacher, whom I look up to and want to be like, yeah, it affects your mindset and your heart all at once.

A couple of participants stated, "Really, it's one of the best feelings in the world. There aren't any words to describe how it feels. I will say this, that statement holds a lot of power. Do you want us to succeed and believe we can? Then say that" (P6). "Oh, it's just the best. Honestly, having a professor believe you can do it and see something we don't see in ourselves it's the biggest thing. I mean, we are all so hard on ourselves. When a professor takes me in and is kind, and believes I can do it, it makes life easier. It makes my tears worth it" (P7).

The question, "What can nurse educators do or say to encourage you during a challenging or stressful time?" was asked to the participants. Some responses were "to be approachable" (P2), "let us know they want us to do good and want us to succeed" (P2), "a positive attitude" (P3), "be nice" (P3), "words of encouragement" (P3, P5, & P7), and "remind us, it's only a moment in time, this doesn't last" (P6). Participant 2 noted:

“The biggest thing is to be approachable and to let us know they want us to do good and want us to succeed.” Participant 1 recalled having a difficult time in a course in the nursing program.

It was either I took it and passed, or my time at the school was over. So, I was fortunate enough to have a professor who approached me and said, what can I do to help you succeed? And I met with the professor every week, every morning before class, and we would redo the lessons together, and I would teach her. So, we did a reverse kind of classroom method, where I taught back, and I started to do really well in the class.

#### ***Sub-theme 4: NE Pearls of Wisdom***

Pearls of wisdom include telling your own story by providing methods for problem-solving, coping mechanisms, and examples of how to successfully navigate a circumstance or stressful event (Yoder-Wise, 2020). The question, “What can nurse educators do or say to encourage you during a challenging or stressful time” and “In your own words, please tell me how your relationship with nurse educators could motivate you to get through a stressful time in nursing school” was asked to all seven participants. Both questions elicited the response of “tell us how you got through it” (P1, P2, P4, P5, P6, & P7).

Participant 7 stated:

Tell us what has worked for them and other people. We know people passed your class; how did they do it? What helped them go from struggling to passing?” Tell us how to manage our time and stress. We have so much going on in life, and nursing school is so heavy; give us ways to handle things or what worked for them.

One participant said:

I think knowing your professors well enough to where they are comfortable telling you their experiences in school, their struggles, and how they got through it. Just to hear different ways of coping, different ways they got through it motivated me. It’s because sometimes, looking at a nurse educator, you feel intimidated as a student and everybody has struggles, you know, within the educational program in some way, shape, or form. So it’s motivating in itself to hear, oh, you struggled too, but you’re here, so that means I can get there. (P1)

Another participant stated:

I think sharing how they got through their own difficult times and how to get through it. So, maybe you have a way to get through it, and it worked; maybe it will work for me too. We can get a point or two or tips from your experiences that would be helpful to help my situation right now. (P4)

Participant 6 stated:

Let us know what works. Say hey, I know this is challenging, but here are some things you can try that have helped others. That would be a huge help. Give us a heads up, and this exam is difficult; try to study this way or break the chapters apart like this. Even suggest websites and YouTube that can help.

To further investigate this topic, the participants were asked, “What can nurse educators do to help nursing students cope with the stressors of school?” The top answer was, “tell us what worked for you” (P1, P2, P4, P5, P6, & P7). A couple of participants stated, “They can say to us, we know this is hard, this is how we got through it, this is what worked for me. You can try this or that” (P4), and “giving us ways to handle things, or what worked for them” (P6). One participant stated:

Telling us, hey, you’re not alone; it was hard for me too. Then tell us what they did, how they got through it. Give us a couple of ways to get through things, instead of saying you can do it, ok, how? Teach me how; tell me what works (P2).

Participant 7 stated:

I think it would be nice of them to tell us how they got through this or how other students made it through their course. If it worked for them, hey, maybe it’ll work for me. Or maybe some suggestions on how to study or where to look, resources and stuff that would help, really, we don’t know, and we don’t want to look on Google, it’s not reliable, but where do we go? So, it would decrease my stress big time just to have that direction.

Participant 5 denoted:

Sometimes I think some don’t support us enough. This is so hard. It’s very difficult. The pressure to be perfect is intense. So, what can they do to help us? Probably give us insight and tools to navigate through times like this. You know, tell us how they know it’s hard and this or that has worked for them, or other students, so we can try those things. If no one tells us what works for people, then we don’t know what to do or to try out; does that

make sense? If I knew what worked for other people, I would try it. It would give me hope; hey, they did it. I'm going to try that too, and it might work for me too.

Another participant stated:

Always tell them, I think, always tell them your experiences. Telling students about your own experiences, how you got through that, how you got to where you are, what got you there. What are your goals going forward, because not all educators are stopping at teaching; they're going forward for something else. It's nice to see a mirror reflection of yourself between them and yourself. (P1)

Participant 2 noted, "Be open and let us know it's hard, but this or that has worked for others. A lot of professors just leave us hanging with figuring out how to deal with stress."

### **Theme 3: Nurse Educator Attitude**

To accurately identify NE attitudes that can influence coping, the researcher asked, "Can you tell me about a time in class where the nurse educators attitude influenced the classroom vibe in a positive manner, even to help you cope with stress?" and "What can nurse educators do to be a positive influence for nursing students?" The participants stated "being approachable, patient, and calm" (P2), "check in with us" (P1), "uplifting" (P3), "fun" (P3), "don't just read from the PowerPoint" (P5), and to be "encouraging" (P2, P3, & P6). One participant said:

We have this lecturer; he is so nice, he is down to earth, he jokes around, you know he's not so serious all the time. That makes learning fun. Then when he has to explain really big concepts, he brings it down to our level, so we understand it. This also makes it, so we are free to ask questions and talk with him. He just reminds us to talk to him, and patients like we normally would, too, like, how are you today? We don't have to be so scared. This makes us feel free, free to be ourselves. We then enjoy class, talk more, interact more, and listen more. It becomes a really nice class to go to. (P4)

Participant 2 stated:

Nurse educators who are positive and have a fun energy. They are excited to teach us, so we get excited to learn and do better. It is very motivating when a nurse educator is happy and excited to teach. It makes students feel they are ok to ask any question, and there are no stupid questions, or their questions will be seen as good questions and stimulate

conversation. It's really important to make us feel comfortable so we can talk and ask questions. The way you do it is by being nice, fun, and positive.

Participant 3 recalled:

A positive attitude, encouraging, be nice. A lot of encouragement! I've had a lot of bad experiences, which make it hard to learn or focus. So, being nice to us, saying we can do it. Words of encouragement go a long way! Instead of saying this subject is so hard, they can say, this is what to do so you can get through it. It's really helpful when they are positive.

To further investigate this area, the researcher asked the follow-up question, "Referring to a negative interaction with an NE, what could she/he have done to make a positive impact on you?" One participant reflected on an interaction with an NE for help and was told, "We just went over this, we talked about this the other day. Did you reread what I told you to reread" (P1). The participant suggested the NE could have "reached out to a different colleague saying hey, could you come in on this meeting with me and my student, or can I send my student to you? Because sometimes what doesn't work from one person" (P1).

Multiple participants stated the NE creates a negative classroom environment by "telling us to not work" (P3, P5), "not to go out" (P3, P5), and deviating "from the syllabus" (P6 & P7). The participants suggested instead of saying "don't go out" or "tell your friends and family you will see them at graduation" (P3, P5), the NE can tell students, "Like, I know this is hard, but here are some things to try, or websites that help. Being honest is good, but honest and positive works best (P5). Another participant recalled a negative experience:

One nurse educator told us we shouldn't work while we are in the program. Forget about having a social life. It was very discouraging, and it made me question if I wanted to be in this program, not the nursing program itself; it just made me question the school. Then in the same class, we had to learn to balance life, school, work, and family. It was contradictory to what she said. It's like she said, just do only school, but then how do you balance life? We had to watch a video specific to nursing and how nurses have a high suicide rate and are not able to balance life and stress. It's like, why are you showing

this? You are telling us only to do school but expect us to know how to balance life. It was just overall very negative and not reality. (P3)

The researcher followed up with this experience and asked, “What could the NE have done or said to make this a positive experience?” The participant stated:

She could have shared their experiences. Instead of telling us don’t work, don’t have a social life, tell your friends you will see them when you graduate. She could have shared what she did and how she got through school. What worked and didn’t work for her. How’d she get through it? Did she work, and if so, how much, and if she had a family, how did she balance life? If they tell us what they did, we will think, oh, maybe it could work for me too. I could try that. Them sharing their experiences could give us ideas on how to handle things. (P3)

Another participant spoke about the conflicts of balancing school and life.

I think nurse educators can motivate us by encouraging us, saying don’t give up; you can do this. I really think just being encouraging instead of saying it’s hard, give up your job, life, friends, whatever until you graduate just brings us down. It makes us feel like it’s so hard. We know it’s hard; telling us to give up everything makes it worse. So, encouraging is a big thing. Tell us we can do it. Tell us what to try. I mean, I can’t give up my job, I can’t live off of no money, and people have families, kids, you know? We are here to better ourselves; we can’t just give up our lives. Is that really coping anyways? (P5)

One participant stated:

Tell us we’re smart. It is so disappointing when professors make snide comments or say you can do this if you give up everything else and focus. I am focused. I just have really bad anxiety, and sometimes I think they don’t care about us. I really could use the pick-me-up, remind me this can be done, keep going. (P5)

#### **Theme 4: Classroom Coping Activities**

Classroom coping activities are teaching-learning methods used in the classroom to teach stress reduction and coping mechanisms to strengthen student resiliency (Moore et al., 2021). To aid in identifying classroom activities that can strengthen resiliency, the researcher asked, “What do you think are some class activities that could be done to help you cope with the stress?” The participants quickly answered, “talk to us” (P1, P4, P6 & P7), “encouragement” (P3), and “when

we are in our first or second year, have senior students come to talk to us” (P4). A couple of participants talked about role-playing “bad situations” where “one person can play the person another can play the nurse” (P4, P5). One participant stated:

I think the biggest thing professors can do is help us understand how to get through sticky situations. With patients, families, fellow students, anything really. Give scenarios that we have to think through. Case studies are always about the disease, which is super helpful, but none ever teach us how to handle stressful situations or when things go bad. That’s life; things happen, things go bad, people yell, people die, it’s really stressful, then not knowing how to handle it makes my anxiety kick in overdrive; I can’t just say sorry for having a panic attack, hold on for 20 minutes. So, I think talking to us and creating scenarios that are hard mentally helps us figure out how to handle it. (P7)

Participant 6 suggested:

In the last 10 minutes of class, we usually don’t do anything, so why not make it where it’s an open dialogue where we can get advice on how to handle a certain situation or how to study for an upcoming exam. So even if the professor gives us ideas on what worked for them, it can be open where other students can say it too. What works for one person doesn’t work for everyone, so we may all really get something useful out of it.

Due to COVID-19 restrictions, a couple of participants talked about virtual classroom activities that could benefit the learning environment and strengthen resiliency. “Well, remote learning is boring. Standard power points, lectures, one person talking at a time. Change things up; I don’t know how but let us do group work, or us do more talking” (P6). One participant recalled that “polls,” “breakout rooms,” and using “case studies” are helpful (P5).

### **Summary**

Chapter 4 deliberated on the study, the role of the researcher and provided extensive details of the sample population. The research methodology applied to the data analysis process, a presentation of the data, and a depiction of the results of the data analysis were thoroughly discussed. Lastly, there was a comprehensive presentation of the data from the seven interviews

with coded patterns, categories, and themes that emerged from the semi-structured online interviews.

The research question was how do senior-level baccalaureate nursing students strengthen resiliency through the NE-NS relationship? Strengthening resiliency is multidimensional; therefore, the theory utilized offered flexibility. Bandura's (1977, 1989, 2001, 2006) SCT is fluid, allows the concepts to interlap, and unfolds the entire story. The themes and subthemes that were discovered in this basic qualitative study aligned with the various concepts of Bandura's SCT were the human agency and collective agency. Resiliency starts in the human agency with personal motivation and resiliency skillset. The NE-NS relationship stressed important qualities for the ideal NE-NS relationship, evaluated the importance of role modeling qualities to mimic, NE verbal persuasion for motivating students through the stress that bridged pertinent information on believing in students, and NE pearls of wisdom. The NE attitude and classroom coping activities led to methods that can strengthen resiliency.

Chapter 5 will summarize the results, provide an in-depth discussion, and a conclusion of the results. There is a comparison of the findings with the theoretical framework and previous literature and an interpretation of the findings. Limitations, implications, and future research recommendations are addressed. Lastly, recommendations developed from the data, derived from the methodological design, and delimitations are denoted.

## **CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS**

This basic qualitative study began as a quest to gain a deeper understanding of strengthening nursing student resiliency. Explicitly, what can be implemented in nursing academia to strengthen resiliency could decrease high failure rates, drop-out rates, and attrition rates (Costa et al., 2018; Losa-Iglesias et al., 2019; Slatyer et al., 2016)? If resiliency cannot be passively attained and must be taught (Low et al., 2019), what should NEs teach regarding resiliency? If the NE-NS relationship is instrumental in student success and reducing stress (Froneman et al., 2016), how can the NE-NS relationship strengthen resiliency? These questions inspired a comprehensive deliberation, evaluation, and critique of the current research literature and the identification of the need for further research inquiry. This research study explored how senior-level baccalaureate nursing students strengthen resiliency through the NE-NS relationship.

Chapter 4 presented the data analysis results, while Chapter 5 discusses the meaning of the data findings. This chapter summarizes the results, an in-depth discussion, and a complete conclusion of the findings. There is a comparison of the findings with the theoretical framework and previous literature and an interpretation of the findings. Limitations, implications, and future research recommendations are addressed. Lastly, recommendations developed from the data findings, derived from the methodological design, and delimitations are indicated.

### **Summary of the Results**

There is an imperative need to understand nursing student resiliency. There is an increase in burnout, program drop-out rates, and attrition rates worldwide, and the main problem is the need to strengthen student resiliency (Bakker et al., 2018; Lekan et al., 2018; Lu et al., 2019; Mooring, 2016). Two-thirds of nursing students scored high in coping with social stressors and

low in coping with stressors of academia (Lekan et al., 2018). The level of resiliency is a crucial factor that impacts academic success (Thomas & Revell, 2016). The medium-high levels of resiliency are imperative for student success (Lekan et al., 2018). Although multiple methods are implemented to strengthen resiliency, student resiliency remains low. The NE-NS relationship is instrumental in facilitating student resiliency; however, there is a lack of knowledge on how the NE-NS relationship can strengthen resiliency (Lekan et al., 2018). Therefore, this study is significant to nursing education because student resiliency is imperative to cope with stress and decrease high program drop-out, failure, and attrition rates (Bakker et al., 2018; Lekan et al., 2018; Lu et al., 2019; Mooring, 2016).

New findings on nursing student resiliency were published while this dissertation was being completed. The nursing instructor-student plays an imperative role in aiding student resiliency (Hughes et al., 2021). Strategies for teaching resiliency to nursing students are not well-known or integrated into the curriculum (Hughes et al., 2021). Hughes et al. (2021) suggested implementing positive reframing, problem-based learning, and mindfulness into the nursing curriculum to increase student resiliency. The COVID-19 pandemic caused primary and secondary education to resume using online formats. Some methods to increase student resiliency in online nursing programs are encouraging the use of resources, positive reframing, verbal encouragement, and having the NEs talk about their experiences and how they managed stress (Wilson et al., 2021). Warshawski (2022) suggested implementing peer activities, reflective practice, and experiential learning strategies to increase nursing student resiliency in an online learning format.

A basic qualitative methodology was utilized to add to the body of literature on how nursing student resiliency can be strengthened through the NE-NS relationship. Seven participants partook in the semi-structured interviews via Zoom. The online interviews were recorded using a hand-held recorder and transcribed verbatim. An open coding process was completed with the use of MAXQDA version 2020. Repeated words and phrases were highlighted and categorized. The themes emerged: resiliency, NE-NS relationship, NE attitude, and classroom coping activities. The subthemes of personal motivation and resiliency skillset were under the theme of resiliency. The subthemes ideal NE-NS relationship, role modeling qualities, NE verbal persuasion, and NE pearls of wisdom were under the theme of NE-NS relationship. Each theme corresponded with Bandura's (1977, 1989) SCT concepts of human agency, collective agency, and environmental factors.

### **Discussion of the Results**

The seven participants in this dissertation study provided abundant insight into how nursing student resiliency can be strengthened through the NE-NS relationship. Due to the complexity of strengthening resiliency, four themes emerged. This section interprets the data results, relates the data to the research question, and illuminates this dissertation study's practical and theoretical implications and meanings.

The first theme that emerged is resiliency. Resiliency is a complex process of applying coping mechanisms to successfully adapt to stressful and challenging situations (Amsrud et al., 2019; Bodys-Cupak et al., 2016; Froneman et al., 2016; Lekan et al., 2018; Low et al., 2019; Lu et al., 2019; Nebhinani et al., 2020; Thomas & Revell, 2016). The first subtheme is personal motivation. The top two answers that personally motivated the participants to get through the

stressors of nursing school were to graduate and become a nurse. Amid adversity, refocusing on why they are in nursing school and graduation proved highly motivating. The second subtheme that emerged was the resiliency skillset. The participants stated that determination and flexibility are essential to developing resiliency. Other skills necessary to strengthen resiliency were focusing on the goal and having an open, positive mindset. These skills are beneficial during a stressful time to refocus and remotivate oneself.

The second theme that emerged is the NE-NS relationship. The NE-NS relationship is a critical component of strengthening student resiliency (Amsrud et al., 2019; Chan et al., 2018; Froneman et al., 2016; Fowler et al., 2016; Mooring, 2016). The multilayered concepts of the NE-NS relationships allowed several subthemes to emerge. The subthemes are the ideal NE-NS relationship, role modeling qualities, NE verbal persuasion, and the NE pearls of wisdom.

The first subtheme, the ideal NE-NS relationship, described the type of student-desired relationship with NEs. A positive relationship based on open communication can contribute to strengthening resiliency. The participants stated they feel they can talk to the NE about school, life, work, and stressors through open communication. The participants expressed that open communication creates a safe environment to ask questions, get advice, support, and not feel the need to cover up mistakes. The participants desire a relationship with NEs where they hold office hours in the morning and afternoon, reach out to all students (not just struggling students), offer mentorship, and create an open-door policy.

The second subtheme, role modeling qualities, are qualities that nursing students find to represent the best approach to managing challenging and stressful times. The participants prefer to mimic the qualities of nurse educators who remain calm, patient, empathetic, and

understanding during stressful and difficult times with students and situations. The participants recalled how impressive it was to see a nurse educator handle a negative or stressful situation calmly and collected. Remaining calm and empathetic corresponds with emotional regulation, implementing positive coping mechanisms, and strengthening resiliency (Thomas & Zolkoski, 2020).

The third subtheme, NE verbal persuasion, represents powerful, motivating words NEs can say to nursing students to strengthen resiliency. “I believe in you” is the most powerful phrase that can be said to nursing students. The participants referred to this phrase as a method to increase belief in themselves, their capability, and their ability to become a nurse. The phrase, “I believe in you,” promotes personal motivation, increases self-esteem, decreases stress, and strengthens resiliency. Nursing students feel empowered by positive feedback, strengthening resiliency (Spurr et al., 2021). The participants stated that encouraging words, and positive insight are helpful instead of telling them how complex a subject/course/program is. The participants recalled nurse educators who said not to work, no social lives, and focus on nursing school as highly negative, unsupportive, contradictory, unaccommodating, and unmotivating. The participants found supportive encouragement and advice on how to be successful in nursing school motivating and helpful.

The fourth subtheme, NE pearls of wisdom, provides insight, advice, and wisdom to navigate stressful times successfully. The participants stated that nurse educators could talk about their struggles in school, how they managed, and what worked for them as wanted advice. The participants want to hear ideas and advice from nurse educators on how to manage stressors of nursing school, study tips, and how to pass the course. The participants stated the advice could

range from what worked for them, other students, and colleagues. The participants indicated that it would be conducive if they could get how to balance life, school, and work from someone who has done it successfully. Getting advice can benefit the nursing students and give them ideas on what to try to manage their stress.

The third theme, nurse educator attitude, can strengthen resiliency by having a positive attitude. The participants stated that a nurse educator with a positive attitude appears approachable. Having a positive attitude, a passion for teaching and verbal encouragement increased the participants' excitement for learning, asking questions, and classroom engagement. When the NE-NS rapport is established as positive, the learning environment flourishes (Mooring, 2016).

The fourth theme, classroom coping activities, are teaching-learning activities that can be implemented in the classroom to strengthen student resiliency. Creating stressful and challenging scenarios in role-playing and case studies is an effective learning tool to strengthen resiliency. The participants suggested that the last 10-20 minutes of class can be used as an open forum to present a muddy situation, discuss how to manage the situation effectively, and gain appropriate feedback from the nurse educator. The participants want situations related to testing anxiety, how to study for an exam, and how to navigate through sticky patient scenarios. The open forum can be classmates and the nurse educator giving advice. The participants suggested creating breakout rooms with groups, polls, open format, or even question and answers for online learning formats.

### **Conclusions Based on the Results**

The wealth of information provided by the seven participants helped answer the research question, “How do senior-level baccalaureate nursing students strengthen resiliency through the

NE-NS relationship”)? Four themes emerged from the data: resiliency, NE-NS relationship, nurse educator attitude, and classroom coping activities. The subthemes identified were personal motivation, resiliency skillset, ideal NE-NS relationship, role modeling qualities, NE verbal persuasion, and NE pearls of wisdom. This section includes a comparison of findings with the theoretical framework, a comparison of findings with previous literature, and the interpretation of the findings.

### **Comparison of Findings with Theoretical Framework**

This dissertation study was based on Bandura’s (1986, 1989, 2001, 2018) SCT and the concepts of human agency, collective agency, and environmental factors. The first theme that emerged was resiliency, which confirmed the human agency concept as relevant. Bandura (2001) discussed that one’s ability to adapt to an adversary is complex and multilayered. Bandura’s (1989) human agency concept of motivation is referred to how much effort and drive one puts forth to achieve a goal in the presence of obstacles, which is linked to resiliency. The first subtheme, personal motivation, emerged. The top answers that served as personal motivation for nursing students to get through the stressors of nursing school were to become a nurse and graduate. Bandura’s (1986, 1989, 2001, 2018) SCT does not have a subsection related to the personal skills imperative for resiliency; therefore, a subsection called the resiliency skillset can be added. The skill list based on this study’s findings is determination and flexibility. Bandura (2001) stated that SCT branches from a human agency into a collective agency. The fluidity between the human agency and the collective agency was confirmed in this study.

The collective agency represents knowledge passively attained through relationships, role modeling, observational learning, verbal persuasion, and environmental factors (Bandura, 1977,

1986, 1989, 2001, 2006, 2018). The second theme, the NE-NS relationship, confirmed the multilayered aspects of the collective agency. The second theme confirmed Bandura's notion that relationships consist of collective power and can influence others in the group in many ways. The subtheme, ideal NE-NS relationship, confirmed that open communication is essential for building positive relationships.

The subthemes role modeling qualities to mimic confirms Bandura's (1986, 1989, 2001, 2006) subsection role modeling and observational learning to be applicable today. The findings showed that nursing students look at nurse educators as role models, learn from their exhibited behavior, and mimic the displayed qualities. Nursing students watch and learn, then mimic qualities displayed by the nurse educator, especially in times of handling difficult situations.

Bandura's (1977) verbal persuasion was confirmed to be relevant today. This study's subthemes of NE verbal persuasion and NE pearls of wisdom proved crucial to strengthening resiliency. The themes of nurse educator attitude and classroom coping activities confirmed Bandura's (2018) SCT concept of environmental factors. The environmental factors were the learning environment, which was an influential space.

### **Comparison of Findings with Previous Literature**

Recent studies have shown that nursing students experience a large amount of stress during nursing school leading to low levels of resiliency, which cause a significant rise in burnout, drop-out, and attrition rates (Bakker et al., 2018; Lu et al., 2019; Mooring, 2016; Roos et al., 2016). There are multiple solutions implemented in nursing academia to strengthen student resiliency and reduce the high burnout, drop-out, and attrition rates. Mindfulness (Chen et al., 2021; Lee & Jang, 2021; Lu et al., 2019; Rayan, 2019), mental health resources, and self-

management skills offered through the universities (Abiola et al., 2017; Alsarairh & Aloush, 2017; Bodys-Cupak et al., 2016; Facioli et al., 2020; Tung et al., 2018), mentorship, coaching, and academic monitoring (Ahmady & Shahbazi, 2020; Fard et al., 2020; Lekan et al., 2018; Navarra et al., 2018; Nelson et al., 2018; Shahbazi et al., 2018), self-reflective (Contreras et al., 2020; Iqbal et al., 2019; Latham et al., 2020; Oliver et al., 2021), and problem-solving skills are implemented in nursing programs to increase coping and strengthen resiliency (Ahmady & Shahbazi, 2020; Ingraham et al., 2018; Shahbazi et al., 2018; Van Hoek et al., 2019; Walsh et al., 2020).

The participants in this dissertation study confirmed that a positive relationship is imperative to student success. The participants discussed positive and negative interactions with nurse educators in a traditional and online learning environment. The participants' experiences coincide with the current literature, stating that 50% of nurse educators are unsupportive, unapproachable, and inaccessible (Ingraham et al., 2018). The participants referred to certain nurse educators' negative interactions and attitudes as inappropriate and unapproachable, making them feel stupid and not want to ask questions. When nurse educators are not friendly and unapproachable, students keep their distance and do not ask questions (Chan et al., 2017; Ingraham et al., 2018). The participants discussed that positive relationships with nurse educators could benefit learning, communicating, and seeking help with coursework.

Nurse educators use self-reflective practices and debriefing to strengthen critical thinking and problem-solving skills; however, strengthening student resiliency is not part of the activities nor in the curriculum (Amsrud et al., 2019; Chan et al., 2017; Ingraham et al., 2018; Lekan et al., 2018; Lu et al., 2019; Thomas & Revell, 2016; Younas et al., 2019). The participants in this

dissertation study stated that nurse educators are not teaching techniques on coping with nursing school stressors. The participants felt case studies are used for learning disease processes, not muddy situations. The participants suggested that group work, role-playing, case studies with muddy situations, and open conversations could help navigate through stressful situations with patients. Some participants wanted nurse educators to be mentors to them, as their universities did not offer mentorship.

Encouragement and positive reinforcement enhance self-motivation in nursing students, which motivates nursing students to get through challenging times (Shariffard et al., 2020). The participants confirmed the importance of verbal encouragement and positive reinforcement as motivating techniques. The participants recalled how the nurse educator motivated them, making their drive to succeed stronger. While “great job” and “you can do this” were found beneficial, “I believe in you” was the most powerful phrase. The participants felt that if a NE says they believe in them, the NE sees something that the student does not see, which increases personal motivation and strengthens resiliency. The feeling of being believed in by a NE was described as “the best feeling in the world.”

Nursing students experience prolonged stress due to the rigor of coursework, exams, lack of academic support, and stressful situations (Chaabane et al., 2021; Rios-Risquez et al., 2018; Xu et al., 2020). The participants stated open communication with study tips and advice from classmates and nurse educators to be the most beneficial method in learning how to handle the stressors of nursing school. The participants want the nurse educator to give them advice, and helpful tips on what works and does not work with managing stressors. The participants stated they are told to balance work, life, and school but are not advised how to do this. The

participants also stated that some NEs tell students not to work or have a social life and only focus on school. The participants recalled being told to read and study for the exams but not given study tips to succeed. The participants felt alone in their struggles and did not find this advice helpful, positive, or beneficial to their success. Nursing students who have good study habits tend to have academic success and high resiliency levels (Hwang & Shin, 2018).

Therefore, NEs should dedicate a small portion of the classroom time to create discussions related to study tips, reading tips, and advice on balancing life, work, and school to strengthen student resiliency.

### **Interpretation of the Findings**

The participants in this dissertation study highlighted different methods of strengthening student resiliency. Out of all the resiliency strengthening methods described, the participants indicated verbal persuasion with pearls of wisdom as the most desired. The participants strongly desire study tips, reading tips, life-work-school balance tips, and advice on handling muddy situations from nurse educators. The participants also want open communication and group conversations from classmates on study tips, reading recommendations, life-work-balance tips, and advice on what works for them. Open communication and collaboration with nurse educators and classmates can expand their knowledge of handling muddy situations and gain valuable advice.

The NE-NS relationship must be established as a positive, professional relationship based on mutual respect, guidance, and knowledge dissemination for the verbal persuasion and pearls of wisdom to impact nursing student resiliency profoundly. When educators are friendly and approachable, students feel safe and comfortable asking questions (Chan et al., 2017; Ingraham

et al., 2018). The power dynamic can be positive or negative based on the nurse educator's influence (Chan et al., 2017). The participants in this dissertation study felt that nurse educators who displayed empathy, open communication, and an open-door policy contributed to a positive NE-NS relationship. The participants thought highly of nurse educators who reached out to them, offered assistance, and displayed genuine concern for their well-being and academic success.

The learning environment presents vast opportunities for enhancing academic success, reducing stress, and strengthening resiliency (Rees et al., 2016). The participants in this dissertation study thought negatively about nurse educators who read from the PowerPoint and whose advice consisted of not working, no social life, and not seeing family until graduation. The participants preferred positive, fun, and uplifting nurse educators who are excited to teach. When nurse educators exhibit a passion for teaching and the welfare of the students, the participants in this dissertation study felt comfortable asking questions, wanted to learn, and were excited to be in class.

The classroom coping activities are resiliency strengthening activities that can be implemented in the classroom to strengthen student resiliency. The participants stated that the only activities utilized are those that are disease-based. The participants enjoy case studies to learn the bigger picture and would enjoy case studies on muddy situations. Muddy situations can include stressful situations with the patient and family members to learn how to react and manage these situations. The participants also stated that role-playing muddy situations are a fun, effective learning tool. The participants would prefer the last 10-20 minutes of class to be used as an open forum to present a muddy situation, test anxiety situations, study for an exam, and how to navigate through sticky patient scenarios instead of reading or doing nothing. The participants

discussed how the open forum can be used to gain insight and advice from classmates and the nurse educator. The participants suggested creating breakout rooms with groups, polls, open format, or even question and answers for online learning formats.

While verbal persuasion and NE pearls of wisdom were the most desired method for strengthening resiliency, it was noted that the NE-NS relationship and the learning environment must be established as fun, positive, and open first. When the NE-NS relationship and the learning environment are established as positive, verbal persuasion and NE pearls of wisdom have a more significant impact. The participants related to nursing educators who are friendly, approachable, and use open communication as having a genuine concern for their well-being and academic success.

### **Limitations**

The nature of basic qualitative design is intuitive, interpretive, and personal biases need to be highlighted, which is a limitation. During the data collection and analysis process, a self-reflective journal was utilized, using personal, ethical, and professional reflectivity to highlight and obliterate biases. Basic qualitative designs gather rich data by interviewing a small sample size (Merriam & Tisdell, 2016). The sample size was seven; however, the size was large enough to ensure data saturation had been reached (Merriam & Tisdell, 2016). The sample consisted of senior-level baccalaureate nursing students, which limited the valuable insight from this group of nursing students. Improvements for this study are to expand the sample from junior nursing students to new nursing graduates.

## **Implications for Practice**

This basic qualitative study added to the current body of literature on how the NE-NS relationship can strengthen student resiliency. The findings of this dissertation study filled the knowledge gap on methods such as verbal persuasion and classroom coping activities that can strengthen resiliency. This study highlighted the complexity of student resiliency, furthering the understanding of this multilayered concept. The findings of this study were from the point of view of senior-level baccalaureate nursing students, which contributes to a deeper understanding of what nursing students emotionally and intellectually desire from nurse educators and what can be implemented to strengthen student resiliency. This study confirmed that Bandura's (1977, 1986, 1989, 2001, 2006, 2018) SCT applies to nursing education. Bandura's SCT lacked a skillset section; therefore, the findings of the resiliency skillset can be added to the human agency to enhance the theory.

The findings of this study could provide a deeper understanding of the value of the NE-NS relationship and the vital role of the nurse educator and student resiliency (Lekan et al., 2018; Reyes et al., 2015). Nurse educators could apply the findings as a blueprint for creating stronger bonds with nursing students (Amsrud et al., 2019). Classroom coping activities could be used as tools for teaching nursing students how to handle the stressors of nursing school (Froneman et al., 2016; Reyes et al., 2015).

The administration of nursing institutions may utilize the findings to create policies on building positive relationships between nurse educators and nursing students to decrease burnout, drop-out, and attrition rates. In-services and training on the importance of NE-NS relationships and methods to strengthen resiliency could be implemented. Nursing educational institutions can

incorporate resiliency strengthening modalities into the curriculum (McDermont et al., 2020). Student, nurse educator, and course evaluations can include a segment on student resiliency.

### **Recommendations for Further Research**

There is an imperative need to strengthen nursing student resiliency. The findings of this dissertation study presented questions that can lead to further investigation. The future recommendation of the study is to investigate nursing students' resiliency levels who have resiliency incorporated into the curriculum and the techniques incorporated. This future study can compare nursing student resiliency levels with curriculums that incorporate resiliency into them, with nursing student resiliency levels with curriculums that do not integrate resiliency methodologies.

Thirty-one willing potential participants for this study did not meet the inclusion requirements. Expanding the inclusion criteria to allow junior level, senior level, and new graduates may highlight resiliency techniques, discover unknown resiliency techniques, and gain a deeper understanding of student resiliency. Therefore, further research recommends replicating this study using junior-level nursing students through new graduates.

### **Conclusion**

Many methods can be incorporated to strengthen student resiliency. This dissertation study showed verbal persuasion and nurse educators' pearls of wisdom as the most desired technique in strengthening resiliency from the nursing students' point of view. While all techniques discussed were desired, the participants preferred all methods to be incorporated to make an impact. An example is creating the ideal NE-NS relationship and learning environment

with a positive attitude. Nursing students would be more receptive to the NEs' verbal persuasion and pearls of wisdom.

Exploring nursing student resiliency is in the infant stages; however, many research studies investigate the causes of low resiliency levels. Only a few quantitative research studies examined the resiliency levels of nursing students and even fewer qualitative research studies on nursing student resiliency. The gap in the literature regarding how the NE-NS relationship can strengthen nursing student resiliency was filled by this dissertation study.

A basic qualitative approach was chosen as the most appropriate methodology to answer the research question, how do senior-level baccalaureate nursing students strengthen resiliency through the NE-NS relationship. The individual, semi-structured interviews via Zoom used expert-approved guiding interview questions. The sample consisted of seven senior-level nursing students who were currently enrolled in baccalaureate nursing programs, experienced stress in nursing school, and had positive and negative relationships with nurse educators. After each interview, a thorough data analysis was completed until data saturation was reached. An extensive data analysis was performed and confirmed with the dissertation mentor. The themes emerged: resiliency, NE-NS relationship, NE attitude, and classroom coping activities. The subthemes were personal motivation, resiliency skillset, ideal NE-NS relationship, role modeling qualities to mimic, NE verbal persuasion, and NE pearls of wisdom.

The participants discussed how each concept was important in strengthening resiliency. While verbal persuasion and NE pearls of wisdom were the most desired method for strengthening resiliency, it was noted that the NE-NS relationship must be established as positive first. The learning environment must also be established as fun, positive, and open. When the

NE-NS relationship and the learning environment are established as positive, verbal persuasion and NE pearls of wisdom have a profound impact.

The findings of this dissertation study could have practical implications for nurse educators and administration. The participants' experiences can highlight the significance of the NE-NS relationship and what NEs can implement to strengthen resiliency. The findings reference the type of NE-NS relationship desired and resiliency learning methods wanted to be implemented in the classroom in a traditional and online learning format.

Future research study recommendations transpired from the findings of this dissertation study. A recommendation for further research is a quantitative study investigating nursing students' resiliency levels who have resiliency incorporated into the curriculum and the techniques incorporated. This study could compare nursing student resiliency levels with curriculums that incorporate resiliency into them, with nursing student resiliency levels with curriculums that do not integrate resiliency methodologies. Another recommendation for further research is to replicate this study using junior-level nursing students through new nursing graduates.

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