

EXPERIENCES OF ACADEMIC STRESS AND COPING MECHANISM OF
NURSING STUDENTS: A NARRATIVE INQUIRY

Susan Maharjan

A Dissertation

Submitted to
School of Education

in Partial Fulfillment of the Requirements for the Degree of
Master of Philosophy in Educational Leadership

Kathmandu University
Dhulikhel, Nepal

February 2026

AN ABSTRACT

of the dissertation of *Susan Maharjan* for the degree of *Master of Philosophy in Educational Leadership*, presented on *10 February 2026*, entitled *Experiences of Academic Stress and Coping Mechanism of Nursing Students: A Narrative Inquiry*.

APPROVED BY

.....

Prof. Dhanapati Subedi, PhD

Dissertation Supervisor

Academic stress is a response to conflicts, pressure, and students' reactions during their education. Academic distress can affect the students negatively, not only physically but also psychologically. During the nursing study period, they must complete class-based assignments and exams, as well as develop various clinical competencies. Therefore, the essence of this study was to reveal the lived experiences of nursing students' academic stress on theoretical coursework and clinical practice. Although nursing education is intended to develop competent and compassionate professionals, students often experience psychological, emotional, and physical strain as they strive to meet high academic and clinical expectations.

The purpose of this research was to explore how nursing students perceive and interpret academic stress, and to understand the coping mechanisms they adopted throughout their educational journey. Following the interpretivist paradigm, this qualitative inquiry adopted a narrative approach to capture participants' subjective realities. Data were collected by in-depth interviews and interpreted thematically. Basically, the self-efficacy and resilience theories were used to understand nursing students' academic stress and their coping strategies in response to personal and contextual realities. Informed consent was taken before the data collection. Confidentiality and anonymity were strictly followed.

The nursing students experienced different stressors, such as long class hours, a heavy workload, and continuous formative and summative assessments. Not only

that, but during clinical duty, different kinds of stressors were also reported. These stressors lead to anxiety, fear of failure, and psychological distress. Many students expressed inadequate institutional support and mentoring. They expressed the reality of taking stress-calming medication. However, the resilience is achieved through coping strategies such as listening to music, seeking social support, practicing self-reflection, and, when necessary, accessing counseling services.

Based on the findings, it is concluded that nursing students experienced physical and emotional exhaustion during their studies. Nursing institutions must prioritize supportive teaching–learning environments, empathetic mentorship to promote students’ well-being, and the preparation of resilient future nurses.

.....
Susan Maharjan
Degree Candidate

10 February 2026

शोध सार

शैक्षिक नेतृत्वमा दर्शनशास्त्रको स्नातकोत्तर उपाधिका लागि सुसन महर्जनको शोधप्रबन्धको शीर्षक “नर्सिङ विद्यार्थीहरूको शैक्षिक तनावको अनुभव र सामना गर्ने उपाय: एक संकथन” २७ माघ २०८२ मा प्रस्तुत गरिएको थियो ।

.....

प्रा. धनपती सुबेदी, पीएचडी

शोध निर्देशक

शैक्षिक तनाव भनेको शिक्षा अवधिमा उत्पन्न हुने दबाव र विद्यार्थीहरूको प्रतिक्रिया हो। शैक्षिक तनावले विद्यार्थीहरूलाई शारीरिक मात्र होइन, मानसिक रूपमा पनि नकारात्मक असर पार्न सक्छ। नर्सिङ अध्ययन अवधिमा, उनीहरूले कक्षामा आधारित कार्यहरू र परीक्षा पूरा गर्नुका साथै विभिन्न क्लिनिकल दक्षताहरू विकास गर्नुपर्ने हुन्छ। त्यसैले, यस अध्ययनको मुख्य उद्देश्य नर्सिङ विद्यार्थीहरूको सैद्धान्तिक अध्ययन र क्लिनिकल अभ्यासमा पर्ने शैक्षिक तनावको जीवन्त अनुभवलाई उजागर गर्नु थियो। यद्यपि नर्सिङ शिक्षा दक्ष र संवेदनशील विकास गर्नका लागि लक्षित गरिएको हुन्छ, विद्यार्थीहरूले प्रायः उच्च शैक्षिक तथा क्लिनिकल अपेक्षाहरू पूरा गर्न प्रयास गर्दा मानसिक, भावनात्मक र शारीरिक दबाव अनुभव गर्ने गर्छन्। यस अनुसन्धानको उद्देश्य नर्सिङ विद्यार्थीहरूले शैक्षिक तनावलाई कसरी बुझ्छन् र व्याख्या गर्छन् भन्ने अन्वेषण गर्नु तथा उनीहरूले आफ्नो शैक्षिक यात्राभर अपनाएका सामना गर्ने उपायहरूलाई बुझ्नु थियो। व्याख्यात्मक प्रतिमान (Interpretivist Paradigm) अनुसरण गर्दै, यस गुणात्मक अनुसन्धानले सहभागीहरूको व्यक्तिपरक वास्तविकतालाई समेट्न संकथनविधि (Narrative Approach) अपनाएको थियो। तथ्यांकहरू गहिरो अन्तर्वार्ताबाट संकलन गरियो र विषयगत रूपमा विश्लेषण गरियो। मुख्यतः आत्म-प्रभावकारिता (Self-efficacy) र लचकता (Resilience) सम्बन्धी सिद्धान्तहरू नर्सिङ विद्यार्थीहरूको शैक्षिक तनाव तथा उनीहरूको सामना गर्ने रणनीतिहरूलाई व्यक्तिगत तथा सन्दर्भगत वास्तविकतासँग सम्बन्धित रूपमा बुझ्न प्रयोग गरियो। तथ्यांक संकलन गर्नु अघि सूचित सहमति लिइएको थियो। गोपनीयता पालना गरिएको थियो।

नर्सिङ विद्यार्थीहरूले विभिन्न प्रकारका तनावका कारकहरू अनुभव गरे, जस्तै लामो कक्षा समय, भारी कार्यभार, तथा निरन्तर आन्तरिक (Formative) र अन्तिम (Summative) मूल्याङ्कनहरू। यसका साथै, क्लिनिकल ड्युटीको समयमा पनि विभिन्न प्रकारका तनावका कारकहरू रिपोर्ट गरिएका थिए। यी तनावहरूले चिन्ता, असफलताको डर र मानसिक तनाव उत्पन्न गरे। धेरै विद्यार्थीहरूले संस्थागत सहयोग र मार्गदर्शन अपर्याप्त भएको व्यक्त गरे। उनीहरूले तनाव कम गर्ने औषधि सेवन गर्ने अवस्थासमेत व्यक्त

गरे। तथापि, संगीत सुत्रे, सामाजिक सहयोग खोजे, आत्म-चिन्तन गर्ने, तथा आवश्यक परेमा परामर्श सेवाहरू उपयोग गर्ने जस्ता उपायहरूद्वारा लचकता हासिल गरिएको पाइयो।

प्राप्त निष्कर्षहरूको आधारमा, नर्सिङ विद्यार्थीहरूले आफ्नो अध्ययन अवधिमा शारीरिक र भावनात्मक थकान अनुभव गरेको निष्कर्ष निकालिएको छ। नर्सिङ संस्थाहरूले विद्यार्थीहरूलाई सहयोगी शिक्षण-सिकाइ वातावरण, सहानुभूतिपूर्ण मार्गदर्शन, तथा भविष्यका लचकदार नर्सहरू तयार गर्ने विषयलाई प्राथमिकता दिन आवश्यक छ।

.....

सुसन महर्जन

उपाधि उम्मेदवार

२७ माघ २०८२

This dissertation, entitled *Experiences of Academic Stress and Coping Mechanism of Nursing Students: A Narrative Inquiry*, was presented by *Susan Maharjan* on 10 February 2026.

APPROVED BY

..... 10 February 2026
Prof. Dhanapati Subedi, PhD
Dissertation Supervisor

..... 10 February 2026
Prof. Kunta Devi Pun, PhD
External Examiner

..... 10 February 2026
Asst. Prof. Rebat Kumar Dhakal, PhD
Head of Department, Educational Leadership

..... 10 February 2026
Prof. Bal Chandra Luitel, PhD
Dean/Chair of Research Committee

I understand that my dissertation will become a part of the permanent collection of the library of Kathmandu University. My signature below authorizes the release of my dissertation to any reader upon request for scholarly purposes.

..... 10 February 2026
Susan Maharjan
Degree Candidate

© Copyright by Susan Maharjan

2026

All rights reserved.

DECLARATION

I hereby declare that this dissertation is my original work, and it has not been submitted for candidature for any other degree at any other university.

.....

Susan Maharjan
Degree Candidate

10 February 2026

DEDICATION

To my beautiful daughters, Saumya Dangol and Saatvi Dangol.
(The Flowers of My Life)

ACKNOWLEDGEMENTS

First and foremost, I express my gratitude to the Lord Almighty for continually blessing me throughout the study and enabling me to make it beautiful.

I take this opportunity to express my profound gratitude and deepest regards to MPhil dissertation supervisor Prof. Dhanapati Subedi, PhD, for his continuous guidance, supervision, and constant support, and for his praise throughout this study. I am also thankful to Assoc. Prof. Shesha Kanta Pangei, PhD, and Asst. Prof. Rebat Kumar Dhakal, PhD, Head of Department, Educational Leadership, for their continuous support from the beginning of this research. I am also thankful to Prof. Mana Prasad Wagle, PhD, who provided me with kind support. I also extend my gratitude to Asst. Prof. Shree Krishna Wagle, PhD, for providing invaluable feedback and constantly supporting me in improving my academic writing. I would like to remember the entire MPhil friends for stimulating and motivating me to complete the study. My sincere thanks go to the entire faculty of the MPhil program at Kathmandu University for their guidance, support, and encouragement throughout my course of study. I express my gratitude to Narayan Shrestha for the editing and APA formatting of this dissertation. I also thank all the administrative officials of Kathmandu University School of Education (KUSOED) for their cooperation and assistance.

I would like to express my gratitude to Sital Gautam, PhD, for her support during this study. I would also like to acknowledge, with much appreciation, the crucial role of the Campus Chief and coordinators in granting me formal permission to conduct this study and in willingly helping me out. My deepest appreciation goes to all the participants for their enthusiasm and cooperation in the successful completion of my study.

I thank all whom I may have missed mentioning by name, but nevertheless have been a great help and support in the fruitful accomplishment of this dissertation.

Susan Maharjan
Degree Candidate

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	i
TABLE OF CONTENTS.....	ii
ABBREVIATIONS	v
CHAPTER I.....	1
INTRODUCTION	1
Setting the Scene	1
Background of the Study.....	3
Statement of the Problem	5
Research Questions	7
Rationale of the Study	7
Purpose of Study	8
Delimitations of the Study.....	8
Chapter Summary.....	9
CHAPTER II.....	10
LITERATURE REVIEW	10
Understanding of Stress	10
Academic Stress Related to Theory Class.....	11
Academic Stress Related to Clinical Duties.....	12
Strategies to Cope with the Stress	13
Empirical Review	14
Policy Review	17
Theoretical Review	19
Self-efficacy Theory.....	19
Resilience Theory.....	19
Chapter Summary with Identifying Research Gap	23
CHAPTER III	25
METHODOLOGY	25
Philosophical Considerations	25
Ontology	25
Epistemology	26
Axiology	27

Interpretivism as my Research Paradigm.....	28
Research Design/Approach.....	29
Method.....	30
Research Site and Participant Selection.....	31
Lila: Serious.....	32
Manita: Extrovert.....	32
Sahara: Hardworking.....	32
Dina: Extra active/energetic.....	32
Shila: Calm but Talented.....	32
Anu: Charming.....	33
Data Collection Method.....	33
Information Management/ Thematizing.....	34
Meaning Making an Interpretative Combined.....	34
Positionality.....	35
Quality Standards of the Study.....	35
Trustworthiness.....	36
Reflexivity.....	36
Temporality.....	36
Sociality.....	36
Spatiality.....	37
Ethical Considerations.....	37
Chapter Summary.....	37
CHAPTER IV.....	39
EXPERIENCES OF NURSING STUDENTS' STRESS.....	39
"The Hidden Silence Behind the White Coat".....	39
"In the Dark Shadows of Care: A Student's Cry Behind the Curtain".....	44
"The Lighthouse Within the Storm".....	51
Chapter Summary.....	57
CHAPTER V.....	58
KEY INSIGHTS, DISCUSSION, CONCLUSION, AND IMPLICATIONS.....	58
Key Insights.....	58
Discussion.....	60
Conclusion.....	66
Implications.....	66

My Reflection.....	68
REFERENCES	70
APPENDICES	83
Consent Form	83
Students' Interview Guideline.....	84
KUSOED Ethical Guideline Form.....	86
Ethical Permission Letter from NHRC	93
Sample of Coding, Categorizing and Thematizing	94

ABBREVIATIONS

AACN	American Association of Colleges of Nursing
BNS	Bachelor of Nursing
BSc Nursing	Bachelor of Science in Generic Nursing
ENT	Eye Nose Throat
KUSOED	Kathmandu University School of Education
MBBS	Medicine and Bachelor of Surgery
MoH	Ministry of Health
MOHP	Ministry of Health and Population)
NHRC	National Health Research Council
UNICEF	United Nations Children's Fund
USA	United State of America
WHO	World Health Organization

CHAPTER I INTRODUCTION

This chapter deals with academic stress among nursing students. No one can be separated from stress. Stress varied across developmental, situational, and daily-life events. Likewise, students are not exceptional. Almost all nursing students may experience stress related to theory and practical/clinical work. Some may perceive it as problematic, but some may deal with it with ease. Therefore, it may vary from student to student.

Setting the Scene

As I have also been through student life for more than a decade, I have experienced academic-related stress. In my experience, every day during college and after, I felt academic stress about homework, exams, deadlines, project work, group work, etc. As a nursing student, I found nursing challenging and transformative, with the flow of academic stress shaping me as a student and future healthcare provider. Earlier, the prospect of pursuing a respectable nursing profession spurred me. However, as the year passed, the bulk of assignments, the complexity of college work, and continuous assessment started to take over. The never-ending lectures, practical tests, and clinical assignments felt like an ongoing wave, threatening me. Not only that, but maintaining the balance between theory and practice was one of the most stressful aspects. Classroom talks about complex medical ideas were frequently followed by the application of that knowledge in high-pressure clinical settings. Bridging the gap between the academic complexity of patient care and the practical implementation requires both cognitive capability and emotional strength. Clinical rotations and duty are crucial for giving real-world experience, but they are always felt as a double-edged sword. The obligation to personally care for patients under the supervision of experienced nurses and educators increases stress. Every decision felt significant, and the anxiety of making a mistake was over every process. Inadequate and inefficient professional knowledge and skills also cause nursing students to worry. They were learning to enter into health profession. At that time, they had always feared making mistakes or harming the patient unknowingly. During their student life, they even made small mistakes while caring for the patient, and they also felt very panicked, which they did not feel as much fear in later years (Bhurtun et al.,

2021). Late hours spent in reading textbooks and notes, as well as bundles of writing case studies, were usual. Because the nursing curriculum is intensive, students have to sacrifice social activities and leisure time. While achieving good marks is vital, it might feel difficult to achieve the goal at times, especially during test preparation, when sleep becomes invaluable. Similarly, clinical duty left an unforgettable mark on me. I have experienced stress regarding my studies. Teachers used to give me homework and notes, and every day I had to stay up late at night to complete all the work. During the exam, apparently, I did not do it properly, even though I studied very hard. When I got home, I told my mother, and I cried so much I couldn't stop. My mother gave relatable suggestions and helped me a lot, even though my sister was also there to raise me. I had felt so much stress about my studies. During exam time, I slept on the study table, and could not sleep on the bed because of anxiety, I guess. The stressors for nursing students include examinations, assignments, and course workload, as well as meeting multiple pending assignment deadlines and preparing for examinations. Some nursing students also reported feeling pressured to achieve high exam grades (Lavoie-Tremblay, 2022). One of my friends left college because she could not meet her family's expectations for her studies and could not overcome her stress, and later, she had depression. As Lavoie-Tremblay et al. (2022) found, teachers also have higher expectations. There were lots of assignments, such as presentations, creative works, project work, case studies, and frequent exams, and we all had to stay late at night to complete work. No, any entertainment. Just study and study. To get refreshed, we hardly made time to play and dance with friends. Some friends had poor performance in their studies and extracurricular activities, too, and they expressed feeling stressed. Therefore, if the academic stress of the student is not addressed on time, the student may suffer from anxiety and will have mental disharmony and poor results in academics. As I engage with the students every day, a few have experienced severe stress due to difficulties with the new environment, problems with peers at the hostel, perceived changes in the learning environment, and pressure on academic activities, including deadlines. It is not important how much the students get stressed; more important is knowing how to handle it. Amidst the academic stress, a sense of togetherness, sharing with teachers and fellow nursing students, and becoming one another's pillars of support, sharing study materials, exchanging time management techniques, and providing encouragement during self-doubt. While having stress about the study and any problems occurring during the

clinical time, most students had at least one coping strategy to reduce stress; some adopted unhealthy strategies or negative behaviors like drinking alcohol, smoking, or taking drugs; some loved to stay alone and blamed themselves, as reported by Liu et al. (2022). While some of the students shared their stress with friends or denied it or self-distanced from it to reduce it, as reported by Nebhinani et al. (2020).

After being a teacher, students are showing mild to severe stress in their studies. In my understanding, every year at least one student leaves their studies because they are unable to balance their studies and stress levels. Some of the students were taking anti-depressive medicine. This makes me think for a while about their academic stress, which makes them take the medicine at last or be obligated to leave their studies in between the sessions. Thinking about what type of stress the students might have related to studies? How do they accept their stress? How do they overcome that stress?

Background of the Study

During studying time, students are exhausted by textbooks, notebooks, continuous study sessions, examinations, and deadlines. They have dark bags beneath their eyes, a continuous furrowed forehead, and a persistent sense of tiredness. They face competition for higher grades, but life is not just about grades and tests; it is about personal development, relationships, and finding joy in the learning process.

Stress is an important fact of life among students. Every individual has gone through this stage, and I am not exceptional. This time was really difficult. When I was a nursing student, there was a lot of academic stress. As far as I remember, I was a hard-working student by nature, and I needed every activity completed on time and all educational tasks understood thoroughly. This sometimes caused me difficulties. Frequent exams every six months, assignments, and strict teachers were contributing factors to my perceived stress. Some teachers tried to reduce my stress on time, but if those respected teachers were unable to manage it effectively, I could not flourish academically. This period is a transitional time marked by biological changes and increased responsibility in society, at home, and in college. During this time, most students express academic stress. Extreme effects of academic stress on teenagers and young adults are frequently reported in the media, including suicide, smoking, and drug and alcohol abuse, which we can also observe or learn about through various sources. Some students recover from these problems and move forward in life if the

issues are identified and they receive counselling on time. However, if these problems are neglected, students' lives may be ruined.

Stress is a discomfort triggered by internal or external factors (Lazarus & Folkman, 1984). In the context of academic stress among nursing students, they experience different stressors. Due to stress, the student may experience negative emotions and physical changes, such as increased muscle tension and heart rate, as well as behavioral and emotional changes (Dobson, 2012). According to Flores and Andres (2023), academic stress is characterized by feelings of frustration, conflict, and pressure, as well as reactions to academic demands. Most students are under pressure due to heavy study loads and the desire to achieve high grades. For managing stress, coping is essential. Coping is a dynamic process (Gyasewaa, 2023) that includes problem-solving approaches and mindfulness practices (Vestad & Tharaldsen, 2022).

Academic distress can negatively affect students' mental health (Granieri et al., 2021). Coping Strategies to reduce students' academic stress include effective problem-solving, involvement in counselling, and seeking a support system (Dada et al., 2019). The support system might be from the teachers, faculty members, or coordinators.

In America, half of middle school students stated that they often or always felt stressed by their schoolwork (Blazer, 2010). Academic stress causes depression and anxiety, which are the main problems of Chinese college students (Sun et al., 2012). Likewise, this academic stress affects their educational performance and outcomes (Deng et al., 2022). A qualitative study in China concluded that the main stressors were high expectations for academic achievement and stress from friends and family, which impact students' emotions, sleep, and psychological well-being (Zhou et al., 2023).

Regarding academic stress and its impact on students, this emotional discomfort triggers physical changes, leading to frustration, conflict, and bursts of anger, leaving them feeling helpless and hopeless. Ultimately, they might exhibit suicidal behavior.

According to Lavoie-Tremblay et al. (2022) and Reddy et al. (2018), nursing students must meet the requirements of theory classes and clinical assignments, which can lead to increased academic stress, especially among first-year students. They should also be competent in clinical practice. These stressors affect not only academic

but also physical and psychological well-being (Beanlands et al., 2019). Students are unable to cope with stress caused by their difficult syllabus, and parents hope for academics; as a result, they have experienced mental problems like depression, anxiety, and ultimately suicide (Nagle & Sharma, 2018). Thus, they need support networks and effective coping mechanisms to manage stress promptly.

Coping is important for reducing that tension and protecting oneself from its effects (Labrague et al., 2017). According to Gurung et al. (2020), more than one-fourth of college students had academic stress. According to Kowalska and Szwamel (2022), various coping methods, such as problem-solving, seeking information, cognitive restructuring, emotional expression, distraction, avoidance, and good thinking, help students to reduce stress levels. Students respond to stress differently, and if stress is managed effectively and promptly, the outcomes will be minimal; if not, it might affect students very seriously. Therefore, exploring stress and implementing interventions, such as counselling for students and guidance, is essential, and teachers play a pivotal role in nurturing students.

If stress is addressed early, it can be resolved and prevented from developing into complications, because once a student exhibits such behavior, it is very difficult to overcome. So, prevention is better than a cure. Emphasizing the resilience of physical and emotional well-being, coping plays a vital role for the students. To mitigate nursing students' academic stress, teachers and institutions play a pivotal role in supporting, guiding, encouraging, and motivating them so they can cope effectively and achieve their academic goals without psychological harm. Nursing teachers are those who can identify students' stress in time, prevent it and its consequences, and, even when students experience academic stress, support them in problem-solving effectively through mindfulness and emotional expression. So, early identification of stressors and timely coping can minimize negative outcomes for students.

Statement of the Problem

Some frustration/Stress related to a negative impact on academics needs to be identified on time. Academic stress and emotional problems are associated with students (Tharaldsen et al., 2022). Students are experiencing more than average daily stress (Bouchrika, 2026). Because of the academic stress, they may suffer from physical or psychological problems. Stress is considered a psychological threat (Day & Livingstone, 2004). Seyedfatemi et al. (2007) claimed that if students' stress is not addressed in a timely manner, feelings of loneliness, nervousness, sleeplessness,

worrying, anxiety, mental distress, and study inefficiency may result. The nursing students have to experience both theoretical classes and clinical exposure, which is highly stressful. They have to do more assignments and preparation for clinical procedures. Therefore, nursing students are more vulnerable to academic stress than others (Cestari et al., 2017).

Exploring stress is challenging for teachers. Some may have experienced headache, nausea, and stomachache, and some may have difficulty concentrating in their studies and may withdraw from them. Some may have little interest in their activities. If those stresses are not identified on time, they may have severe problems like depression and anxiety even commit suicide. Mainly, suicide is the third leading cause of death among 15-29 age group, (World Health Organization [WHO], 2025). Academic stress is often overlooked by teachers and educational management. If the student had higher stress, they would have engaged in maladaptive behavior, including dependence on substance use. They would have poor grades on class assignments and, ultimately, deterioration in their studies (Hearon, 2015).

Student stress should be addressed promptly to prevent unpleasant outcomes, help students flourish, and enhance their performance in their studies; ultimately, students would be physically, mentally, and socially healthy. Although most students experience stress during their student life, there are no monitoring systems to detect academic stress early, especially among nursing students. Likewise, there is no special sharing session with the students, and they are always made to feel like shadows by the nursing tutors and the college management committee. There is limited access to explore their stress experiences related to theory classes and clinical workload, rigid curriculum assignments, real exposure to the very sick patient, and fear of competency-based curricular activities. As a result, nursing students are inclined towards maladaptive behavior such as substance abuse, but minimal discussion or open sharing sessions on positive coping mechanisms or resilience-building strategies. This creates a gap in research and practice regarding how to equip nursing students with healthy, sustainable coping strategies. Similarly, there is a lack of training for teachers to help nursing students detect and manage their stress, which appears to be a gap in teachers' capacity-building, although the curriculum includes certain hours on stress and crisis. Even the long-term effects of the stress, such as quitting the nursing study in between sessions, even though they had succeeded in a very tough entrance

exam to enter the nursing education. These aspects of stress experience were neglected, leaving gaps in the research study.

Therefore, academics would seriously harm nursing students' psychological health, academic performance, and overall development. Prompt awareness of stress, effective coping strategies, and support from faculty and the broader support system are crucial for managing stress. Likewise, they encounter an individual set of challenges. Stress, as defined by Lazarus and Folkman (1984), is an unpleasant emotional state caused by internal or external demands. Nursing students experience challenges in academic settings because of a vague curriculum, clinical duties, and high expectations for better performance. Academic stress is not only a psychological state; it is a comprehensive response that impairs students' psychological and academic functioning (Flores & Andres, 2023).

Research Questions

The following research questions are formulated:

1. How do nursing students narrate the experience of their academic stress?
2. How do they adapt their coping strategies to academic stress?

Rationale of the Study

Nursing students experience various academic stressors, including social stress, peer pressure, academic demands, and educational pressures (Matakupan & Huwae, 2022). In Nepal, youngsters are at risk of having psychological problems such as frustration, depression, and anxiety, and may develop behavior problems like drug abuse, smoking, alcoholism, and even commit suicide (Chaulagain et al., 2019).

A study in Zimbabwe among students found that females were perceived to have higher levels of stress than males (Magaya et al., 2005). Lees et al. (2023) found that mostly, students from rural areas with low income, female gender, and academically failing young adults were most prone to psychological health problems, but most cases are undetected and untreated. This stress can lead to severe problems if not managed properly. Thus, the academic stress among students should be addressed without delay to save their lives before it's too late. There should be a safe and friendly learning environment so that adolescents can navigate and explore their problems and feelings. The college management, administration, and teachers could be involved in resolving their problems in a student-friendly manner to prevent unpleasant consequences. Our nation also emphasizes that without mental health, there is no good health. Minimizing the academic stress of nursing students and

promoting the adoption of coping strategies are among the most important national priorities because they are the future mainstay that will take our country into the next stage.

Many nursing students are experiencing stress for various reasons, but they are not sharing those feelings with friends, teachers, or parents. Lees et al. (2023) found that their academic performance was also deteriorating, and as a result, they may be experiencing stress. This aspect of the students is being neglected by the school/college management, teachers, and even by their parents. Therefore, it would be better if this aspect of the students were addressed. Adebusuyi (2018) focused on how the well-being of undergraduates could be increased through adequate teacher support, which also fosters a meaningful and fulfilling academic life. What are the academic stresses that nursing students experience? What might be their stories regarding their academic stress? How do they feel the stress regarding theory classes as well as practical activities? What are the coping strategies they prefer to follow in their real life? These arguments have not been addressed in the published research. Therefore, I am interested in exploring deeper layers of meaning to identify the students' condition, which is directly helpful to students and teachers alike. The study might help assess baseline information on stress and coping strategies. It is useful for future researchers as a reference to conduct the study.

Purpose of Study

The purpose of the study is to explore the different academic stresses of nursing students, to collect their stories about academic stress related to theory classes and practical or clinical activities, and to examine their coping mechanisms to manage such stress. The study aims to assess how nursing students interpret and make sense of their academic stress, and how they experience the dual burden, which shapes their stress and their use of diverse coping strategies, both positive and negative, to overcome it during their academic journey.

Delimitations of the Study

This narrative focuses on students' personal stories of academic stress and their adopted coping strategies, excluding other forms of stress, such as family or financial challenges. This study is delimited to theoretical stress and clinical stress only. The theoretical framework is delimited to class-based assignment, assessment, evaluation, clinical stress delimited to clinical duty schedule, clinical nursing procedure competence, clinical performance, shift duty at hospital, and coping

strategies delimited to distraction activities adopted by the students, such as meditation, sharing with friends, listening to music, etc.

Chapter Summary

It provides essential background, highlighting that academic stress is a common and significant experience among students, particularly nursing students, due to continuous academic demands, including examinations, assignments, clinical responsibilities, and a strict evaluation system. During their academic life, students often experience physical stress or exhaustion, emotional tiredness, and psychological pressure, which can negatively affect their learning experience and overall well-being. Academic stress has been relationship with negative effects as frustration, depression, anxiety, poor academic performance, substance use, and even suicidal behavior among students. Therefore, it focuses on global public health issues. The nursing students are particularly vulnerable because of heavy workloads, frequent assessment, fear of clinical incompetence, and limited opportunities to express or manage their stress. Thus, unrecognized or unmanaged stress can seriously impair mental health and academic success. Coping strategies such as social support, mindfulness, problem-solving, counselling, and resilience-building play a vital role in mitigating the adverse effects of academic stress. Therefore, early identification of academic stress and strengthening coping and resilience among nursing students are essential to promote their academic achievement, mental well-being, and professional development.

CHAPTER II

LITERATURE REVIEW

This chapter aims to articulate the understanding of academic stress derived from the literature, as well as to establish the theoretical foundations for the current study. This chapter presents a thematic review of the meaning of stress, its stressors, and related terms, including academic stress, from both theoretical and clinical perspectives, focusing on nursing students. How the nursing students experiences of stress during the student life mostly related to theory activities such as presentation, assignments, preparation for the tough exam, as well as stress related to clinical exposure to new ward, assignment of critical patients, fear of being late at duty, fear of medication error, fear of dealing with physician, compulsion of being competent at clinical duty, evaluation of procedures by the concerned teachers, providing formal health teaching to the patient, and competent in conducting deliveries. This chapter not only examines the experiences of academic stress but also explores different coping strategies to relieve it, how students adopt these mechanisms, and how they develop resilience in their student lives.

Understanding of Stress

Stress is a common experience in daily life, including for students, who often encounter academic-related stress during their studies. Hans Selye defined stress as “Stressors are both internal or external forces of an individual that require adjustment” (Viner,1999). Oxford Learning Centers (2022) identified 11 stressors for students, including tests, homework, heavy assignments, short deadlines, poor sleep schedules, lack of support, new environments, long-duration classes, and daily duty rosters. However, 5 factors for teens are fear of failure, tougher academics and more responsibilities, social pressure, uncertainty about the future, and concern about college.

Nursing students may experience various types of academic stress. For nursing students, stress can be even more complex, as they must balance theoretical learning with clinical responsibilities, often facing unique academic, emotional, and social pressures. For the nursing student, the day assignment includes frequent exams and a fear of failure in tough exams. Similarly, pressure during clinical posting, dealing with real and complicated patients, performing nursing procedures under tutors’

supervision, and the fear of making mistakes that harm the patients. Difficult to balance between theoretical and clinical life, lack of adequate rest, especially during night shift.

Academic Stress Related to Theory Class

There are various academic stressors for nursing students, including completing assignments, meeting deadlines, peer competition, meeting parents' expectations in their studies, project work, preparation, and ongoing formative and summative assessment.

They have intensive theoretical classes, busy daily routines, long hours of continuous classes, formative and summative examinations, and the risk of failure, all of which are similar to academic stress. On top of that, they face performance pressure, a heavy workload, interpersonal adjustment issues with tutors, and time constraints (Reddy, 2018). Likewise, regular exams within the year, lengthy assignments such as case studies and nursing care plans, grades, a lack of free time, and curricular activities such as conducting workshops, seminars, and microteaching lead to academic stress (Kumar et al., 2020).

In the world, studying nursing is the most stressful. Therefore, most learners do not like studying nursing or the nursing profession. The stressful nursing school environment affects students' academic achievement and mental health. Therefore, nursing students face various sources of academic stress linked to their theory-based learning or class-based activities. The most common sources of stress are the pressure to complete assignments on time, prepare for tests, meet deadlines, compete with classmates, and meet their parents' expectations. Not only that, but the nursing students also have to do project work, workshops, microteaching during teaching/learning sessions, presentations during research activities, and other minor presentations during the academic period. They also have frequent exams, and the fear of failure in both formative and summative exams heightens stress. Additionally, they often take intensive theoretical classes and face a long, tightly packed schedule with few opportunities for rest or personal activities (Aryuwat et al., 2024). The rigid rules of the master plan also make it difficult for students to manage and adjust to their daily activities. Sometimes they have problems with students, friends, or even tutors in class. Thus, they have various kinds of academic stress.

Academic Stress Related to Clinical Duties

The nursing profession has a broad scope of practice. They should also have strong practical experience and skills. There is a lot of hands-on training, and one should be competent in clinical activities. During accomplishing the requirement of practical, they might have experiences different clinical stressors such as fear of making mistakes, complex care of the critical patient, fear of harming patients, stress on having medication errors, lack of knowledge about medical conditions, care of death body, witnessing death or suffering of the patient, new role, unfamiliar environment of clinical setting, patient care responsibility and professional accountability (Lavoie-Tremblay, 2022). The student illustrated that the most stressful time in the nursing program was during clinical duty, and further elaborated that on the first day of duty, she was so stressed about providing misinformation to the patient. She recalled the story that one of the patients asked about his disease, and she answered that she did not know about his diagnosis. Then he was so angry that he screamed at her. That was her bad experiences and painful time (Sharif & Mousami, 2005).

In nursing education, stress is the most common these days. Both in theory classes and in clinical settings, they are constantly exposed to stress that directly or indirectly affects their educational performance. The practical training is far stressful than the theoretical stress. The lack of practical knowledge and skill leads nurses to be more stressed. They have anxiety of making mistakes in the clinical and harming the patients, handling the emergency situations, inconsistencies in the practicum, relationship with ward staff, caring for the critical patients, and even witnessing death and caring for the death patients. At the same time, the nursing profession demands both theoretical knowledge and strong clinical competence, and the nursing students are expected to develop hands-on skills (Aryuwat et al., 2024) and gain confidence in a real health care environment. and to fulfill this, the teachers also made many back-to-back deadlines to the students and the students also feels some kind of stress. The practical training is also a crucial part of nursing education. In clinical duty, they have to perform various procedures across different wards, including the emergency ward, pediatric ward, maternity ward, labor ward, intensive care ward, oncology ward, hemodialysis ward, and so on. Thus, dual responsibilities create considerable pressure for them. They frequently experience clinical stress such as fear of making mistakes, dealing with critically ill patients, risk of medication error, providing end-of-life care,

exposure to very critical and death, unpredictable situations in an unfamiliar hospital setting can intensify their anxiety. These contribute to the perception of clinical placements as highly stressful.

Strategies to Cope with the Stress

For coping, the nursing students adopt different strategies. Some students use constructive coping mechanisms, while others may engage in maladaptive behavior. Some students love to do their hobbies like listening to music, writing articles, drawing art, hanging out with friends, sharing with friends, and watching movies, but some students use chemical medicine, substance abuse, alcohol, drop out of the study, and stay lonely (Freire et al., 2020).

Stress should be identified early and addressed before it ruins a student's life. The news had been heard about students having behavioral and mental illness because of academic stress, and among them, some had severe health problems, and some committed suicide. Academic stress may contribute to academic burnout, academic anxiety, and decreased academic self-efficacy (Gao, 2023). Therefore, it affects 3 dimensions: academic performance, emotional exhaustion, and reduced personal achievement (Lin & Huang, 2014). The students felt bored with school and escaped from academic stress or burnout during the epidemic that disturbed the normal routine of school attendance (Sun et al., 2012). Students are often under ongoing stress related to their education, aiming to achieve good marks and avoid low grades (Pascoe et al., 2020).

Managing stress is greatly influenced by the coping mechanism that was adopted. Nevertheless, students with an increased level of stress have difficulty coping effectively. In this context of theoretical and practical stress among nursing students, coping mechanisms help them support and overcome it with resilience. An effective coping mechanism can reduce stress levels.

As I also went through the same situation, I can feel the issues affecting the students. In my practical classroom experience, students feel stressed and verbalize their problems and worries. Some students reported they could not sleep at night, and others said they could not concentrate on their studies and academic activities. Some students leave their studies in between sessions because of instability in their psychological health and stress. Students also reported academic stress due to study load, assignments, deadlines, finances, and academic competition.

Empirical Review

Researchers such as Joseph and Henry (2009) have found stress symptoms such as elevated blood pressure, depressed mood, loss of energy, increased craving, difficulty concentrating, impatience, and nervousness. They recognized that stress, frustration, anxiety, and depression are negatively associated with academic success. Increased stress decreased students' ability to manage it and their academic attainment (Khan, 2018). I personally also accept that without mental health, it is useless to get a higher score in the studies.

KOSHISH, an organization of persons of Nepal, has been organizing advocacy events jointly in 2022 to recognize the stressors of life and address them promptly, preventing unpleasant consequences among adolescents and young adults. This means it has given the most priority to stress, stressors, and coping to prevent mental illness (Nepal, 2022). In this way, Nepal's health policy has also given top priority to young adults' health, as their health is the nation's health. Mental health is as important as wealth.

Likewise, Prabu (2015) conducted a study among 250 higher-secondary students in Tamil Nadu, India, which revealed that students have moderate levels of academic stress, higher in urban than rural areas, and that academic stress is more evident among students with literate parents. Likewise, Rijal et al. (2023) conducted a web-based descriptive study among higher secondary students in Nepal on stress and coping strategies, finding that students with low stress preferred positive reframing and acceptance, whereas those with moderate to high stress preferred escape. In conclusion, most of the students have moderate stress levels, and they adopted self-distraction as a coping strategy, but some followed acceptance and substance use. In my opinion, because of failure to resolve the stress, there would be a search for the easy way, consequently, they experience smoking, alcoholism, and addiction too, which are the burning issues among the students.

Another qualitative study was conducted in Iran among students to assess their experiences with stressors and coping strategies, exploring individual stressors such as fear of failure, dealing with new experiences, and pressure from the educational system (Khademian et al., 2021). According to Lavoie-Tremblay et al. (2022), the stressors for nursing students included intensive coursework, exam preparation, workload, pressure to achieve high grades, and deadlines; as a result, students experienced anxiety. To combat with stress of physical exercise, some might get

social support from their peers. Some may experience unhealthy behavior such as dependence on drugs, sleep disorders, and suicide. Likewise, the study was conducted in the United States among nurses, and they explained that, due to academic stress, most students withdraw from the program, feeling social isolation, especially during exam time (Bergmann, 2019; Delaney, 2016). According to Rafati et al. (2017), students adopt coping with academic stress with active confrontation such as correcting wrong interventions, reflecting on stressful situations, and use of communication skills whereas some nursing students did positive thinking, used herbal medicine, and used the chemical medicine too so on explained by Reeve et al. (2013) that nursing students do crying, ignoring stress, the feeling of sadness or use of alcohol as a coping strategy. They adopt not only behavioral changes but also follow maladaptive behavior. These behaviors negatively affected health and academic performance. However, if nurses are taught to use a problem-solving approach and to critically think through every problem, nursing students can benefit in the long term and protect themselves from consequences (Gholami, 2017).

A study conducted in Germany among medical students on perceptions of academic stress found that students at the top of their class are also affected by it. They expected to perform well academically, feared repeated exam failure, and, as a result, perceived academic stress. Some students followed different coping mechanisms, and later they had experiences with a sense of self-efficacy, self-esteem, and resilience, but some had permanent stress, which led to emotional exhaustion (Bergmann et al., 2019). Similarly, Lees et al. (2023) found that nursing students frequently experience academic stress, which directly affects their performance in clinical, and some apparently leave academic programs, thereby affecting the future pillar of the nation and their careers.

According to Alshowkan (2022), novice nurses were aware of sources of stress during their clinical posting, including ward staff, patients, and the hospital environment. These also put the nursing students under pressure. Because of the college environment and peer pressure, nursing students cannot build academic self-esteem. Likewise, other different sources of academic stress of nursing student are frequent exam fear, long hours of study and their assignments, less free time, not providing feedback on time after performing procedures, preparation for conduction of workshop of presenting research report presentation and other presentations and at the same time, clinical sources of stress are caring the patient very sick patients,

psychiatric patients which always painful, conflicts between peers during clinical duty, fear to complete clinical requirement, insecurity on personal clinical competence, dealing with uncooperative patients and unsupportive care takers, prolonged standing, work load during clinical duty, learning psycho motor skills such as.- bed bath, bed making, and frequent manual monitoring of vital signs also refer to an increased level of stress (Kumar et al., 2020).

In Vietnam, a cross-sectional study was conducted among 535 gifted students to assess stress and coping strategies. The information was collected through a self-reported questionnaire, and the majority of nursing students reported severe levels of stress. Problem-solving was the most preferred strategy, followed by wishful thinking and cognitive restructuring. Based on the findings, it is concluded that students with higher levels of stress experienced excessive parental control in their academic performance. Therefore, students' perceived stress is very high (Thai et al., 2021).

Jeyasingh (2022) focused on students' perceived academic stress and its reduction. It is very important to provide counseling to students. Interactive academic sessions on stress management are very useful for identifying the causes of stress and for resolving it. Likewise, during examinations, students feel extreme stress that can sometimes persist, preventing them from concentrating on studying; as a result, they experience poor sleep quality. In terms of coping, students had experienced informal ways to deal with stress, such as staying alone, just having a good cry, doing sports, listening to music, talking with parents and friends, and hanging out with friends, but not having professional services inside and outside the school (Zhou et al., 2023).

It is essential to pay attention to make the study of the classroom environment less stressful and reduce academic load (Joseph et al., 2021). In the education policy, there is a student-friendly approach that excludes corporal punishment, but there is still a place for student stress. Banstola et al. (2020) explained that family social support plays a stronger preventive role. Thus, the efforts of family and school/college play an important role in reducing their stress. Therefore, based on research conducted in Nepal on supporting systems to prevent and manage student stress, it is preferable to include these in Nepal's national education policy to support students' cognitive, social, and overall development. Because stress affects students very hard, the American Association of Colleges of Nursing advised all nursing schools to take action to prevent it by building cultures that support students' wellness and mental health (American Association of Colleges of Nursing [AACN], 2020).

Academic stress affected to mental stress because of frustration on high-performance pressure; class assignment; home-assignments, the pressure of written and verbal exam, fail in academic performance, peer competition, poor interpersonal relationships with and teachers, academic evaluation procedure, heavy content, gap between theory and clinical practices and extra-curricular activities, the non-conducive class-room environment, ineffective teaching methodology, unhealthy teacher-student relationship, irrational rules of discipline, over-emphasis on weaknesses of students rather than strength, indifferent attitude of teachers, worry over grading; etc. and it could be too late to resolve the stress. The student should be taught various stress management techniques, such as Yoga and meditation, and encouraged to engage in recreational activities, such as sports, that have therapeutic effects on children. However, in most research, students' stressors were overlooked. (Gnawali, 2017).

Based on the evidence, nursing education is very stressful for students, as they experience various academic-related stressors during their studies. This academic stress negatively affects students' mental and academic performance. Clinical practical stress leads to intense stress with symptoms of persistent headaches, nervousness, difficulty falling asleep, inattentiveness during class, cognitive decline, and learning difficulties. Some students have experiences of depression and difficulty concentrating in their studies. These stresses are induced by the workload, long study hours, frequent exams, and summative and formative examinations. Similarly, fear of failure, peer competition, unmet parental expectations, clinical exposure challenges such as providing care to very dirty and sick patients, lack of competence, and unsupportive environment, getting scolded by a physician with no reason, unsupportive learning environment, and clinical nursing staff. Some have adaptive positive coping such as acceptance, problem –solving, meditation, listening music, exercises and support system from the parents and teachers whereas other adapt negative coping such as substance abuse, quitting the study, self- thinking on stress and if not using the appropriate coping mechanism, the students may drift into very harmful situation from where the students being lift is very difficult.

Policy Review

National Health Policy 2019, also emphasizes that mental health is one of the important issues that leads to suicide in young adults (Ministry of Health and Population [MoHP], 2019). The MoHP also allows budget allocation to the provincial

and federal levels based on the burden of mental illness across the promotive, preventive, remedial, and rehabilitation sectors. The national strategic plan emphasized the necessity of addressing adolescent psychological health, such as stress, anxiety, and depression. There should be timely recognition of mental health conditions to strengthen the Ministry of Health and Population (Department of Health Services [DoHS], 2000). Providing awareness on suicide prevention, stress management, and early identification of psychological conditions is important. Yet it is necessary to strengthen these services. Replacing teacher counselors with teachers to provide quality and coverage of services. This is a good attempt to cooperate in national public policy. That's why the Ministry of Health has enlisted a new National Mental Health Policy- 2017 to proceed with mental health strategic activities and develop a priority health agenda on mental health (Himalayan News Service, 2017). If the national policy addresses students' stress, various formal or informal programs could be implemented that would benefit nursing students. But according to the published articles, there are no schemes that directly benefit nursing students, who are the future assets of our nation.

There is no such targeted provision for students' mental health, particularly in higher education settings like nursing programs. The Nepal government also spends a negligible amount on mental health, accounting for less than 0.2% of the total health budget (WHO, 2020). Therefore, there is a gap between policy and infrastructure. Some parts of the Nepal, United Nations Children's Fund (UNICEF) initiatives provided youth with tools to express their emotions, understand, seek, and receive advice, which helps students to open up and cope with stress, but not particularly for nursing students. Therefore, there is no specific national mandate or integration of mental health services into schools and nursing colleges nationwide. Lack of trained counsellors in both school and college settings remains a major barrier. Most schools rely on teachers who lack adequate mental health training. In this situation, it is better to add a policy requiring the school health nurse to receive specialized psychological counselling training before being recruited to the school or high school, and to make counselling services mandatory in the medical education sector, such as nursing and other health professions. The nursing students face intense theory and clinical stress, yet there is no clear policy structure or concept addressing their mental needs. While national strategies and initiatives are planning to build a student-friendly environment, because students endure a high level of stress during theory and clinical training.

Existing policies do not extend support to professional training contexts such as nursing schools. There is a crucial need to commence the mental health programs.

Theoretical Review

I went through a number of different theories about combating stress. Based on the theories, the self-efficacy theory examines stress reactions, and its coping and resilience theory provides the theoretical linkage to explain how students experience stress, what types of stress they experience, and factors that help them overcome it.

Self-efficacy Theory

Self-efficacy plays a major role in responses to stress and in the effectiveness of coping in challenging situations (Bandura, 1997). This section provides a theoretical analysis of the different processes through which efficacy positively affects the intensity of stressful situations. Academic self-efficacy (i.e., a person's capability to perform academically: Bandura, 1997) might serve as an explanatory mechanism between academic stress and psychological distress. When people experience stress at school and with homework, their academic self-efficacy may be low, leading to poor academic performance (Bandura, 1997). This thought resonates with studies indicating that school-related stress negatively impacts academic self-efficacy (McKay et al., 2014; Ye et al., 2018). The stressful reaction leads to low academic self-efficacy, ultimately leading to greater distress.

Self-efficacy is one's belief in one's capability to perform specific work successfully, and stress among nursing students increases due to doubt about their own performance. Here, academic self-efficacy reflects how confident students feel about managing their studies, completing assignments, and performing well in exams, and this directly influences how students perceive and cope with the stress. Regarding the nursing students, the dual demands of theoretical and clinical practice and procedure create frequent stressful situations. When they doubt their capabilities in performing clinical procedures, completing assignments, giving class-based presentations, and preparing for examinations, their stress level increases, undermining the student's self-efficacy and further worsening psychological distress. Strong self-efficacy, however, fosters persistence, better coping strategies, and significantly reduced stress intensity in the students.

Resilience Theory

One way to reduce stress is to adopt coping strategies. The ability to adapt to challenges and manage stress is called resilience. I explored resilience theory to

understand how students experience academic stress and how they can adapt well in the face of stress or threats. It is not about ignoring or avoiding stress, but rather about managing it effectively to prevent further effects on students' health and its consequences. The resilience theory was advanced by Walsh (2016), who argues that resilience helps students adapt to life stress and protects them from mental illness. The student with high resilience has experienced low stress (Xu & Yang, 2023). Resilience is negatively correlated with academic stress (Mulati & Purwandari, 2022). I reflect that normalizing student life is always challenging, but it needs to be normalized in every situation, and that requires adopting a coping mechanism.

Resilience is also the capability to adjust to the intensity of stress, or threats, and it involves effective coping that prevents the adverse effects of stress, like burnout, anxiety, depression, and crisis. Not exceptional, nursing students also have intense emotional situations, including seeing patients suffering from diseases, dying people, fear of medication errors, and heavy workloads. This time, resilience helps them to manage these challenges without being overwhelmed. Whoever has high resilience has lower psychological stress and discomfort. Therefore, building resilience enables nursing students to normalize academic difficulties, handle challenges smoothly, adjust to a new environment, and maintain mental health despite ongoing pressures during the academic journey.

Students are experiencing stress related to school/college assignments, deadlines, summative and formative assessments, peer pressure, academic extracurricular activities, compulsory participation in sports, parents' expectations, and financial shortages. To achieve the student's objective, one must live in a challenging society, cope with its consequences, and move forward by rebounding with resilience, as the theory also suggests.

Stress-prone students are more vulnerable to mental health issues. Developing self-efficacy helps them reduce stress to some extent. At the same time, some nursing students try to get rid of stress by using various coping strategies, while others do not adopt them. However, coping mechanisms are essential for overcoming challenging circumstances and achieving resilience. Therefore, self-efficacy and resilience theories are highly relevant to the academic stress experienced by nursing students.

The application of self-efficacy theory helps to explain how nursing students handle academic stress. It helps to explore the reasons why some handle academic stress better than others. It also highlights that stress is not only related to workload

but also to students' perceptions of their ability to cope with academic stress and clinical challenges. Because dealing with stress is individual. Therefore, enhancing self-efficacy could be a key intervention point to reduce stress.

Similarly, as mentioned, resilience theory is also applicable to nursing students. The application of resilience theory provides a framework for understanding how students cope with the high stress of nursing education. It focuses on exploring students' coping capacity and adaptive stress to move forward, which is really important for long-term academic success and professional development. Therefore, in relation to nursing academic stress, both self-efficacy and resilience theories are relevant. Here, the self-efficacy theory explains students' perceptions and beliefs about their capabilities, which influence stress and the adoption of coping mechanisms, whereas the resilience theory explains adaptive responses and coping that help nursing students thrive despite intense stress and move forward to achieve their life goals. By combining the perspectives of the theories, it is important to build nursing students' capacity to reduce stress and perceptions, and to build resilience that supports them in coping with stress and succeeding, which is the ultimate goal of nursing students and an institutional goal as well.

In this qualitative narrative inquiry, both theories were appropriate because they helped explore students' lived experiences of stress. Self-efficacy explains how students perceive their ability to manage academic challenges, whereas resilience explains how they adapt, recover, and persist in the face of stress. When participants' personal stories are explained, those theories help highlight the underlying psychological processes that shape their academic journey. When students talked about something like believing in themselves, feeling capable, or learning slowly, could handle the situation, which clearly indicated growing self-efficacy. In this way, the theory helped interpret how students' beliefs in their own capabilities matter in coping with stress while studying nursing.

By adapting the self-efficacy theory, I could explore and explain each student's perceptions of stress, the stories they shared about experiences with academic stress, and whether they were able to manage the stress. By applying resilience theory, it could explore nursing students' understandings of how they adapt to stress, how they recover, and the resolutions they follow to move on from it.

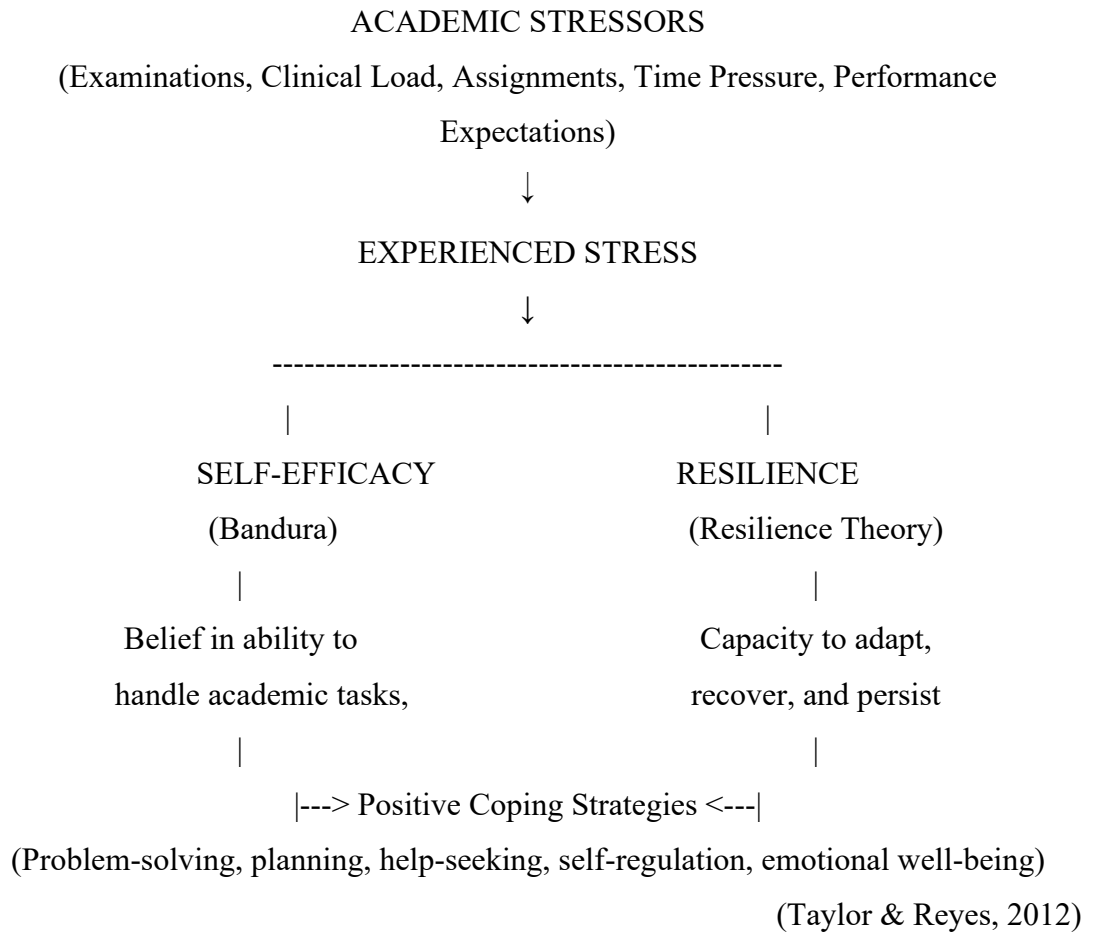
The resilience theory helps nursing students to move forward in every roller coaster of life, such as academic overload, emotional strain during patient care, fear of

failure in exams, and how they bounce back from all the challenges. Their stories may highlight turning points, such as supportive interactions with friends, guidance and support from the faculty, or personal reflection that helped them to regain strength and motivation. This perspective helps identify how students construct resilience in their academic lives and how they interpret coping strategies that help them move forward despite stress and challenges.

In addition, narrative inquiry empowers participants by valuing their voices and giving them space for reflection on their experiences. The reflective process often helps students make sense of their academic stress and recognize personal strengths (Connelly & Clandinin, 2012). Therefore, both theories complement each other in helping to understand how nursing students make sense of stress, cope with stressful situations to glow, grow, and shine.

The theoretical framework helps identify the sources of stress across different types, and how students manage them through coping mechanisms, providing more insight into students' academic stress using self-efficacy and resilience theory.

To visualize the integration of self-efficacy and resilience theories, I have shown the relationship between the theories in the information collection and the interpretation of the findings to ensure their alignment. During data collection, I used the self-efficacy theory to examine the association between academic stress and mental health issues. When nursing students experience stress, they share stories about their efficacy in their studies. During data interpretation, this was also evident when they perceived their homework and college as stressful; at that time, academic self-efficacy might help to reduce stress. Furthermore, in line with resilience theory, during data collection, the student told stories about efforts to reduce stress through coping strategies. During interpretation, this theory also guides the adoption of coping mechanisms to gain deeper insight into the student's academic stress, using resilience theory. Therefore, understanding and taking nursing students' stress and academic resilience seriously can provide important insights into maximizing their capacity and achieving academic goals (Lees et al., 2023).



Chapter Summary with Identifying Research Gap

Most published articles were quantitative and descriptive. In qualitative studies, there is also a gap in the literature on academic stress, and research is limited in developed countries. Qualitative studies are conducted in China, but very few at the university level to explore the students' experiences of academic stress. Nursing students have so many tussles in their lives. Therefore, the stress of those students should be identified early, and they should explore their stress and ways to overcome it. Though it is a burning issue, recently published articles are few and focus on perceived academic stress; it is essential to explore the experiences of academic stress and the coping strategies used to prevent maladaptive behavior.

Likewise, published articles were mostly conducted in developed countries; only a few were conducted in neighboring countries such as Indonesia and India, but Nepali students' academic stress should be assessed promptly. In-depth study of the literature reviews, international studies like Iran, Germany, the United States of America (USA), India, etc, also confirm similar stressors and highlight consequences of the stress, such as withdrawing from education, quitting college, emotional

exhaustion, and even committing to suicidal tendencies. However, social support, resilience, and self-efficacy are protective factors that reduce stress and improve outcomes. Stress is often discussed in terms of academic load and exams, but interpersonal stressors such as peer conflicts, tutor relationships, and hospital staff expectations are underexplored. Most studies measure academic stress levels, but qualitative narratives of how stress affects emotions, physical health, and psychological outcomes are scarce.

In the context of policy, academic stress is not only an individual issue but also an institutional and policy concern. Nepal's National Health Policy and Education Policy address students' well-being, but implementation gaps remain. Monitoring and evaluation mechanisms for students are absent; policies focus more on academic outcomes than on holistic student development; and there is a lack of collaboration between the health and education sectors to address stress as a joint public and academic issue. In fact, in schools and colleges, there is provision of student-friendly facilities, such as the banning of corporal punishment, mentoring, induction programs and the need for counselling, but nursing students do not have direct access to those facilities when they are facing stressors. However, globally, there is an emerging voice calling on universities and their associated colleges to build a culture of well-being and to provide mental health support services within nursing and medical colleges. In line with students' needs, the policy needs to be revised and implemented nationwide. The nursing students who will form the future health workforce should be taught practical, hands-on training in problem-solving and resilience-building as part of education policies.

From the perspective of the theoretical gap, stress is studied descriptively, but very few studies are in-depth and grounded in theories such as self-efficacy and resilience. Lazarus's general theory of stress is mentioned in a few studies but rarely applied in the Nepalese socio-cultural context. Stress-related theories, such as Roy's adaptation theory (stress adjustment), were used in a few studies. There is a gap in linking theory and policy because no proper framework integrates policy initiatives with psychological or nursing theories of stress. There is negligence of resilience theory, which is an essential theory to cope with students under intense stress. These self-efficacy theory, self-determination theory, and cognitive appraisal model are underutilized despite their relevance to the situation. Therefore, I am very interested in exploring nursing students' experiences with academic stress.

CHAPTER III

METHODOLOGY

This section addresses the philosophical foundations of methods, research study types, research design, the information collection process, and ethical considerations. The methodology is guided by the philosophical description, which is connected with humanistic, naturalistic, and pragmatic approaches. It connects research questions with the research method. The underlying philosophical assumptions are directed with the nature of reality (ontology), how we will gain knowledge (epistemology), a disciplined approach to generating that knowledge (methodology), and the role of values in our research (axiology). Thus, this chapter presents my beliefs about reality, why I hold them, and how I apply them in the study to understand that reality. I have presented my research paradigm, method of inquiry, participant selection, stories generated, the meaning of the stories, quality standards, and ethical considerations.

Philosophical Considerations

My research was guided by a philosophical framework encompassing ontological, epistemological, and axiological perspectives that visualized the study's outcomes. These philosophical stances help shape the study's focal point and shed light on how I conceive of truth, reality, and values in light of the study's purpose. My ontological, epistemological, and axiological frameworks of research were under the following headings:

Ontology

This study explored the problems underlying nursing students' stress. It is based on their understanding of ontology, which holds that reality exists in various forms. Salovey et al. (2000) stated that stress directly affects students' health, not only physically but also mentally. As a result, students experience decreased work performance, poor academic performance in college, anxiety, withdrawal from study, or absenteeism, yet students' stress is often neglected (Putwain, 2007). As per my research problem, to explore academic stress, I need to collect information from participants about what is inside the human mind, because the reality of the problem lies within different students. The opinions of nursing students need to be considered when identifying the stress of different students. What are the different types of

academic stress, their feeling about completing educational tasks on time, the reasons behind the perceived stress, and how they are attempting to resolve the stress? There would be different experiences of stress and different coping strategies adopted by the students. Hence, the ontology of my research is multiple realities, as mentioned, an ontology that expresses the shared stories, concepts, and their association in a specific field, which could be used as a semantic framework (Jung et al., 2017). Therefore, the study explores the various realities of students, their experiences or stories of reality, and their insights into the root causes of issues.

In my understanding, academic stress is not just a measurable psychological phenomenon but a real, lived, and subjective experience that nursing students encounter across their classroom and clinical environments. This stress is mediated by both internal perceptions, such as self-efficacy, resilience, and emotional well, and external realities, such as curriculum activities, deadlines, and study pressure. They have multiple realities depending on their personal background, coping abilities, resilience level, and other support systems. Therefore, academic stress does not have a single objective reality but rather multiple realities shaped by individuals' lived experiences. It has a dynamic phenomenon and a tangible lived reality, like fluid realities and changes over time. In other words, nursing students cannot be separated into academic and personal spheres, as their academic performance, mental health, and personal wellness are interconnected.

Thus, my ontological premise is that academic stress among nursing students is a real, but subjective and contextually constructed phenomenon that manifests differently for each student, shaped by personal social support, institutional structures, self-efficacy, and personal resilience.

Epistemology

To capture students' different views, there is a need for a good rapport with them. After developing the interpersonal relationship, I explored and gathered information from the participants (students) using an open-ended questionnaire. The information can be gathered from face-to-face interviews. The epistemology is the interview method. As stated by Nerantzaki et al. (2021), epistemic is used to reflect knowledge, such as epistemic feelings (e.g., feeling of knowing, feeling of remembering).

Epistemology concerns knowledge through interaction between the researcher and participants. Building rapport and interpersonal trust with students is crucial

because only through openness and interview methods where participants share their genuine feelings and experiences of stress. Here, knowledge about stress is subjective, varying from one student to another depending on their class-based, clinical, social, and cultural contexts. Therefore, the epistemological stance is interpretivism, recognizing and understanding stress by exploring students' subjective/individual meanings attached to their lived experiences. Experiences of academic stress are a source of knowledge that can be gleaned from nursing students' personal narratives, stories, expressions, and reflections. These experiences are narrated in their stories, in their own words, providing rich insight into both theoretical aspects, such as assignments, exams, and deadlines, and practical aspects, such as clinical procedures, nursing procedures, patient interaction, and fear of medication error. The primary method for obtaining that information is in-person semi-structured interviews with open-ended questions. This allowed students to express themselves freely by recalling and narrating their experiences.

In this study, the epistemological premise is that knowledge about nursing students' academic stress is subjective and derived from their lived experiences. It is assessed through open-ended interviews based on academic stress.

Axiology

Different views and values regarding students' stress would arise. So, I have experienced different stresses during my student life, which sometimes makes me anxious. Thus, those experiences may be reflected in this study, but they were not connected to my feelings about the participant experience of this study. The meeting with participants at the college and the open interviews provided valuable insight into their experiences, which helped me construct the stories about academic stress. As a researcher exploring diverse views, experiences, ideas, concepts, and practices on academic stress, resolving their stress is the utmost foundational basis of the study. Therefore, it is important to show respect and record the feelings, perceptions, experiences, and values of the nursing students. These understandings are not free of value; they are value-laden, so my experience and participants' perceptions influence the research; therefore, the research is value-laden. Aliyu et al. (2015) stated that axiology clearly helps set and clarify the tone and rigor of the research study. This study was guided by the values of respect, empathy, honesty, and the recognition that knowledge is created through a collaborative, ethically sensitive interaction between the researcher and participants.

Academic stress is not only a personal experience but also a deeply emotional and social phenomenon; thus, research must acknowledge that the inquiry is value-laden. To capture students' diverse views and realities, it is essential to build trust and rapport with participants. Establishing an interpersonal relationship creates a comfortable environment where students feel accommodated, respected, and encouraged to share their personal stories of stress. The information was collected through face-to-face interviews, which required a high degree of ethical sensitivity and reflexivity. Here, both the researcher's background and participants' perspectives influence knowledge creation. The researcher must value participants' experiences, listen empathetically, and record their narratives faithfully, without distortion or judgment. Respecting the confidentiality and dignity of the participants was central to the axiological stance of this research.

Here, I acknowledge that my own personal experiences with academic stress as a student shaped my interpretation. These experiences gave me some empathy towards the participants. I consciously avoid allowing my feelings to overshadow their narratives. I used reflexivity to balance my own values with those of the participants, ensuring the research findings remained grounded in their lived realities.

Interpretivism as my Research Paradigm

My research paradigm is interpretivism, as my study reality is considered subjective, multiple, and individual. Our realities are mediated by our senses and the conditions we encounter. The world is meaningless without consciousness. Likewise, interpretivism is primarily focused on the assumption that reality is multiple, subjective, and socially constructed, and that a single event may differ across people's ideas and concepts (Young & Muller, 2007). The interpretive paradigm is also significant for understanding the worldview, as it is grounded in individuals' subjective experiences. It made sense to me to understand participants' experiences with their stress. Through the lens of interpretivism, recording my participants' views and opinions through informal interaction/discussion narrates the story and analyzes them from different contextual perspectives. As realities are multiple and participants have different experiences and have multiple layers of interpretations for the same things, a knowledge theme was generated from diverse content and context.

My research paradigm is interpretivism, and the aim of this study is to explore and understand the subjective experiences of academic stress of nursing students in both classroom and clinical practice. It assumes that reality is neither singular nor

fixed but socially constructed and multiple. It is different from person to person, depending on the individual, their environment, and personal coping mechanisms.

In this study, this paradigm is appropriate because it concerns the lived experiences, feelings, expressions, and perceptions of nursing students. Stress is an internal, dynamic, value-laden, and socially shaped phenomenon, and it cannot be adequately captured by purely positivist methods. Going through this paradigm, I was unable to explore how nursing students experienced academic stress in the classroom and clinical settings. It included the emotional burden of patient care, fear of making mistakes, pressure of evaluations and feedback, and challenges of adapting to unfamiliar environments. The use of open-ended interviews and informal discussions allowed me to capture these experiences in their rich, contextual, and narrative forms. By establishing rapport with the participants, I could not only record their voices but also interpret and analyze their stories from multiple contextual perspectives. Therefore, this made it possible to generate themes and insights that reflect the diversity of experience rather than to assess a single, generalized truth. Therefore, adopting an interpretivism paradigm aligned with the goals of this research to discover, interpret, and provide an understanding of varied realities of academic stress as experienced by the nursing students, which would contribute to a deeper understanding, formulate the future policy and other effective interventions.

Research Design/Approach

We all have different experiences and struggle at every step of our lives, and those experiences make us packets of stories. We recall, reflect, review, and memorize the event through their own stories about academic stress and their struggles to resolve it. A qualitative narrative study design was used to examine academic stress among nursing students (Cohen-katz et al., 2004). I adopted narrative inquiry as I believe it is the most relevant and ironic framework to explore the human experiences revealed through their stories (Riessman, 2008). Therefore, narrative inquiry focuses on participants' lived experiences. Narratives are stories and events, and at the same time, they are symbolic representations of knowledge and experience (Colla & Kurtz, 2024). The narrative inquiry helps capture personal stories, meanings, and interpretations (Connelly & Clandinin, 2012). Through storytelling, students can express how they perceive stress, how it develops, and how it affects their identity, relationships, and well-being.

The nursing students have different stories about past and present academic stress, its effects on performance and psychological health, coping strategies they adopt to resolve their stress, and their gestures and in-depth curiosity. This information was an insight into my research. This method is convincing me over others because it embraces narrative as both a method and a basis for the study.

My study purpose was to connect events and stories in a meaningful way to gain insights into the world from people's experiences (Huber et al., 2013). It helped me comprehend the human action and the multidimensional meanings of society, culture, and life while listening to lived experiences in the process of storytelling (Webster & Mertova, 2007). Stories reflect the personal world of meaning-making about stressors and their effects on nursing students, as expressed through their own experiences and interpretations. Therefore, the past and present stories and experiences of my participants helped me gain closer access to their insights, feelings, values, and perceptions, enabling me to find solutions to my research problems. This helped me to maintain the three main elements of narrative inquiry: temporality, spatiality, and sociality in my study. I tried to present the stories and experiences of a participant to provide complex, rich, and deep information.

Method

I have followed an inductive approach, bringing in most of the data and information through broad questions and making sense of the meanings that participants brought with them. Regarding the inquiry into stories, the narrative inquirer sketches their own narratives, listens empathetically, and explores events through interviews that enhance richness and rigor. Those broad, probing questions were initially prepared by the researcher after an extensive review of the literature and were finalized with the expert and research supervisor. Those probes helped deepen the narrative without directing the participant (Patton, 2015). The information was acquired through narrative inquiry with individuals who helped construct scripts and texts (Creswell & Poth, 2018).

Here, I followed a narrative inquiry, a suitable method for this study because it allowed in-depth exploration of nursing students' lived experiences of academic stress in both classroom and clinical settings. Academic stress is not only about external challenges but also a deeply personal, emotional, and social phenomenon best understood through individuals' stories, perceptions, and experiences, which were interpreted as scripts, texts, and life stories. In this study, narrative information was

gathered by using open-ended questions following the face-to-face interviews. Through this narrative, participants shared their experiences in their own words, provided rich descriptions of stressors, coping mechanisms, and personal interpretations of academic challenges. The use of narrative inquiry is appropriate because it acknowledges that individuals' meaning of stress in their lives is conveyed through stories. In the context of nursing students, stress may arise from multiple sources, such as in the classroom, long theory classes, very short breaks in between classes, preparation for formative and summative examinations, different presentations in the context of a clinical setting, pressures from the nursing staff, procedure performance anxiety, and time constraints. By narrating their experiences, nursing students expressed their stress about how they felt, how they interpreted those events, and how they responded. This aligned with the interpretivism paradigm of this research, which values subjective, multiple realities. It gave participants the chance to articulate their struggles, lived experiences, and resilience in an exploratory way, revealing aspects of life previously hidden as strengths of narrative inquiry (Chase, 2005). As a technique, I took an in-depth interview with my participant, which was an essential aspect of the study. Therefore, narrative inquiry was chosen as a method, aligning with the study's focus on subjective experience, contextual meaning, and lived realities, and helping to interpret the complex phenomenon of academic stress among students in a meaningful and human-centered way.

Research Site and Participant Selection

This study focused on the experiences of Bachelor 's-level nursing students enrolled in 2 nursing colleges, selected purposively. My participants were first-year Bachelor of Nursing (BNS) students and third-year Bachelor of Science in Generic Nursing (BSc) students from different parts of Nepal. Both nursing colleges were private colleges in Lalitpur and Kathmandu Metropolitan City. Both nursing colleges run for about 8 hours, with 2 hours per subject, and a 30-minute lunch break between college hours.

I selected the participants based on their academic performance, references from class teachers who were studying very hard, and recommendations from the teachers. First, I met the participants in a quiet place to make the record clearer and began collecting in-depth information. I called for everyone to meet one-on-one and introduce themselves. I started my meeting with 6 nursing students. I met the first participants during their break time at the old-age home, but construction was ongoing

and there was a lot of noise, so I could not talk or record. I asked her to meet me another day in her free time at college. For the other participants, I met them on the college premises, and I met one participant at her own house in a quiet place to reduce noise and disturbances. Here, I introduce my six research participants.

Lila: Serious

Lila was studying in her first year at BNS. She was studying with her mother in a rented house. Actually, she was from Karnali Pradesh. She had completed her PCL nursing in the Surkhet district. She came to Kathmandu for the first time. Her husband was working in the remote hospital. Once a month, her husband came to her room. She was the mother of a 5-year-old daughter. She had experience working in Karnali hospital in the Far-Western region of Nepal as a staff nurse. While talking, she was very serious about the study, but optimistic.

Manita: Extrovert

Manita was studying in BNS's first year and was active in class. She came from Kailali, in southern Nepal, and was in Kathmandu for the first time. She was staying with her sister in the rented room. Her sister was also a medical student studying MBBS. She was dependent on her family for all expenses. She enjoyed sharing very freely. She is unmarried. Before coming to Kathmandu, she had to do struggles to study in BNS.

Sahara: Hardworking

Sarada was studying in the first year of BNS. She was very hardworking. She was a single lady and lived with her family in Kathmandu. Her brother was also studying MBBS. Before joining the BNS, she had experience of working in a hospital more than 4 years. She obtained very good marks in the exam, but most of the time she was suffering from migraine and headache, as she explained.

Dina: Extra active/energetic

Dina was very active and involved in various extracurricular activities. She was studying in her third year of BNS. She lived in Kathmandu with her brother. She was reared and cared by her single mother. Her mother was abroad for earning. As she was staying with her little brother, she had to manage herself everything for living. She reported frequent headaches and anxiety symptoms.

Shila: Calm but Talented

Shila was studying in the third year of the BNS. She was newly married and lived in Kathmandu with her family. She had experience of struggling time, mostly in

the first year of BNS. She was very calm and talented. She was also involved in various extracurricular activities. She loved to do journal writing and article and sometimes poems also.

Anu: Charming

Anu was studying in the second year of BSc. As her home is out of Kathmandu valley, she was living with her relatives in Kathmandu. She was away from her house. On college holidays, only she could go home to meet her parents. Usually, she went to her home to meet her parents two or three times a year during long holidays. She was very good at her studies and compassionate in caring for needy patients. She was a very calm and charming girl during the interview.

Data Collection Method

The information collection was done after getting approval from the research committee of KUSOED. The required information was collected in selected nursing colleges after permission from the college authorities. I visited research sites, collected the information through face-to-face meetings and phone calls, and maintained interpersonal relationships. Initially, a nonprobability purposive sampling technique was followed. The data were collected from students in their leisure time, so as not to disturb their studies or curricular activities, especially after college hours, whenever possible. Those who were not staying at the hostel took the information to a quiet place where it was feasible. Participants were free to leave the study at any time and to ask any questions to clarify the information they gained. Before data collection, informed consent was obtained from participants. I followed methods such as interviews and audio recording after obtaining permission. Narrative information was collected through interviews using guiding and open-ended questions. Audio information was used after participants provided consent (Park & Kim, 2018).

The objectives of the study were explained to the participants before data collection and introduced to them. I provided an explanation of the study and maintained its confidentiality. Before that, a good rapport was maintained with the nursing students and me to build trust. I probed the information by developing field-based questions as needed and asking guiding questions to elicit their experiences. The information was collected in a separate corner of the college or in another quiet place, a location that allowed the participants to maintain privacy. I assured the participants that their names would remain confidential.

Narrative information was gathered through face-to-face interviews. The interview lasted 30 to 60 minutes, depending on the students. I collected the data till saturation. I used an audio recording of the conversations and had written the memos with their permission. After the in-depth interview, the information was checked for any missing items and keywords to ensure completeness and accuracy. The information was then transcribed and translated into English without distorting or twisting any information, and analyzed using member checking, editing, categorizing, and grouping based on the study's theme.

Information Management/ Thematizing

Initially, the recorded audio information was kept securely, checked for accuracy, and transcribed. Each participant's name was changed to a pseudonym, and the information was meaningfully organized using simple, important words, explained in a narrative way. The collected data were analyzed by using inductive thematic analysis.

Meaning Making an Interpretative Combined

After reviewing the literature, I gained lots of information regarding experiencing academic stress and coping. In my opinion, students may experience different types of stress: some may feel exam fear, and others may experience deadline and punishment stress. Some may experience financial stress. In turn, some may follow a distraction strategy, some may roam with friends, and some students love to go out with friends. Some may feel bad, sad, unhappy, hopeless, anxious, and frustrated. As my research study is qualitative, I collected data through interviews, both formal and informal. I prepared the field notes. Each participant's interview was recorded after obtaining their permission. The recordings were listened to carefully multiple times as needed, and the recorded data or information was transcribed in written form. I confirmed and reconfirmed the transcriptions to ensure that all the information in the audio was accurately transcribed. Based on transcribed interviews, translation was conducted, and themes and sub-themes were developed from the stories shared by my research participants. Then, I generated the theme's meaning based on Brown Clarke. This was the main focus of the narrative inquiry, which sought to create meaning from participants' experiences and stories (Connelly & Clandinin, 2012).

Positionality

I experienced academic stress during my nursing studies, and I must articulate and reflect upon my position. My academic background, values, and personal experiences help to go in-depth into the study, influencing how I interact with participants and interpret the narratives. Firstly, my experiences during my journey through nursing academia play a crucial role in my decision to select this topic. While facing challenges and meeting academic expectations, as well as social and peer pressure, I gained a personal understanding of the complex side of the student. This shared experience fosters empathy but demands careful self-reflexivity to ensure that my biases and assumptions do not overly influence the inquiry. Likewise, my academic background contributes to my theoretical aspects. While it helps me build a foundation for understanding the psychological aspects of stress, I must recognize that my disciplinary lens may shape the questions I pose and the themes I prioritize. I am aware of the potential effects of cultural influences during the interpretation of stress because I am from a different cultural background. Therefore, I am carefully avoiding such and strive to appreciate the diverse cultural contexts within which students' experiences of academic stress. Good interaction with the participants helps to connect with them in their preferred languages and fosters a deeper level of understanding and trust. Since I work in the health sector and as a teacher, and have studied stress, it may influence my experiences during data collection. As outsiders to that college, the participants sometimes did not express their stress. As data collection would be conducted on the college premises, there may be some practical difficulties. My commitment to ethical research practices includes transparent communication, ensuring participants' freedom in sharing their narratives, and respecting their autonomy throughout the research process. The credibility of the study was maintained by providing adequate time with participants to collect information.

Quality Standards of the Study

In qualitative studies, the quality standards of reliability, validity, and objectivity in positivism are replaced by trustworthiness and truthfulness (Andrews, 2021). Credibility in the qualitative study was maintained through confidence in the data and an in-depth discussion. It is the process of providing assurance to all participants, and the study's findings were rich in information and of high quality. This was adopted in my study through prolonged participation and the selection of information-rich research participants, after consulting with respective teachers and

only after consulting with them. I was also sharing analysis and conclusions with my peers during debriefing to ensure the research findings were consistent. The study was conducted with a rigorous process, and all analyses, interpretations, and results were elaborated on the basis of the data, with no room for the researcher's personal prejudices and biases.

Trustworthiness

I managed trustworthiness, as defined by Andrews (2021), by fostering readers' trust in the narrative study as much as possible and by ensuring that the interpretation of data is plausible, reasonable, transparent, lifelike, and convincing. I was aware of the study's interpretation regarding persuasion.

Reflexivity

Given the nature of my study and philosophical underpinnings of relative ontology, I believe in multiple realities. So, I reflected on my practices, experiences, and the insights from my research participants before, during, and after taking interviews. I was reflective throughout my study, including transcription, analysis, and interpretation of the data.

Temporality

There is always a link between past events and experiences and what we do now. So, making myself quite aware of it. I tried to build good relationships with the nursing students and to get support in unfolding their stories from past to present, focusing on their experiences with academic stress and on how they manage it as nursing students to ensure a smooth transition (Andrews 2021). This helped me maintain credibility and comfort while sharing their stories in a very convenient way, going back and forth as needed.

Sociality

Berg argues that there is a strong relationship between humans and their social environment in narrative inquiry, as revealed through face-to-face interviews with participants. Initially, I built rapport with the participants, which makes for selective communication. In my understanding, social interaction maintains the relationship between the participant and the inquirer. Through sociality, maintaining relationships, and sharing thoughts, emotions, and responses between the participants and the researcher. While sharing their experiences or expressing their academic stress, I considered the participants' personal, social, and cultural values and their sensitivity,

and I met with them at a time that was convenient for them so as not to disrupt their regular studies.

Spatiality

While interviewing participants, I chose a quiet place where they felt at ease expressing their stories convincingly. If there are any disturbances, they would affect the flow of their narration and their stories. Merriman et al. (2012) suggested that spatiality, or place, and physical space are highly influential in shaping the story and how it was shared by the participants. He further suggested that participants' homes were their natural habitats. Therefore, I conducted the interview on their college premises and sometimes in another quiet place for their comfort.

Therefore, there was a 3-dimensional space of narrative inquiry which includes temporality: past, present, and future. The second one is sociality: participants' and researchers' interactive behavior. The third one is spatiality: environment and institution influence how the story was narrated. These three dimensions provide structure for the researcher's analysis. Human life is based on time. They have experiences about the present, past, and future on the timeline. Every individual experience different incidents over a lifetime and practices and exhibits different behaviors (Lubashevsky & Plavinska, 2021). Participants may have past experiences with academic stress; they may express their feelings about it. Likewise, the participants are experiencing academic stress in their present situation.

Ethical Considerations

Ethical approval was obtained from the research committees of KUSOED and National Health Research Council (NHRC) (2020), and formal permission was obtained from the concerned authority of the nursing college before data collection. Before data collection, privacy was maintained by collecting data in a separate room or a corner of the college. The participants were assured that their identification and information would be confidential. The pseudonym was given to maintain anonymity. None of the participants was forced to participate. The participants' information was not used for any purpose other than the study. The data were collected during the participants' leisure time to avoid disrupting their regular scholarly activities.

Chapter Summary

This chapter describes the detailed research methodology adopted in this study. It was guided by a philosophical framework encompassing ontology, epistemology, and axiology to holistically understand academic stress among nursing

students. Ontologically, the study assumes that academic stress is a real phenomenon, experienced differently by each nursing student based on personal, social, and institutional contexts. Epistemologically, knowledge about academic stress is built through close interaction between participants and the researcher. Through the narratives understanding of academic stress was explored. An interpretivist stance that reality is multiple, socially constructed, and best understood through participants' meanings and perspectives. Axiological, the research acknowledges that values such as respect, empathy, reflexivity, and ethical sensitivity are integral to the inquiry process. However, researchers' personal experiences informed empathetic engagement while reflexivity ensured participants' experiences remained central. Methodologically, a qualitative narrative inquiry design was adopted to capture students' stories of academic stress and coping in classroom and clinical settings. The information was gathered through open-ended questions in face-to-face, semi-structured interviews to allow rich, authentic expression. This integrated philosophical and methodological approach deepened the exploration of nursing students' lived experiences of academic stress and supported strategies to address it. The study maintained quality standards by following trustworthiness, triangulation, reflexivity, and sociality. Ethical approval was obtained from the NHRC before proceeding with the study.

CHAPTER IV

EXPERIENCES OF NURSING STUDENTS' STRESS

This chapter presents information about my participants and their narratives. In this respect, I have presented their stories and experiences as information; secondly, I have interpreted them to make them more informative and clearer to readers. Thirdly, the essence of the story, its experiences, and its insights are generated.

“The Hidden Silence Behind the White Coat”

Young students on the journey to selecting their future profession are fascinated by the clean, white dress and the white apron or coat. But actually, in reality, it is difficult to compete in the medical profession. The stress was hidden inside the white coat. It is not that easy for people to perceive nursing academics.

The students' minds were engaged with the deadline, exam papers, and results. The stressors are considered about academic, clinical, and personal (Lavoie-Tremblay, 2022). Theoretical stress was overwhelming. Medical terminology felt like a foreign language, and many doubted their ability to become nurses. Seeing friends fail made me feel less confident. Submission deadlines, assignments, submissions, and back-to-back exams came with no space to breathe. Lila, a novice student who was studying BNS first year, expressed:

For me, preparation time was never enough. Stories from seniors about failure haunted me. Even in core subjects such as child health and community nursing, my results were below expectations. That nightmare forced me to reach out to a teacher, breaking my silence. That day of the exam and the day of the results, I cried a lot. I even called the teacher to express my issues. Stress wasn't just academic — it was emotional, mental, and deeply personal. But through the fear, confusion, and exhaustion, I still held onto a quiet hope: that this struggle would someday shape the nurse I am meant to be.

To achieve the course's goals, there are various assignments and activities. For the novice nursing students, it is really a new journey or challenge. People think it's an easy subject, but actually, there are many study subjects in subsequent years, such as integrated sciences, in which different major subjects like biochemistry, microbiology, anatomy, physiology, pathology, and pharmacology are integrated.

Other subjects include medical/surgical nursing, child health nursing, psychiatry/psychology, research, midwifery nursing, and so on.

Similar to participant Lila, Manita, who was studying BNS first year with a big motivation and enthusiasm, felt the nursing student journey was beyond her expectations; she expressed:

All my classes were compact and overburdened. I really could not manage the time for both theory class and clinical posting because each has its own assignments and deadlines. Comparing my diploma, a Bachelor's degree is quite difficult for me, not only physically but also psychologically.

Similarly, another participant stated that the long class duration also drained her energy. With barely enough time to eat during our short lunch breaks, which often went through the day, we felt exhausted and burned out.

I could not attend or go to see if family members were sick. Sometimes college management did not understand our social problems because of the students. Assignments and tests came in an endless loop, giving us little time to breathe or mentally reset. There were moments when I felt invisible, unheard, and emotionally worn out. Yet despite the heaviness, I kept going, hoping that all this hardship would someday shape me into a compassionate and resilient nurse. Dina

As a skill-based profession, students need to be competent in both theory and practical skills. The nursing students should update their knowledge. In clinical settings, they have to work directly with patient care. They are directly involved in the patient's care. Therefore, the nursing institutions barely excuse their leave until they have genuine reason for leave. During compassionate care, various issues arise on a case-by-case basis. Sometimes, it is really difficult for students and nursing staff to handle such situations. Sahara, one of the participants who was studying in BNS second year, very hardworking student, further stated that,

In my first year of the Bachelor of Nursing program, I found myself drowning in a complicated and tightly packed curriculum. We were expected to study everything — from anatomy and physiology to pharmacology, pathology, microbiology, and biochemistry — all within a short span of time. The pressure was constant, and the fear of failing never left my mind. Every exam felt like a mountain; too steep to climb, and the integrated nature of the subjects made it even more overwhelming. Shila

Agreeing with the Shila, Dina and Sahara also have the same experience with the theoretical stress. Dina was very energetic and involved in extra-curricular activities, and expressed that during the theory class, each class for 2 hours and in between there was no break. The class schedule was packed; teachers took the class all hours. She expressed even during exam also there is no break even on day. This is very difficult time for students. Talking about class schedule, lunch time was too short.

It's like we're running on a track that never ends -no time to stop, no time to rest. And the theory portion is huge. Padna pani pahad nai padnu parne, Really, we have lot of content to study till the peak of the mountain. There's no space left for fun, for hobbies, for the small joys. Like, I should be studying instead. I know nursing is a demanding field. I knew it would be hard. But no one warned me that it could feel this mentally exhausting, this emotionally draining. More is coming. Be ready. Sahara

The nursing students are expected to remember everything from complex medical terms to detailed procedures. They said it's a harder time, even when they get tired, and that other friends at the hostel are working so hard. The students studied late into the night to obtain a good score in the exam.

Likewise, Dina expressed:

Being a nursing student was something I looked forward to. I knew it would be hard, but I never expected it to feel so heavy... Our theory classes are so tightly packed; we don't even get a moment to relax or talk to our friends... We just sit, listen, take notes and repeat. There's no time to breathe... During exams, we don't even get a gap day.... It's exhausting. During exam week, I used to cry, thinking everything was happening at once and that I just couldn't balance it. I felt like I was drowning because of pressure not only physically, but mentally and emotionally. That time, felt so bad and I started crying for no reason. I couldn't cope. I couldn't sleep. I couldn't think clearly. My anxiety kept growing, and I finally had to see a psychiatrist. I took the prescribed medicine, which helps me to induce sleep. At first, the medicine helped me rest. But slowly, it turned into something I depended on. I needed it every night.

Dina further expressed that she experienced the emotional and physical exhaustion. During the class, even-though she tried to control to be attentive but she

felt sleepiness in class which was not due to laziness but fatigue. Because of classes, she missed the important social and family events and sometime she felt hurt by harsh words from the teachers instead of empathy. These emotional challenges silently endure to the students. In day-to-day life, students get stressed because they are unable to cope with the daily issues and situations. When discussing the stress of nursing students, they report greater stress about academic and other activities related to their studies. A nursing student must complete all work and assignments on time. They have been given the deadline. In a certain period, they have to complete their work not only in theory class but also in the clinical activities. During the theories class, there are various presentations on different subjects, summative and formative examinations, and a competency-based skills lab.

Anu, another participant who was studying BSc nursing and living with her relatives, came to Kathmandu for the first time after 10+2. She was a very calm and shy girl; she had also experienced being a previous participant.

As an introvert, I felt stressed during my presentation and could not speak in front of all the students and teachers. One day, even my team friend was absent. I had to do all the presentations, and the teacher was asking cross questions as bullets fired. I felt show awkward. My white face and ear turned red. My heart was pumping so fast. I was sweating. Now I don't want to remember those days of the second year. Some of my classmates showed their theory exam scores to me, acting as a competition, which made me stressed for a while, but I did not take it seriously. Anu

Anu expressed that, during the preparation time for exam, they have to come to college and study but the classroom was packed and even there was no space to study in library because her habit of studying was she has to study alone in quiet place which was not possible inside the college. There was no day gap in between the exam that makes her hectic.

When I was taking classes with the nursing students daily, I could read their faces. They are showing some sort of stress and anxiety related to academia. Most students' foundations might not be strong, and after a long work experience gap, they came to join the Bachelor's level, which also aggravated their stress. The students have to study more volume of content in a short period. Based on students' sharing, integrated subjects are very vague at the Bachelor of Medicine and Bachelor of Surgery (MBBS) level and use very difficult terminology and complex content.

Moreover, a compact class schedule, a short lunch break, and less refreshment time also make the student's life more complicated.

In my student life, also, as per my habit, I love to study alone. I felt so disturbed, then someone nearby me. Before examination, even after completing all courses, the college never gave permission to study at home. We had to come to college the day before the exam, so I wasn't able to study on the way, and I felt so stressed. Most of the time, I cried during my diploma studies, and after asking my parents and teachers, I was only allowed to go home. I felt nursing college was very strict. We just sit there — listening, taking notes, absorbing information until we're numb. During exam periods, the pressure intensifies beyond words. There are no buffer days — no time to regroup. One exam ends in the afternoon, and by the next morning, we're already seated for the next. It's a nonstop storm. I remember crying often during exam weeks. The weight of it all — academic expectations, constant evaluation, and personal limitations — became difficult to carry. I felt like drowning, not just academically, but emotionally, mentally, and physically too. Some of the students come up to me to ventilate their stress. Their stress is basically related to their exam and preparation. Some expressed that they had been counseled by the psychiatrist and were taking medicine. Due to the lack of flexibility in routine classes, I could not attend any family functions, and I did not even take a single day off for my sister's marriage. Being a student meant being detached from everything else — from emotions, from responsibilities, from life. It depends on the student how they perceive the pain, but it affects their physical, emotional, and mental health.

In the initial years, it is difficult to become familiar with medical terminology, medical culture, nursing education, and practical boundaries. It is really a vague educational dimension. Teachers expect students to learn everything, sometimes beyond the curriculum. During the theory class, students have to sit for 8 hours, with different nursing and non-nursing classes. During the theory class, there is group work, presentations, assignments, and both formative and summative assessments. The students are busy with their academic-related activities. The students must be competent in nursing procedures and skills. They have to practice a lot on the manikin before the hospital practical.

At the same time, during hospital duty, they also have many assignments, practices, and procedure evaluations. The nursing students have many presentations, workshops, and seminars that require effort. During their academic journey, they

experience a certain level of study-related stress. Because of the stress, some might need to get counselling from a senior, some might have intense stress and need to take medical advice. Some students give up in the middle of their studies.

Studying nursing offers a broad range of learning opportunities. The nursing student must be well-informed and competent in skills. To meet the learning objectives, there is a fixed curriculum, and everyone must complete all requirements, including 90-100% attendance. On this nursing career journey, most students have difficult experiences, and some even have bad ones.

“In the Dark Shadows of Care: A Student's Cry Behind the Curtain”

Each morning at the hospital feels like walking into a battlefield—only we carry stethoscopes instead of shields. From the outside, it might seem like we are merely students, observers in the grand theatre of clinical practice. But inside, we are expected to be perfect. We are nursing students, but we have specific practical objectives in different clinical areas.

Assignments piled up like towers around me. Each one comes with a looming deadline, a demand for perfection, and a silent message. Lila said:

If you fail, it's on you. Preparing for completing case studies, nursing care plans, and case presentations, sleepless nights become mornings. I remember staying up all night just to complete a case study, only to walk into the ward with eyes heavy and heart heavier. “On the day of initial clinical posting, I performed the procedure wrongly, like removing all the IV sets and cannula instead of keeping the I/V lock to the child. I was so scared in front of the ward sister. I realized that I made a mistake. My hands trembled. I was terrified that I made a mistake and afraid of punishment, humiliation.

She further said that, as tagged "just students", “Sikaru”. Even though I had experiences before the Bachelor’s level, doctors treated us like learners. They gave priority to doctors, even though they were interns. There’s also a fear of being made a scapegoat. One memory from maternity posting stands out: after a delivery, a mother developed a hematoma due to improper suturing. It was the teacher who had done the procedure, but instead of taking accountability, she projected onto the students. We were shocked, helpless, but silenced.

Manita expressed her clinical stress due to rigid rules for nursing students: once a student is absent for any reason/they have to complete the replacement duty before upgrading to the next year or level. The environment, instead of nurturing

learning, often cultivates fear, blame, and emotional burnout. We carry the burden of unrealistic expectations from clinical staff, unending academic requirements from our institutions.

The hospital lights are never dim—not even when the world outside is asleep. During my clinical management posting, I was often assigned night duties, six nights in a row at times, alone in a ward filled with uncertainty and responsibility. And though I was "just a student," there was no rest. No rotation partner. No time to breathe. Each night duty, I stepped into the ward carrying not just my bag and stethoscope—but a growing fear of making mistakes. The ward became a space where I was expected to perform like a professional but treated like an assistant. I wasn't allowed to rest, wasn't given credit, and yet, had to function with alertness and competence. No excuses, no empathy. Sahara

There was a constant hustle—medications to be administered, patient monitoring, record updates, and patient care for those in need. If not vital, taken? Being blamed. Delay in reporting? The Ward sisters were blaming the students. And in those moments, no one asked why or how—just who. And the answer was always us. This makes us more terrible. The ward sisters never spared a moment to appreciate our efforts. Instead, verbal humiliation was common—sometimes subtle, often direct. It felt like institutionalized torment, where students were seen not as learners but as burdens or tools to lighten the staff's load. On the other hand, students have many course objectives to complete during clinical time, but the ward sister did not understand that students are learners. During clinical posting, there were endless assignments, theoretical exams, and back-to-back clinical postings layered on top. Even the nurses who were supposed to mentor the students in clinical education often seemed disinterested or overwhelmed themselves. The learning environment in key wards, such as medical, surgical, and labor rooms, was far from nurturing. These spaces didn't feel like learning areas. The senior nurses did not understand our objectives and capable. When the nursing students raised objections, they started scolding, which was not aligned with the students' learning objectives.

In many wards, staff didn't see students—they saw them as helpers. The students' purpose—to observe, to understand, to learn—was often forgotten. And when students tried to explain or assert our educational goals, they were either ignored or met with irritation. Nursing students enter the field with empathy and

curiosity, dreaming of healing and helping. But slowly, under the weight of unacknowledged work, injustice blame, and emotional exhaustion, those dreams started to dim.

Similarly, Dina expressed that during nursing student life, there is no set time for waking up or sleeping. Need to do according to the assigned duty.

Some mornings, I wake up before the sun rises to rush for an early clinical duty. Other times, I returned home late at night, exhausted after an evening shift that stretched longer than expected. And in between, there is a whole day of 7 7-hour lecture classes at college, sitting on a hard bench with barely a break, mentally floating between the ward and the whiteboard. As a student, there is always fear of making mistakes in clinical because procedures vary depending on the case and case management, and sometimes we have to complete the procedure on time. I always worry that because of me, no patient will suffer or be hurt. Dina

The nursing students expressed that before the nursing school, their sleep was rhythm but after the clinical training everything was being changed. They have to wake up early before sunrise in morning duty, they cannot sleep at night at night duty, during the night duty they have to sleep in midday. Their bio-rhythm was being changed. Sometimes after night duty, felt very exhausted and could not sleep during day also. There was no fix time to sleep. They were compromising their sleep pattern also. Sometimes a small error can also make a nightmare. Very difficult to spend day and night until someone came to console. Mostly her close friends and senior students came to console her.

In the clinical posting, I have different ward duties according to our learning objectives, such as medical, surgical ward, Emergency ward, psychiatric ward, orthopedic ward, labor room, Eye Nose Throat (ENT) or EYE ward, children's ward, and so on. Among all my postings, the psychiatry ward was the most emotionally draining. There, encountered not just illness, but the raw edges of human suffering—young adolescents battling inside their minds, which made me feel down. Anu

The nursing student got experienced in different wards of the hospital and they had different stories during the clinical duty. Sometimes they had to take care of newly born sick child, children, they had to conduct the deliveries. They had to take care of very serious old people in critical care units and horrible was they had to

provide death body care also. In the clinical duty, they got scolded by patients and care takers when they did not provide the information regarding treatment of the patients.

That duty in the psychiatry ward also made me feel the most vulnerable. One day, without warning, a patient grabbed me tightly from behind. I froze. In that moment, I was so scared. It wasn't violence—it was confusion, chaos, maybe even a cry for help—but it shook me. The days after, I kept looking over my shoulder in every ward. Safety, something I took for granted. Dina.

The truth is, none of this felt like what I imagined when I first decided to become a nurse. I thought nursing was about care, compassion, and healing. And it is. But no one prepared us for the in-between—the fatigue, the blame, the moments of fear, and the emotional bruises that don't show on skin. In clinical posting, we're stretched so thin—between night duties, shifting schedules, academic deadlines, and emotional labor—that we stop feeling like students. Clinical postings were supposed to be the bridge between the classroom and the real world of patient care. They were meant to shape me into a nurse—to turn knowledge into skill, and theory into practice. But instead, they became the battleground where expectations clashed, and support was scarce. Students themselves had their own assignment to be submitted as a case study, care plan, teaching, or procedure evaluation. We had strict clinical goals, case studies to submit, evaluations to prepare for, and theoretical exams back-to-back. It often felt like we were pulled in two directions—one by the hospital and the other by the college's curricular activities. Shila said:

From the moment I stepped into the ward, I felt the pressure. Clinical staff—especially in the psychiatric ward—expected more from us, because we were BNS students. To them, we should've already known how to handle everything. Mostly during the evening and night shift when there were no concerned teachers. But while they demanded full competence, they offered none of the guidance we needed to actually grow into that role. In the psychiatric ward, the stress intensified. I was given full responsibility during my management posting—expected to run the ward, delegate tasks, and make decisions. I wasn't just a student anymore; I was supposed to act like staff, but without the respect, authority, or support that came with it. Most days, I felt like I was drowning. And when I tried to speak up, to share how overwhelmed I was, the cold response from staff silenced me further. There was one incident I'll never

forget. A doctor spoke harshly to a psychiatric patient, yelling, "If you don't obey our treatment, you'll die." I stood frozen, the words echoing in my ears. The patient's father—desperate, broken—replied with a trembling voice: "If you scold my son like this, he will die because of your words, not his illness." That moment shook me to the core. It wasn't just about disrespect—it was about humanity, and how easily it can be forgotten in places that are meant to heal.

She often wondered: *Is this the environment I will be working in in the future?* The ward, instead of being a space of mentorship and learning, became a place of fear and emotional drain. They experienced they were treated as labor not learners. They were scolded not by visitors, but by the ward sisters and the even doctors. The constant stress made them question on their confidence, their ability, and even on their passion for nursing. They felt lack of empathy towards them. They were feared of being blamed for their silence than their skill.

Rudeness from nurses, verbal dismissal from seniors, and fear of saying the wrong thing kept me quiet. Mostly, we hear in our society that nurses are rude, "*nurse chhucho hunchhan.*" The worst part! The double burden. Clinical duties all day, and academic work all night. Preparing for case presentations, submitting daily reports, studying for exams, and writing endless assignments after emotionally exhausting shifts. The theoretical and practical sides of nursing were coming at us with no pause, no breathing space.

But even through the stress and emotional fatigue, Lila has not let go of her purpose. Despite the system, she still wants to be a good person.

I want to remember that clinical posting day when I made a mistake that still hits me. I forgot to examine a patient's blood sugar before giving insulin. Apparently, the patient's blood glucose fell suddenly. I was muted with fear. The ward sisters and my seniors scolded me harshly, their words ringing in my ears after the shift ended. It wasn't just about the mistake—it was the shame, guilt, and failure. Big thought of not being good enough for this profession. That night, I couldn't sleep. It became a nightmare I relived over and over. Anu

Likewise, the teachers expected us to complete our assignments and case studies on time. They didn't always see the burden we carried from the ward into the

classroom. They didn't see the mental fatigue or the guilt we felt when we couldn't keep up. Then came the case studies—another mountain to climb. Writing a case study was entirely new to me. I didn't even know where to begin. Hundreds of pages were expected. It wasn't just writing—it was digging through records, understanding conditions, correlating signs, medications, outcomes.

One night, I stayed up till morning at hospital. my body was ache but night duty has not finished till morning. I was tired of working at ward. It felt less like an academic task and more like emotional torture. I kept wondering, Am I built for this? Could I ever manage what they do in real life—in the ward, in emergencies, in maternity? I wasn't so sure. I knew that being a good nurse wasn't just about theory—it was about skill, strength, and presence of mind. But in the ward, even the process of learning those skills was stressful and humiliating. Sometimes the future-oriented stress came to my mind. That was not real in the present, but it still strikes me. It might be because of worrying about the future. Anu

If students develop the skills, knowledge, and attitudes through practice, this type of worry could be minimized among nursing students. During her surgical posting, the pressure was intense. One ward sister in particular made the environment unbearable. The ward sister shouted, scolded, and blamed her for things didn't even do. Every time she walked into the room, my heart would race with an unnamed fear. She explained they were scared to approach her—not just Anu, but many of my batch-mates as well. It felt like she displaced all her own stress onto them, using students as emotional targets.

And sadly, she wasn't the only one. Many nurses seemed strict; they showed no sentiment and were fearful toward students. They looked at the students with suspicion, shouted without reason, and rarely offered a word of encouragement. She felt like walking on eggshells, afraid to do anything wrong, afraid to just be there. The ward wasn't a place of learning. But despite everything—the broken sleep, the mistakes, the emotional burden. She still believes in what nursing stands for. She wants to be someone who listens, guides, and understands during clinical postings across different hospital wards. She has to carry this journey with the pain, the doubt, the silent struggles. They are the unspoken truths that every nursing student has faced and fought through. When the people go home to relax, the nursing students carry large bags filled with food and books and head to the hospital for night duty. Duty is

duty. Students did not have enough time or a proper place to rest. This left the students physically and mentally drained. During duty time, they had to complete the work assigned to students by the senior staff. That time, according to the senior nurses, was when their behavior and attitude towards the students changed. Some ward nurses behaved like learners; others were treated like servants. They did not want the nursing students to take a rest. They kept on offering work to reduce their workload in the ward. They expected more from the students, and when it did not meet, they were burst. This type of behavior and teaching process makes the students more prone to stress. The students had negative experiences with clinical nursing students who treated them disrespectfully. Instead of teaching, they scolded the students. In theory, the curriculum gave us clear objectives. But in practice, those objectives, along with other daily routine work, need to be completed. What was on paper rarely matched the expectations in the ward. Ward sisters often expected students to manage everything—vitals, medications, procedures, patient communication—without mistakes or hesitation.

At the same time, the students admitted their errors during patient care, which caused stress during their clinical duties. One day, the student took the temperature of the assigned patient and observed it was very high, but she did not inform the teacher or the ward nurse, nor did she administer paracetamol to reduce the temperature. Then, all of a sudden, she shouted to all the nursing staff that they were not managing his temperature in a timely manner, even scolding the doctors. This made the nursing student very drained. She also cried. These daily hassles frustrated the nursing student. Not only that, but the nursing students must meet many criteria during the clinical posting.

This theme suggests that nursing students experience intense physical and mental exhaustion, especially during night duties, because they are not adjusting to changes in their circadian rhythm. The nursing students have rotational morning, evening, and night duty in different wards under the supervision of clinical tutors and senior staff, and their attitudes towards students can range from supportive to dismissive. They often treated them as helpers rather than learners, especially during evening and night shifts. Their high expectations for students without proper guidance increase stress, and even small mistakes can lead to a critical situation; ultimately, students get frustrated and burn out. For nursing students, clinical postings are a mainstay because they help develop skills such as conducting deliveries, inserting a

catheter into a vein, collecting blood samples from neonates to geriatric patients, dressing, and providing compassionate care from birth to death. During this phase, students face many challenges, which increase stress. Because of the unfamiliar environment in the hospital, direct supervision by the teachers, always being competent in the nursing procedure, clinical workload, miscommunication with nursing staff, unsupportive staff, rude behavior towards the nursing staff, tag holding to the nursing students as “*Sikaru*” (learner), which made the students feel low, and problematic situations.

“The Lighthouse Within the Storm”

According to Lila, when she feels stressed, it seems like the millions of nerves affect her, making her anxious, and she cried a lot during the exam. She had to stay up late during the exam and could not sleep in bed. She felt nervousness, palpitation, and increased appetite. During the exam, she ate too much and presented symptoms of diarrhea, insomnia, and difficulty concentrating in her studies. This was similar to Manita, who showed stress in the form of headaches and body pain. But contrast in participants where she wanted to do overthinking on stress and perceived pain as in other participants. Likewise, with similar symptoms to the other participants, Sahara also expressed her stress symptoms, such as migraine headaches.

I had a throbbing headache one year back when I was in the first year of Bachelor's in Nursing. I had to take medicine because of migraine (disease of severe headache). During the study time, especially during formative and summative exams, I also have symptoms of stomach pain that seem like gastritis. I could not eat or work on clinical duty. I had symptoms of a phobia. I had experienced a headache, palpitation, feeling weak, and not being able to do anything. Most of the time during the exam, I had overthinking, sleepless nights, and nervousness. There were so many exams in both the clinical and college settings. Every time of the exam, I still remember my shaking hands, tremors while writing during a performance evaluation in clinical duty.

As other participant, Manita said, “*I also stayed late at times during the exam and could not sleep in bed, which made me exhausted, and I was in fear all the time, which came like a storm in my student life.*”

They all experienced fatigue during exam time, decreased concentration on studies, and an impact on their social life, too. Similarly, also shared the experiences that because of the stress during the exam time, they used to take analgesics like

paracetamol, Ibrufen, due to pain and undefined body aches. Stress is like a sudden storm in life: it can come out of nowhere, be too much to handle, and sometimes make me feel very alone. But in the middle of all the chaos, they were searching for a lighthouse. It really felt like carrying a heavy backpack that just kept getting heavier with every worry, confusion, and every sleepless night. In real life, stress makes people heavier, and they need to find a way out.

In the daily hassle, one day, it all got too much, and I finally opened up to my nearest teacher. She couldn't solve everything; however, she listened — really listened — and that alone helped so much. It felt like I could finally put the heavy bag down for a bit and just too a long breath. Her kindness gave me space to cry and feel without being judged. Most of the time, I tried to take a break from the hassle by drinking coffee and keeping going, but I still felt tired and drained. I realized I needed more support, therefore I made an appointment with a psychiatrist and went through counseling, and also kept on verbalizing with a close friend, which helped me open up more. With every talk, it felt like I was slowly taking out the heavy things from that backpack. Little by little, it got easier to carry. I started moving forward again — maybe not as quickly, but with more strength and clarity than before. Lila.

Due to the assignments, workload and increased stress, the student is more prone to physical symptoms such as tiredness and fatigue. Some of them explored with friends and a close teacher to get support. Some of the students who got stressed expressed their stress to their parents. Some students went to their nearest teachers who listened them, felt their pain and tried to give a way out. After expressing, they felt a bit of stress resolved. A few of the students had to visited to psychiatrist for further treatment and counselling. They went for counselling and were under medication. Similarly,

Sometimes, my mind felt disorganized and heavy with stress and worry. Especially when I was in the hostel room with a mate who never understood me and couldn't feel at peace, it felt like trying to get into a place full of thorns. But I didn't just keep it all in. I talked to someone I trusted, and then I shared the problem with the warden. Finally, she agreed to change my room, which really helped — like clearing out something that was bothering me for a long time. Meditation started to help, too. It gave me small, quiet moments to breathe and down. Thinking more positively and trying to stay around good

energy felt like bringing light back into my life. Slowly, things got better. I tried to get through the stress anymore — I felt more in control and peaceful inside.

She had experienced bad moments. She felt stressed about her studies, which made her feel disorganized in life. Sometimes, a hostel roommate is also a stressor. She was searching for somebody who understood her, cared for her, and helped to ventilate her feelings. She was searching for a way out and approached the warden, expressing her discomfort. The moment she walked into her new space, it felt like a breath of fresh air—a burden she hadn't fully realized. The heaviness began to ease. She started to do meditation as a coping mechanism. When everything around her felt chaotic, meditation became her pivot, a way to find peace. She also deliberately tried to change her perspective, focusing more on optimistic thinking and surrounding herself with positive energy and peaceful people. These decisions showed a way through the difficulties. She gradually started to notice the difference—not just getting through the stress, but actually starting to get passed it. She began to regain her composure and identity. She began to feel more in control and at peace with herself as the chaos. She gradually returned to herself, stronger, wiser, and more aware of what she needed to be whole, rather than undergoing a dramatic change. Likewise,

Stress has shown up in my life in many forms. I have also vented my feelings to my brother. Because we face similar challenges, his understanding brings me comfort. I haven't opened up to my parents as much yet — maybe I'm not ready, or maybe I just need more time. When I'm feeling down, I remind myself of a few simple thoughts: "I must win" and "I should work harder." They push me forward and fill me with a kind of quiet energy, but sometimes, I would like to stay quiet and alone to reflect, to rest, or simply to breathe. Bit by bit, through the support I find in others, the things I love, and my own strength, I'm figuring it out, the new step of the ladder.

Shila also expressed on this theme that as she is a sports-loving girl, she loved to watch football which help to stabilize her mood and gave her amusement. This distraction method helps her to recharge. She loves to do nap in holidays. Playing table tennis with her brother also brings a sense of lightness to stressful days. It reminds her that even small moments of joy could make a difference. Talking to friends helps more than she could explain. Just having someone listen makes the stress feel more manageable. This gave her more positive vibes in her life, and she

forgot all the difficult moments of her studies. Sometimes she shared her problems and complaints with her close friends. Similarly, Sahara told her story on “Finding My Way Through Stress.”

Before exams, I always tried to prepare well. However, I felt intense stress. To combat stress, I turned to distractions, which made me feel more comfortable. Listening to music or watching motivational YouTube videos helped me a lot. Hearing others talk about their struggles and how they overcame them made me feel less alone and gave me the push I needed. Talking to friends also helped a lot. Just sitting down with them, sharing how I felt, and hearing their suggestions made things feel more manageable. I also shared many of my problems with my brother, who is in the same medical stream. Since we go through similar challenges, he understood exactly what I was feeling, and that made a big difference. Sharing with someone who truly gets it always feels lighter. This made me realize that I am not the one who has stress and can handle it easily, as it's a part of daily life.

The participant followed her favorite YouTube channels, listened to soothing music, and sometimes motivational speeches, which made her feel refreshed and energized. She loved to vent her feelings to her true friend when she felt broken in her duty. Sharing the problems with sibling also help to reduce the stress. As sharing is caring, while ventilate with the friends or siblings, they can console them, make ease and relief from that difficult moments When she had a stressful time like a very new environment of the college and friends, a heap of assignments and assessment, she shared with his brother who is also from the medical profession and he counselled a lot which made her student life easier. Her brother listened her attentively and provided the different solution to get rid of stress although she took the medicine for migraine (problem of frequent headache) after joining the Bachelor's in nursing. She missed the classes because of her illness. Shila also explained similarly to the way she deals with her stress that,

Before exams, I always tried to stay prepared. Studying early and reviewing my notes gave me some confidence, helping me avoid last-minute panic. Still, there were times when the stress felt too much to handle. During those moments, I found comfort in small things. I would listen to music or watch motivational YouTube videos — things that made me feel understood and gave me a bit of hope. Hearing others talk about their struggles reminded me that I

wasn't alone. Talking to my friends helped a lot, too. When I shared what I was going through, they often had advice or at least kind words that made me feel better. It reminded me that what I was feeling was normal and that others were facing it too. Whenever I felt really anxious, I used a stress ball. It might sound small, but squeezing it helped me release tension and focus a bit better. When I first joined nursing, everything felt new and overwhelming. But the orientation program really helped. It gave me a sense of direction and helped me settle in.

Shila had the habit of completing any work on time. Even before exam also she has to finish to complete all lessons to get rid of panic situation before any examination. Apparently, when she got stressed she listened to her favorite music, watch motivational videos which make her energize. She knew that this stress was not for her only, everyone was under the stress in their daily life. She further expressed that the induction program which was held before the nursing session started helps her to get more information regarding nursing education. Because she directly joined the BSc nursing after completion her 10+2 (Higher education level). Studying nursing was very new subject for her. Even she did not know that she had to go to hospital and took care of all patient in her first year of BSc nursing.

Another participant, Anu, also explained about adopting any form of stress relief. She further explained:

When stress crept in, I tried to find little ways to cope. Sometimes, I just need to listen to music, watch a good TV series, or chat with friends. These things help me unwind and take my mind off whatever is stressing me out. But there are times when I prefer to be alone — just to clear my head and find some peace in the quiet. The stress I've faced, especially after a bad incident, made me more cautious in everything I do. When it comes to nursing, I'm extra careful before doing any procedure. That incident taught me the importance of paying attention to every detail, no matter how small. Over time, I've been trying to develop a more optimistic mindset — focusing on what I can control and staying positive. It doesn't completely eliminate stress, but it helps me handle it better.

She faced a stressful situation during her nursing student life, and at that time she loved watching her favorite TV programs, stayed alone a few times, and tried to stay optimistic. That made her change her philosophy about her life, though some

friends left college during their studies. One of her friends was taking calming medicine, and another got counselling from the doctor. Actually, the first year of the Bachelor/Proficiency certificate level is really hectic, and because of that, students experience a much more difficult life than at other levels.

In summary, in our student life, we had many hurdles. Few might make us cry, and we cried a lot as we could not cope. But in reality, we have to cope with every stress to move forward. Naturally, we learned to face the stress in our own way. But the stress comes from the conflict. It is better to address it early. When the stress becomes too much, then the mental health would be compromised. At that time, counselling is necessary to way out of the stress.

The students had intense physical, emotional, and psychological impacts of academic stress. They expressed throbbing headaches, migraines, gastritis-like stomach pain, palpitations, tremors, and fatigue. These psychosomatic symptoms showed a high level of academic anxiety, often aggravated during formative and summative examinations. They experienced phobias, nervousness, overthinking, sleeplessness, and psychosomatic distress, which directly affect the academic (theoretical as well as clinical) performance. They had loss of appetite, difficulty falling asleep, and shaking hands during the exam. The specific fear before and during the exam as a storm. That time, students searched for a support system. Some loved to talk with friends, and some students used ventilation with family members as a coping mechanism. Some students adopted other strategies like listening to music, motivational speech, staying calm and quiet, like self-soothing, and others sought psychological counselling, and some were undertaking medicine.

To address emotionally overwhelm, the student employed various coping techniques, including listening to music and watching motivational videos. Notably, watching motivational content helped the student develop a sense of connectedness and resilience, which, in turn, fostered hope and reduced isolation.

Likewise, social support is an important factor in helping the student resolve their stress. Sharing or venting with peers or friends helps to support each other when in need. This coping reflects the importance of peer involvement and the comfort of shared experience in mitigating stress. Sharing emotional burdens with someone who truly understands, such as a sibling or close friend, helps combat academic challenges and enhances emotional resilience.

Coping mechanisms are important for managing stress and avoiding its adverse outcomes (Labrague et al., 2017). Whoever is creative and a problem-solver might adapt the coping strategy to resolve the stress. For instance, some students adapt quickly and easily, and others cannot get away from it, and as a result, they might suffer from mental and emotional disturbance. The nursing students adopted different coping strategies to maintain their mental and physical harmony.

As the proverb says, “When there is a problem, there is a way”. Every problem might have a solution, but one should not be depressed or exhausted; instead, one should brainstorm and create a solution instead of merging the problems or stress.

Nursing students use various adaptive and compensatory coping strategies to manage the stress of their studies. A number of students sought professional assistance, such as counseling from psychiatrists and taking stress-relieving medication, demonstrating the intensity of emotional stress in educational environments. Informal techniques such as watching YouTube videos, playing table tennis, listening to music, interacting with peers, and drinking coffee during late-night study sessions all indicate attempts to stay awake and maintain psychological equilibrium. These exercises demonstrate how to temporarily reduce stress through mood regulation and distraction. There were also more coping strategies with a clear purpose. Students sought emotional support through meditation and by mingling with close friends and family. During difficult times, nursing educators can play a vital role by creating a supportive environment for students.

Chapter Summary

This chapter examined how nursing students narrated their stories about academic stress and the coping strategies they used to manage it. It explored detailed information about participants' experiences of stress in daily life during college and during clinical time in the nursing journey. This chapter concluded with an analysis and interpretation of the information gathered from the participants. The nursing students experienced stress due to excessive workloads, limited rest, and harsh criticism in class; in addition, they had negative experiences or stories during clinical duty related to nursing skills, such as clinical procedures and compassionate patient care. The participants also shared their resolution to reduce stress.

CHAPTER V

KEY INSIGHTS, DISCUSSION, CONCLUSION, AND IMPLICATIONS

This chapter primarily explores key insights from the participant stories and experiences, connects them to related literature and theories, and concludes with findings and implications useful across different aspects of the educational sector.

Key Insights

The main purpose of this study was to explore the different academic stresses of nursing students, to collect their stories about these stresses, which concern both theory classes and practical activities, and to examine their coping mechanisms to address these stresses. After analyzing and interpreting my participants' information, I generated key insights based on this study's findings; they are listed below.

Firstly, I understand that nursing students experience a lot of stress and struggle to wear the white coat. At the beginning of the year, they were fascinated to wear the white coat and dress. They have a dream of becoming good nurses and serving the poor people in their lives. That was a sweet dream, or in other words, the aim of life. But once they have entered the nursing academic program, it is beyond their expectations. During studies, there are lots of assignments and homework, countless in-class presentations, long hours in class, and hectic, continuous exams (both summative and formative). At the Bachelor's level, they have to study Integrated sciences, which they find difficult. They have to replace classes and duties when they are absent, even when they have a valid reason. The participants shared that they had to take the medicine for the migraine, and some got counselling from the psychological counsellor. The participants had not only physical but also psychological symptoms. There were no extracurricular activities. In the hostel, due to disharmony with the roommate, some participants were under stress.

Secondly, I found the conflict between participants' learning objectives and the clinical reality. It was found that clinical was more stressful during the nursing academic period. In the clinical setting, they have difficulty with new medical terminology. In the clinical, every ward has different procedures and guidelines, and the new students had to adapt to each ward. A gap between theory and practice created a dilemma for nursing students. In many wards, the nursing staff behaved very rudely and expressed that they served as servants. They felt that the students were

posted for the sake of their helper. If the students are confused, they behave very badly, as with anything else, which breaks their hearts. Even doctors behave as if they are learners and have no practical knowledge. The participants had always feared making errors in the practical due to the new technique and environment. One participant reported that a teacher blamed the students, even though the procedure was carried out by the clinical tutor. At night, the students also did not get a chance to rest. Especially during the management duty, when students had to cover 24 hours and manage the ward. That time was hectic.

Thirdly, I understand that nursing students have found ways to cope with study-related stress through various strategies. The participants expressed that they love avoiding stress. Some watched television, some listened to music, and other participants shared the moment of ventilation with their family and friends. Even some students verbalized that they had the guts to call up to the teacher and express their stress, some teachers did not care that much, and some teachers listened very carefully with passion and tried to find a way out. At least they gave them positive vibes which makes the students to motivate and back to the normal days. Some love to roam out around with friends. Some got the medical counselling as an alternative treatment. Students who use different coping skills can overcome the difficulties caused by stress (Shdaifat et al., 2018), as individuals must make cognitive and behavioral adjustments to reduce the body's nonspecific response to stimuli. Among different coping strategies, seeking social support was a common approach among students across all program years.

Nursing students experienced stress during clinical duty, too, and believed it affected not only their learning objectives but also their outcomes. Participants expressed that the clinical duty or training was stressful. Most participants reported increased stress during clinical duty or training when presenting to tutors. The findings indicate that nursing students have bitter experiences that cause stress or discomfort during clinical duty or training, and this needs to be addressed with proper planning in advance. This might help reduce student problems in clinical education. It would definitely support professional development in the entire nursing fraternity if the academic stress of the nursing students is addressed on time and promoted in reducing the stress by modifying the teaching learning style or methods, and that could be helpful in overall planning of nursing education and maintaining its quality.

Discussion

In my study, I found that nursing students were struggling significantly and experiencing significant academic stress to achieve the learning objectives. They had experiences beyond their expectation. They never thought studying nursing would be difficult. They had a difficult time during the study. They had more stress during the summative and formative examinations. The fear of failure. In my understanding, it is really difficult to study different subjects, with long hours of classes, and the need to replace in case of absence. My understanding aligns with the studies by Ching et al. (2020) and Zhang et al. (2024), which also found that stress is inevitable for nursing students. They also highlighted that the nursing profession is one of the stressful profession in the universe. The nursing students have many assignments, including presentations and case studies, and they must study various subjects over the course of a year. As previous findings also identified similar problems, nursing students mostly face various types of stress related to heavy academic assignments. In another study, Jimenez et al. (2010) also expressed that it is not only related to theory, but they also had experiences on the stress related to clinical duty, as nursing is a skill-based education. The study continues as blended education. They have to go to the hospital for duty at the same time. There, they have to do the patient care directly. The technique for providing care varies on a case-by-case basis. They have to learn different skills to provide patient care. They have to provide care from healthy clients to end-of-life termination patients, from pregnant women to children, to hospice or palliative care patients.

The participant expressed her story that because of the extreme stress, one of the participants had to consult with a doctor and took medicine to reduce stress. Another study revealed that second-year students were the most vulnerable to somatic frustration and anxiety, and common symptoms. This is aligned with the (Beanlands et al., 2019) where he expressed that as the novice students, like BSc Nursing students, are young and directly join the nursing study after 10 plus 2, and mostly they are single, whereas Bachelor nursing students (BNS) may come after a long break of clinical experience where they have a break in study habit. They have more roles and responsibilities at home and with their families because most of them have already gotten married. However, some BSc nursing students also experience stress related to academia, which leads them to seek counselling. Some students felt ashamed to seek counselling, which made their student life more complicated. Some might have

physical symptoms, whereas others might show the symptoms of depression and anxiety, which are serious issues in student life. The nursing students are a group who have been exposed to high stress. In the same way, nurses experience stress because of long shifts, frequently changing roles, work responsibilities, and this type of stress continues for a long time, it can cause health issues, even cognitive decline (Olvera et al., 2019). Therefore, according to Sparacino et al. (2017) emphasized on organizing the induction/orientation program to novice nursing student help to reduce anxiety levels.

Likewise, according to Ching et al. (2020), clinical practice or hospital duty, along with nursing students' academic teaching and learning activities, is considered the most common source of stress, affecting physical and psychological well-being. In this study, the participant reported that during a stressful time, she shared her concerns with her close teacher, who motivated her very nicely, which helped her move forward with her daily routines. This understanding aligns with Self-efficacy theory, which explains that verbal encouragement and constructive feedback from faculty and clinical preceptors significantly contribute to students' belief in their capabilities during stress. It is believed that clinical tutors or teachers also play a vital role in building students' self-efficacy. Similarly, in the current study, the nursing students who were exposed to these multiple stressors tried to manage stress through emotional regulation, problem-solving, and social support from their friends. This resonates with the Resilience Theory, which posits that students are frequently exposed to stress, and that protective factors such as emotional regulation, problem-solving skills, and peer support are enhanced among nursing students. This Resilience enables students to manage these stressors effectively, sustain their mental well-being, and maintain academic progress.

In my understanding, stress related to the theory might stem from a compressed class schedule, lots of assignments and presentations, and a blended study design, which also aggravates stress on students. While discussing the second theme of the study, clinical training is the most important placement in nursing education (Heidari & Norouzadeh, 2015,). During the hospital clinical practicum, the ward nurses, as we called them, were uncooperative, especially in the surgical ward. They showed anger toward the nursing students. They were neglecting the students' learning objectives; rather, they had to bring articles from another ward, and let them take vital signs for the whole ward. According to Doğan et al. (2022), resembles the

same problems of students' fear and the orientation program only reduced the clinical stress of new nursing students. Students complained of ear pain because of constantly placing the ear pieces of stethoscope in the ear while measuring patients' blood pressure especially during day and night duty which findings was supported by the findings of another study revealed that the stressors were inadequate support of ward nurses, instructors and other caregivers of the patients, inappropriate behavior, inadequate preparation of instructors, wasting time for students in clinical training (Bazrafkan et al., 2018).

Because the instructor's or teachers' behavior also aggravates stress. One of the teachers was after one student and insisted on providing care, even though that friend was sick that day. She was sitting in a chair when she saw the teacher grow angry and scold her harshly in front of everyone. That made the participant more stressed. She had experience of physical symptoms like palpitation and restlessness. From that day onward, the perception of that specific teacher has been a source of stress.

Likewise, the novice nursing student was asking because she did not know about the intravenous fluid and requested to be told about the fluids to the nursing staff, they answered ridiculously that she should ask her own teachers, but not them. Some of the nurse behavior is similar, as they replied to the nursing students very rudely, as elicited in the other study when the nursing student asked *about the penicillin injection ... the nurse replied, "Go and ask your instructor,"* with an offensive and ridiculous tone (Bazrafkan et al., 2018). Likewise, nursing students found the clinical duty stressful because they faced various problems during their clinical posting. Because of those problems, some nursing students have mental health issues like depression and anxiety (Mohebbi et al., 2012).

The participants experienced in the recent study that unfamiliar hospital setting, new medical terminology, lack of proper orientation of the hospital, obligation to fulfill the requirement of all of the wards of the posting, unsupportive hospital nursing staffs, non- understanding tutors, loads of completion of requirements and every time monitoring by the teachers on every procedure, scare of making mistake in front of teachers, fear of harming patients and clients prone to more stressful situation on nursing students during the study period. These experiences likely reflected another study that found unfamiliar and new environments for students, fear of making errors, insufficient clinical experience, and ineffective evaluation by

instructors to be stressful for nursing students (Moridi et al., 2012). Similarly, a participant in another study reported that the student did not try to ask the nursing staff for clarification when confused in clinical because they were scared to ask the nurses, and that this reflected the student's behavior (Bazrafkan, 2018). To develop the competent, simulation based education might be benefit for the students where novice students are taught the skill in the lab before giving care to the patient directly which help to reduce the fear of the students (Malya et al, 2025).

In the same way, the previous findings also showed that students felt clinical stressors more severely than academic stressors, and that these stressors caused psychological symptoms more frequently than physical symptoms. Further, Madian et al. (2019) found that stress has a negative impact on health and adversely impairs students' learning. They had experienced frequent stress during their student time. Therefore, they had the chief complaint of many symptoms, which was the main cause of absenteeism from regular classes, and ultimately, their performance in academic activities worsened. Likewise, according to Watson et al. (2025) stress affects not only nursing students' sleep, which directly affects academic and clinical outcomes, but also students' psychological issues, such as insomnia, anxiety, depression, difficulty in problem management, low morale, and inconsistent coping effectiveness as well. While connecting to these understandings, Self-efficacy theory also indicates that students felt low self-efficacy due to fear of making mistakes and harming others, and to the avoidance of complex procedures. The findings align with other Self-Efficacy Theory, which explains that if students are unable to cope with stress, low resilience may lead to anxiety, frustration, and, later, depression, and ultimately to poor academic persistence (Çin et al., 2025).

As discussed in the third theme, when stress occurs, we need to find a way out to prevent further damage to the body. Coping helps a person remove themselves from a stressful situation. Some students adopt their hobbies when they feel stressed; some share them with their parents; and some vent to their close friends. Some students were aware of the complications of stress and rushed to the psychiatrist for further management. The nursing students also experienced stress-related academic issues (theory-related and clinical posting). Individual students adopted different coping differently. As one of the participants shared the experiences that the students went to the psychiatrist for counselling and getting stress relief medications. The students listened to music, chatted with friends, played table tennis, watched a movie

on YouTube, hung out with friends, and, during exam time, took coffee to escape a tiring, sleepy night. Some students took psychotic drugs. On the other hand, they have followed some strategies when they have intense stress, such as exploration, internal adjustment, seeking social support from friends and family (shared with mother), positive self-awakening, such as doing meditation, and getting counselling. My understanding also aligned with the findings of the study by Zhang et al. (2024), who concluded that the nursing students adopted different coping strategies, such as sharing with friends, talking with parents, consulting with teachers, developing hobbies like listening to music, and positive self-awareness, but some students followed individual degeneration, like self-denial. That might be because of individual differences in how they respond to stress, and in their inability to make a voice against the stress caused by academic pressure. Likewise, another study showed transference practice like body exercises, taking a shower, watching movies, and sleeping, as well as a mixture of experiences of talking, praying to god, and sometimes crying (Labrague et al., 2017). Lavoie- Tremblay et al., (2022) explored that social support plays a stress- protective to reduce the stress and respond to the situation in a healthy way. Likewise, if the environment is positive, there would be good communication between teachers and the students; therefore, the educational environment should be supportive. There are various examples of how a good educational environment helps students explore or vent their problems with teachers (Alharbi, 2023). Additionally, nursing schools need to foster an environment that helps students manage their stress. Creating a caring and supportive environment in nursing schools not only improves relationships but also positively affects students' academic performance. This finding also resonates with the Resilience Theory: when stressed students are unable to manage their stress in a timely manner and receive support from their peers, academic stress is reduced, and students' academic outcomes eventually improve. Like -wise, Resilience theory also help the students to buffer the stress and cope the situation and protect the students from adversity from the intense stress (Masten, 2001).

Self-efficacy and resilience are influenced by using coping strategies because the students who have adequate resilience are optimistic, dynamic, enthusiastic, and good in mental health, and moreover resistant to various stressors. Ultimately, increased resilience will improve students' performance. It is a very important aspect

of mental health support and resilience-building, and of intervening in nursing education (Mulati & Purwandari, 2022; Watson, 2025).

Similarly, the theory of self-efficacy is useful in understanding academic stress among nurses. Bandura's Self-Efficacy Theory (1997) emphasizes that individuals' beliefs in their abilities directly shape their stress responses and coping strategies. If the nursing students identified their capabilities in the study and clinical setting, their stress would be minimized. In this study, the participant expressed the stress that when she was on clinical duty, she did not know about the intravenous fluid that her patient had. Then she was scolded by the ward sister, which was one of her bad experiences at the hospital. According to McKay et al. (2014) and Ye et al. (2018), academic stress reduces nursing students' self-efficacy, leading to increased psychological distress and diminished confidence in meeting academic expectations. Likewise, narrative inquiry aligns with resilience theory, which emphasizes the capacity to adapt effectively to stressors and maintain well-being despite adversity (Walsh, 2016). During the face-to-face interview, most participants reported trying to adapt to the situation. One participant shared that she loved watching television when she was under intense stress. The nursing students tried to manage the stress and adapt to the situation. Resilient students often describe finding the meaning, developing coping strategies, or relying on peers and seeking institutional support to overcome stress. In this study, most students adopted different kinds of adaptation depending on the situation, their hobbies, and individual preferences, which aligns with studies showing that resilience is negatively correlated with academic stress (Mulati & Purwandari, 2022; Xu & Yang, 2023).

Likewise, this study's findings on self-efficacy theory show that, motivated by teachers and family members, students felt better after experiencing intense stress. It also resonates with the self-efficacy theory, which holds that self-efficacy enhances confidence in handling academic demands (Bandura, 1997). Likewise, in the study, after experiencing stress, they sought different strategies to adapt and cope. Individual followed differently. They listened to music, some vented to close friends, some took a break from the instant stress, some roamed around with friends, and some played games as a form of positive behavior. This finding also aligns with another study, which found that resilience helps in recovery from stress and leads to improved academic performance and emotional well-being (Campbell et al., 2006). Both self-

efficacy and resilience are interrelated and collectively influence how nursing students experience, cope with, and manage academic stress (Taylor & Reyes, 2012).

Thus, in the context of nursing students' experience of academic stress, this study bridges personal stories with theoretical understandings, enriching classroom and clinical setting implications for stress management in nursing education by integrating self-efficacy and resilience theories.

Conclusion

Based on the findings, the journey of nursing education is undeniably rigorous, demanding both academic excellence and clinical competence from students. The structured curriculum, mandatory attendance, and exhaustive clinical rotations place significant physical and psychological strain on learners. Students are required to adapt quickly to shifting hospital environments, disruptions to their biorhythms from rotating shifts, and the pressure to meet high expectations with limited support from staff and clinical tutors. There was still a lack of development in clinical hand skills, patient care, clinical procedures, and empathetic communication. Besides that, the emotional well-being of students was addressed on time, which leads to burnout, frustration, and a low sense of self-worth.

To promote better learning outcomes, clinical supervisors, clinical nursing authorities, and nursing faculties must be supportive to foster a student-centered approach. It would be better to be more approachable, empathetic, and actively engaged in students' growth. In the same way, student-friendly teaching and learning methods and an evidence-based curriculum also help nursing students flourish and improve their well-being. By addressing students' stressors promptly and facilitating positive coping strategies, nursing colleges can foster resilience and self-efficacy. Ultimately, nurturing a compassionate, empathetic educational environment not only enhances student learning but also prepares future nurses to deliver high-quality, compassionate care in the health sector.

Implications

The study's implications focus more on practical issues than on theoretical understanding. Here, I suggest the following way forward in different areas. In my view, the finding helps teachers understand the academic stress nursing students face and their role in addressing these issues promptly before the situation worsens. Aware of launching the induction program to the students help the new students thoroughly about the nursing education, their rules and regulations, institution policy, orientation

program with the clinical authority to explain about the students' objective in the clinical setting and their expectation of learning in different wards. For institutions this study will be helpful to develop healthy nursing students, institutions such as nursing colleges and hospitals must create a student-friendly learning environment. It helps to collect baseline information on nursing students' academic stress to support further validation for researchers. The curriculum helps raise the standards of nursing education and the profession. Therefore, the study's findings help develop or update the curriculum, enabling nursing students' professional growth and development. Simulation based curriculum helps the novice students to gain skills before doing directly practice to the patient.

Furthermore, for the policymakers, the small step makes the change difference. The study's findings help policymakers develop student-friendly policies. It helps develop a policy for students' overall well-being and mental health. The policy helps the nursing students to glow and grow, and makes the nursing profession more developed and standardized. Creating a more flexible learning environment and reducing stressors, because policy-making plays a pivotal role in helping students effectively mitigate academic stress by fostering a supportive, structured environment. By formulating mentorship programs, integrating effective stress management in the nursing curriculum, facilitating academic coaching services, strengthening social support, and establishing flexible academic policies.

This chapter summarizes the entire research, followed by discussion, conclusion, and implications. This study suggested that nursing students experience stress, contributing to both physical and psychological stress. Many students reported stress-related symptoms such as migraine, anxiety, sleep disturbances, and the need for counselling or medication treatment. The findings align with the existing literature, indicating that nursing students are a high-risk group for academic and clinical stress, which negatively affects their mental health and learning outcomes. Self-efficacy and resilience had a crucial role in shaping students' stress responses and coping abilities, with resilient students demonstrating better adaptation to stress. Overall, the chapter highlights the need for a supportive educational environment, early identification of stress, and resilience-building interventions to promote nursing students' well-being and future professional development.

My Reflection

Reflecting my journey of MPhil, this research process helps to learn more on academic stress of the students. As I engaged with the nursing students I can read out their stress during the theoretical class at college and practical duty at hospital and I would like to explore those stress. What would be their stress? From my teaching experience, I could draw those queries from the interaction with the students. Completing this research on the experiences of academic stress among nursing students has been a meaningful and transformative journey. Throughout the research process, I gained a deeper understanding of the multifaceted stressors faced by nursing students, including academic workload, clinical demands, time constraints, and emotional challenges within clinical learning environments. Engaging with participants' lived experiences enhanced my appreciation of the gap between curricular expectations and the actual support available to students during their training.

The research process itself was not without challenges. Designing the study, obtaining ethical approval, collecting data, and analyzing participants' narratives required patience, critical thinking, and adaptability. At times, balancing research responsibilities with academic and personal commitments was demanding; however, these challenges strengthened my resilience, time-management skills, and confidence as a novice researcher. I also developed a stronger sense of ethical responsibility, particularly in maintaining confidentiality and representing participants' voices accurately and respectfully.

This study has reinforced the importance of emotional well-being and supportive learning environments in nursing education. Listening to students' experiences highlighted the urgent need for student-centered teaching approaches, empathetic clinical supervision, and timely interventions to address stress. There is need of conducting induction program to the new comer nursing students highlighting the nursing academic curriculum, rules and regulations, their institutions policy and their expectation from the nursing. The institutions have to develop the stimulation based curriculum and skill lab; and provide an opportunity to do practice or any procedure on dummy before directing doing practice on patients. The findings also suggest that commencing the induction program among the hospital authorities regarding students learning objectives at clinical duties and their expectation towards

the students. This study provides the relevant possibilities to explore the nursing students' stress and their coping mechanisms to reduce it.

Overall, this research journey has not only enriched my academic competence but also shaped my professional values, motivating me to advocate for healthier educational practices that promote resilience, self-efficacy, and holistic development among future nursing professionals.

REFERENCES

- Adebusuyi, J.R. (2018). Academic stress, resilience, peer relation, and teacher support as predictors of undergraduates' academic confidence. *Journal of Education and Practice*, 9(27), 1-7.
<https://www.iiste.org/Journals/index.php/JEP/article/view/44251/45876>
- Alharbi, K. (2023). Stress and coping strategies among nursing students. *Global Journal of Health Science*, 15(12), 46-52.
<https://doi.org/10.5539/gjhs.v15n12p46>
- Aliyu, A. A., Singhry, I. M., Adamu, H., & Abubakar, M. A. M. (2015). Ontology, epistemology, and axiology in quantitative and qualitative research: Elucidation of the research philosophical misconception. *Mediterranean Publications & Research International on New Direction*, 2(1), 1054-1068.
- Alshowkan, A. (2022). Clinical stress among bachelor nursing students: A qualitative inquiry. *Open Journal of Nursing*, 12(5), 305-315.
<https://doi.org/10.4236/ojn.2022.125021>
- American Association of Colleges of Nursing (AACN). (2020, October 6). *AACN members endorse resolution calling for action to address nurse well-being*.
<https://www.aacnnursing.org/news-data/all-news/resolution-nurse-well-being-resilience>
- Andrews, M. (2021). Quality indicators in narrative research. *Qualitative Research in Psychology*, 18(3), 353-368. <https://doi.org/10.1080/14780887.2020.1769241>
- Aryuwat, P., Holmgren, J., Asp, M., Radabutr, M., & Lövenmark, A. (2024). Experiences of nursing students regarding challenges and support for resilience during clinical education: A qualitative study. *Nursing Reports*, 14(3), 1604-1620. <https://doi.org/10.3390/nursrep14030120>
- Bandura A, (1997). *Self-efficacy in changing societies*. Cambridge University Press.
- Banstola, I., Banstola, R. S., & Pageni, S. (2020). The role of perceived social support on academic stress. *Prithvi Academic Journal*, 3(1), 111-124.
<https://doi.org/10.3126/paj.v3i1.31290>
- Bazrafkan, L., & Najafi Kalyani, M. (2018). Nursing students' experiences of clinical education: A qualitative study. *Investigacion Educacion Enfermeria*, 36(3).
<https://doi.org/10.17533/udea.ice.v36n3a04>

- Beanlands H, McCay E, Fredericks S, Newman K, Rose D, Santa Mina E, Martin LS, Schwind J, Sidani S, Aiello A, Wang A. (2019). Decreasing stress and supporting emotional well-being among senior nursing students: A pilot test of an evidence-based intervention. *Nurse Education Today*, 76, 222-227.
<https://doi.org/10.1016/j.nedt.2019.02.009>
- Berg, B. (2001). *Qualitative research methods for the social sciences*. Boston.
- Bergmann, C., Muth, T., & Loerbroks, A. (2019). Medical students' perceptions of stress due to academic studies and its interrelationships with other domains of life: A qualitative study. *Medical Education Online*, 24(1).
<https://doi.org/10.1080/10872981.2019.1603526>
- Bhurtun, H. D., Turunen, H., Estola, M., & Saaranen, T. (2021). Changes in stress levels and coping strategies among Finnish nursing students. *Nurse Education in Practice*, 50. <https://doi.org/10.1016/j.nepr.2020.102958>
- Blazer, C. (2010). Student stress. *Information Capsule*, 1006.
<https://files.eric.ed.gov/fulltext/ED536513.pdf>
- Bouchrika, I. (2026, March 16). *50 current student stress statistics: 2026 data, analysis & predictions*. <https://research.com/education/student-stress-statistics>
- Campbell, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behavior Research and Therapy*, 44(4), 585-599.
<https://doi.org/10.1016/j.brat.2005.05.001>
- Cestari, V. R. F., Barbosa, I. V., Florêncio, R. S., Pessoa, V. L. M. D. P., & Moreira, T. M. M. (2017). Stress in nursing students: study on sociodemographic and academic vulnerabilities. *Acta Paul Enferm*, 30(2), 190-196.
<http://dx.doi.org/10.1590/1982-0194201700029>
- Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (3rd ed., pp. 651–679). Sage Publications Ltd.
- Chaulagain, A., Kunwar, A., Watts, S., Guerrero, A. P., & Skokauskas, N. (2019). Child and adolescent mental health problems in Nepal: A scoping review. *International Journal of Mental Health Systems*, 13, 1-8.
<https://doi.org/10.1186/s13033-019-0310-y>
- Cheng, W. L. S., Chow, P. P. K., Wong, F. M. F., & Ho, M. M. (2023). Associations among stressors, perceived stress, and psychological distress in nursing

- students: a mixed methods longitudinal study of a Hong Kong sample. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1234354>
- Ching S. S. Y., Cheung K., Hegney D., Rees C. S. (2020). Stressors and coping of nursing students in clinical placement: A qualitative study contextualizing their resilience and burnout. *Nurse Education in Practice*, 42. <https://doi.org/10.1016/j.nepr.2019.102690>
- Çın, D., Yetimler, S. Ş., Keskin, E., Sadan, F. N., Balkay, Z., & Okuroğlu, G. (2025). Clinical performance self-efficacy and professional readiness of senior nursing students who received online practice education in the pandemic period. *Clinical and Experimental Health Sciences*, 15(2), 256-263. <https://doi.org/10.33808/clinexphealthsci.1363437>
- Cohen-katz, J., Wiley, S. D., Capuano, T., Baker, D. M., & Shapiro, S. (2004). The effects of mindfulness-based stress reduction on nurse stress and burnout: A quantitative and qualitative study. *Holistic Nursing Practice*, 18(6), 302-308. <https://doi.org/10.1097/00004650-200503000-00009>
- Colla, R. H., & Kurtz, C. F. (2024). Storying research: Exploring the benefits of participatory narrative inquiry as a methodology for wellbeing research. *International Journal of Applied Positive Psychology*, 9, 1–20. <https://doi.org/10.1007/s41042-024-00147-4>
- Connelly, F. M., & Clandinin, D. J. (2012). *Narrative inquiry*. In J. L. Green, J. Green, G. Camilli, G. Camilli, P. B. Elmore (Eds.), *Handbook of complementary methods in education research* (pp. 477-487). Routledge. <https://doi.org/10.4324/9780203874769>
- Creswell, J.W. & Poth, C.N. (2018) *Qualitative inquiry and research design choosing among five approaches* (4th ed.). SAGE Publications, Inc.
- Dada, J. O., Babatunde, S. O., & Adeleye, R. O. (2019). Assessment of academic stress and coping strategies among built environment undergraduate students in Nigerian higher education. *Journal of Applied Research in Higher Education*, 11(3), 367-378. <https://doi.org/10.1108/JARHE-06-2018-0100>
- Day, A.L., & Livingstone H.A. (2004). Gender differences in perceptions of stressors and utilization of social support among university students. *Canadian Journal of Behavioral Science*, 35(2), 73-83. <https://doi.org/10.1037/h0087190>

- Delaney, C., Barrere, C., Robertson, S., Zahourek, R., Diaz, D., & Lachapelle, L. (2016). Pilot testing of the nurse stress management intervention. *Journal of Holistic Nursing*, 34(4), 369-389. <https://doi.org/10.1177/0898010115622295>
- Deng, Y., Cherian, J., Khan, N. U. N., Kumari, K., Sial, M. S., Comite, U., & Popp, J. (2022). Family and academic stress and their impact on students' depression level and academic performance. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.869337>
- Department of Health Services (DoHS). (2000). *National adolescent health and development strategy*. Government of Nepal. <https://mohp.gov.np/content/163/adolescent-health-strategy/>
- Dobson, C. B. (2012). *Stress: The hidden adversary*. Springer Science & Business Media. <https://doi.org/10.1007/978-94-010-9798-7>
- Doğan, N., Üstün, G., & Yılmaz, M. Ç. (2022). The effect of the orientation program performed for first year nursing and midwifery students on their clinical stress. *Ordu Üniversitesi Hemşirelik Çalışmaları Dergisi*, 5(3), 373-384. <https://doi.org/10.38108/ouhcd.1000053>
- Elizabeth, S. (2023, September 20). Top 10 stress management techniques for the students. *Verywellmind*. Retrived on 20 September 2023 from <https://www.verywellmind.com/top-school-stress-relievers-for-students-3145179>
- Flores, R., & Andrés, C. (2023). Coping with the stress through individual and contextual resilient factors in primary school settings. *Behavioral Sciences*, 13(11). <https://doi.org/10.3390/bs13110880>
- Freire, C., Ferradás, M M., Regueiro, B., Rodríguez, S., Valle, A., & Núñez, J. C. (2020). Coping strategies and self-efficacy in university students: A person-centered approach. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00841>
- Gao, X. (2023). Academic stress and academic burnout in adolescents: A moderated mediating model. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1133706>
- Gholami, M., Saki, M., Toulabi, T., Moghadam, P. K., Pour, A. H. H., & Dostizadeh, R. (2017). Iranian nursing students' experiences of case-based learning: A qualitative study. *Journal of Professional Nursing*, 33(3), 241-249. <https://doi.org/10.1016/j.profnurs.2016.08.013>

- Gnawali, S. D. (2017, December 08). Academic stress at school: cause and management. *The Himalayan*.
<https://thehimalayantimes.com/opinion/academic-stress-schools-causes-management>
- Granieri, A., Franzoi, I. G., & Chung, M. C. (2021). Psychological distress among University students. *Frontiers in Psychology*, 12.
<https://doi.org/10.3389/fpsyg.2021.647940>
- Gurung, M., Chansatitporn, N., Chamroonsawasdi, K., & Lapvongwatana, P. (2020). Academic stress among high school students in a rural area of Nepal: A descriptive cross-sectional study. *Journal of the Nepal Medical Association*, 58(225), 306–309. <https://doi.org/10.31729/jnma.4978>
- Gyasewaa, F., Agbemelo-Tsomafo, L., Adama, D. T., Nanyele, S., Amissah, A. L. O., Boabeng, J. E., & Assifuah-Nunoo, M. (2023). Academic stress and coping mechanisms among married postgraduate students in Ghana. *Convergence Chronicles*, 4(4), 130-157. <https://doi.org/10.53075/Ijmsirq/45345666>
- Hearon, B. V. (2015). *Stress and coping in high school students in accelerated academic curricula: Developmental trends and relationships with student success* [Unpublished doctoral thesis]. University of South Florida.
<https://digitalcommons.usf.edu/cgi/viewcontent.cgi?article=6693&context=etd>
- Heidari, M. R., & Norouzadeh, R. (2015). Nursing students' perspectives on clinical education. *Journal of Advanced Medical Education*. 3(1), 39-43.
- Himalayan News Service. (2017, April 10). Govt drafts new mental health policy. *The Himalayan*. <https://thehimalayantimes.com/kathmandu/government-drafts-new-mental-health-policy>
- Holmes, A. D. (2020). Researcher positionality-A consideration of its influence and place in qualitative research-A new researcher guide. *International Journal of Education*, 8(4),1-10. <https://doi.org/10.34293/education.v8i4.3232>
- Hou, J., & Chen, Z. (2020). The inter-annual evolution of adolescent mental health. In X. Fu, K. Zhang, X. Chen & Z. Chen. (Eds.), *Blue book on mental health: report on the development of Chinese national mental health* (pp. 188-202). Social Science Literature Press.
<https://doi.org/10.1080/00313831.2022.2116480>
- Huber, J., Caine, V., Huber, M., & Steeves, P. (2013). Narrative inquiry as pedagogy in education: The extraordinary potential of living, telling, retelling, and

- reliving stories of experience. *Review of Research in Education*, 37(1), 212-242. <https://doi.org/10.3102/0091732X12458885>
- Jeyasingh, E. S. (2022). Coping strategies for adolescents dealing with academic stress. *Saudi Journal of Nursing and Health Care*, 5(1), 7–11. <https://doi.org/10.36348/sjnhc.2022.v05i01.002>
- Jimenez, C., Navia-Osorio, P. M., & Diaz, C. V. (2010). Stress and health in novice and experienced nursing students. *Journal of Advanced Nursing*. 66(2), 442-455. <https://doi.org/10.1111/j.1365-2648.2009.05183.x>
- Joseph E. A., & Henry, O. (2009). An assessment of academic stress among undergraduate students: The case of University of Botswana. *Educational Research and Reviews*, 4(2), 63-70. <https://doi.org/10.3102/0091732X1245888>
- Joseph, N., Nallapati, A., Machado, M. X., Nair, V., Matele, S., Muthusamy, N., & Sinha, A. (2021). Assessment of academic stress and its coping mechanisms among medical undergraduate students in a large Midwestern university. *Current Psychology*, 40, 2599-2609. <https://doi.org/10.1007/s12144-020-00963-2>
- Jung, H., Park, H. A., & Song, T. M. (2017). Ontology-based approach to social data sentiment analysis: detection of adolescent depression signals. *Journal of Medical Internet Research*, 19(7). <https://doi.org/10.2196/jmir.7452>
- Khademian, F., Aslani, A., Ravangard, R., Nami, M., Abbasi, S., & Bastani, P. (2021). Iranian University students' stressors and coping strategies: A qualitative study. *Journal of Education and Health Promotion*, 10. https://doi.org/10.4103/jehp.jehp_1278_20
- Khan, A. A., & Abid Sultan, F. A. J. (2018). Effects of perceived stressors and psychiatric morbidity on academic performance of university students. *Journal of Management Info*, 4(2), 1-4. <https://doi.org/10.31580/jmi.v4i1.29>
- Kowalska, W., & Szwamel, K. (2022). Stress management strategies and quality of life in undergraduate nursing and midwifery students in Poland: A pilot study. *Nursing Open*, 9(1), 824-838. <https://doi.org/10.1002/nop2.982>
- Kumar, P., Pathania, S., Aarti, I., Manisha, B. M., & Sharma, M. (2020). Academic stress among nursing students. *Nursing & Healthcare International Journal*, 4(4), 1-6. <https://doi.org/10.23880/nhij-16000227>

- Labrague L. J., McEnroe-Petitte D. M., Gloe D., Thomas L., Papathanasiou I. V., Tsaras K. (2017). A literature review on stress and coping strategies in nursing students. *Journal of Mental Health, 26*(5), 471–480.
<https://doi.org/10.1080/09638237.2016.1244721>
- Lavoie-Tremblay, M., Sanzone, L., Aubé, T., & Paquet, M. (2022). Sources of stress and coping strategies among undergraduate nursing students across all years. *Canadian Journal of Nursing Research, 54*(3), 261-271.
<https://doi.org/10.1177/0844562121102807>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing company.
- Lee, J., Jeong, H. J., & Kim, S. (2021). Stress, anxiety, and depression among undergraduate students during the COVID-19 pandemic and their use of mental health services. *Innovative Higher Education, 46*, 519-538.
<https://doi.org/10.1007/s10755-021-09552-y>
- Lees, C., Keane, P., Porritt, B., & Cleary, J. P. (2023). Exploring nursing students' understanding and experiences of academic resilience. A qualitative study. *Teaching and Learning in Nursing, 18*(2), 276-280
<https://doi.org/10.1016/j.teln.2022.12.008>
- Lin, S. H., and Huang, Y. C. (2014). Life stress and academic burnout. *Active Learning in Higher Education, 15*(1), 77–90.
<https://doi.org/10.1177/1469787413514651>
- Liu, J., Yang, Y., Chen, J., Zhang, Y., Zeng, Y., & Li, J. (2022). Stress and coping styles among nursing students during the initial period of the clinical practicum: A cross-section study. *International Journal of Nursing Sciences, 9*(2), 222-229. <https://doi.org/10.1016/j.ijnss.2022.02.004>
- Lubashevsky, I., & Plavinska, N. (2021). Human temporality: Qualitative description. In I. Lubashevsky & N. Plavinska (Eds.), *Physics of the human temporality: complex present* (pp. 137-228). Springer. https://doi.org/10.1007/978-3-030-82612-3_3
- Madian, A. A. E. M., Abdelaziz, M. M., & Ahmed, H. (2019). Level of stress and coping strategies among nursing students at Damanhour University, Egypt. *American Journal of Nursing Research, 7*(5), 684-696.
<https://doi.org/10.12691/ajnr-7-5-3>

- Magaya, L., Asner-Self, K. K., & Schreiber, J. B. (2005). Stress and coping strategies among Zimbabwean adolescents. *The British Journal of Educational Psychology*, 75(4), 661–671. <https://doi.org/10.1348/000709905X25508>
- Malya, R. M., Mahande, M. J., Urstad, K. H., Rogathi, J. J., & Bø, B. (2025). Perception of simulation-based education among nursing and midwifery students in Tanzania: A qualitative study. *Advances in Simulation*, 10(1). <https://doi.org/10.1186/s41077-025-00339-1>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Matakupan, A., & Huwae, A. (2023, May). The relationship between academic resilience and academic stress in students. In *Proceedings of the cross cultural psychology conference: Building multicultural competence in diverse communities* (Vol. 1).
- McKay, M. T., Dempster, M., & Byrne, D. G. (2014). An examination of the relationship between self-efficacy and stress in adolescents: The role of gender and self-esteem. *Journal of Youth Studies*, 17(9), 1131–1151. <https://doi.org/10.1080/13676261.2014.901494>.
- Merriman, P., Jones, M., Olsson, G., Sheppard, E., Thrift, N., & Tuan, Y.-F. (2012). Space and spatiality in theory. *Dialogues in Human Geography*, 2(1), 3-22. <https://doi.org/10.1177/2043820611434864>
- Ministry of Health and Population (MoHP). (2019). *National health policy 2019*. Government of Nepal. https://hobardiya.lumbini.gov.np/media/policies/5.1_National_Health_Policy_2076.pdf
- Mohebbi, Z., Rambod, M., Hashemi, F., Mohammadi, H. R., Setoudeh, G., & Najafi, D. S. (2012). View point of the nursing students on challenges in clinical training, Shiraz, Iran. *Hormozgan Medical Journal*, 16(5), 415-421.
- Moridi, G., Valiee, S., Khaledi, S., Fathi, M., Shafiean, M., & Gharibi, F. (2012). Clinical education stressors from the perspective of students of nursing, midwifery, and operating room: A study in Kurdistan University of Medical Sciences. *Iran Journal of Medical Education*, 11(7), 675-84.

- Mulati, Y., & Purwandari, E. (2022). The role of resilience in coping with academic stress (A meta-analysis study). *KnE Social Sciences*, 7(18), 169–181.
<https://doi.org/10.18502/kss.v7i18.12387>
- Nagle, Y. K., & Sharma, U. (2018). Academic stress and coping mechanism among students: An Indian perspective. *Journal of Child Adolescence Psychology*, 2(1), 6-8.
https://www.researchgate.net/publication/353446078_Academic_stress_and_coping_mechanism_among_students_An_Indian_perspective
- Nebhinani, M., Kumar, A., Parihar, A., & Rani, R. (2020). Stress and coping strategies among undergraduate nursing students. *Indian Journal of Community Medicine*, 45(2), 172-175.
https://doi.org/10.4103/ijcm.ijcm_231_19
- Nepal, K. (2022, July 14). Joint advocacy event with NFDN on mental health and suicide prevention. *Koshish*. <https://www.koshishnepal.org/joint-advocacy-event-with-nfdn-on-mental-health-and-suicide-prevention/>
- Nepal Health Research Council (NHRC). (2020). *National mental health survey, Nepal-2020 fact sheet*. <https://nhrc.gov.np/wp-content/uploads/2020/09/Factsheet-Adults-1.pdf>
- Nerantzaki, K., Efklides, A., & Metallidou, P. (2021). Epistemic emotions: Cognitive underpinnings and relations with metacognitive feelings. *New Ideas in Psychology*, 63. <https://doi.org/10.1016/j.newideapsych.2021.100904>
- Olvera Alvarez, H. A., Provencio-Vasquez, E., Slavich, G. M., Laurent, J. G. C., Browning, M., McKee-Lopez, G., Robbins, L., & Spengler, J. D. (2019). Stress and health in nursing students: The nurse engagement and wellness study. *Nursing Research*, 68(6), 453–463.
<https://doi.org/10.1097/NNR.0000000000000383>
- Oxford Learning. (2022). *Identifying the source of school stress*.
<https://oxfordlearning.com/identifying-the-source-of-school-stress/>
- Park, S. H., & Kim, Y. (2018). Ways of coping with excessive academic stress among Korean adolescents during leisure time. *International Journal of Qualitative Studies on Health and Well-Being*, 13(1).
<https://doi.org/10.1080/17482631.2018.1505397>
- Pascoe, M. C., Hetrick, S. E., & Parker, A. G. (2020). The impact of stress on students in secondary school and higher education. *International Journal of*

- Adolescence and Youth*, 25(1), 104-112.
<https://doi.org/10.1080/02673843.2019.1596823>
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage Publications Inc.
- Prabu, P. S. (2015). A study on academic stress among higher secondary students. *International Journal of Humanities and Social Science Invention*, 4(10), 63-68. [https://www.ijhssi.org/papers/v4\(10\)/Version-2/I04102063068.pdf](https://www.ijhssi.org/papers/v4(10)/Version-2/I04102063068.pdf)
- Putwain, D. (2007). Researching academic stress and anxiety in students: some methodological considerations. *British Educational Research Journal*, 33(2), 207-219. <https://doi.org/10.1080/01411920701208258>
- Rafati, F., Nouhi, E., Sabzevari, S., & Dehghan-Nayeri, N. (2017). Coping strategies of nursing students for dealing with stress in the clinical setting: A qualitative study. *Electronic Physician*, 9(12). <http://dx.doi.org/10.19082/6120>
- Reddy, K. J., Menon, K. R., & Thattil, A. (2018). Academic stress and its sources among university students. *Biomedical and Pharmacology Journal*, 11(1), 531-537. <https://dx.doi.org/10.13005/bpj/1404>
- Reeve, K. L., Shumaker, C. J., Yearwood, E. L., Crowell, N. A., & Riley, J. B. (2013). Perceived stress and social support in undergraduate nursing students' educational experiences. *Nurse Education Today*, 33(4), 419-424. <https://doi.org/10.1016/j.nedt.2012.11.009>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.
- Rijal, D., Paudel, K., Adhikari, T. B., & Bhurtyal, A. (2023). Stress and coping strategies among higher secondary and undergraduate students during COVID-19 pandemic in Nepal. *PLOS Global Public Health*, 3(2), e0001533. <https://doi.org/10.1371/journal.pgph.0001533>
- Rowell, H. C., Ciarrochi, J., Deane, F. P., & Heaven, P. C. L. (2016). Emotion identification skill and social support during adolescence: A three-year longitudinal study. *Journal of Research on Adolescence*, 26(1), 115-125. <https://doi.org/10.1111/jora.12175>
- Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *American Psychologist*, 55(1), 110-121. <https://psycnet.apa.org/doi/10.1037/0003-066X.55.1.110>

- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9-16. <https://doi.org/10.5539/elt.v5n9p9>
- Seyedfatemi, N., Tafreshi, M., & Hagani, H. (2007). Experienced stressors and coping strategies among Iranian nursing students. *BMC Nursing*, 6, 1-10. <https://doi.org/10.1186/1472-6955-6-11>
- Shakula, J. (2022). A study on academic stress and adjustment among B.Ed. teacher trainers in West Godavari District of Andhra Pradesh. *International Journal of Early Childhood Special Education (IJHSSI)*, 12(10), 108-116. [https://www.ijhssi.org/papers/vol12\(10\)/1210108116.pdf](https://www.ijhssi.org/papers/vol12(10)/1210108116.pdf)
- Sharif, F., & Masoumi, S. (2005). A qualitative study of nursing student experiences of clinical practice. *BMC Nursing*, 4(6). <https://doi.org/10.1186/1472-6955-4-6>
- Sharp, J., & Theiler, S. (2018). A review of psychological distress among university students: Pervasiveness, implications and potential points of intervention. *International Journal for the Advancement of Counseling*, 40, 193-212. <https://doi.org/10.1007/s10447-018-9321-7>
- Shdaifat, E., Jamama, A., & Alamer, M. (2018). Stress and coping strategies among nursing students. *Global Journal of Health Science*, 10(5), 33-41. <https://doi.org/10.5539/gjhs.v10n5p33>
- Sparacino, L., & Diggle, B. S. (2017). Reducing perceived stress through an orientation program for nursing students entering their first nursing course. *Journal of Nursing Education and Practice*, 7(9), 54-60. <https://doi.org/10.5430/jnep.v7n9p54>
- Sun, J., Dunne, M. P., & Hou, X. Y. (2012). Academic stress among adolescents in China. *Australasian Epidemiologist*, 19(1), 9-12. https://eprints.qut.edu.au/53729/14/AEA_Journal_19.1_J_Sun.pdf
- Tan, S. Y., & Yip, A. (2018). Hans Selye (1907-1982): Founder of the stress theory. *Singapore Medical Journal*, 59(4), 170-171. <https://doi.org/10.11622/smedj.2018043>
- Taylor, H., & Reyes, H. (2012). Self-efficacy and resilience in baccalaureate nursing students. *International Journal of Nursing Education Scholarship*, 9(1). <https://doi.org/10.1515/1548-923X.2218>

- Thai, T. T., Nguyen, T. P. V., & Pham, P. T. T. (2021). Perceived stress and coping strategies in high school gifted students in Ho Chi Minh City, Vietnam. *International Journal of Mental Health, 50*(2), 98–112.
<https://doi.org/10.1080/00207411.2020.1830610>
- Tharaldsen, K. B., Tvedt, M. S., Caravita, S. C. S., & Bru, E. (2022). Academic stress: Links with emotional problems and motivational climate among upper secondary school students. *Scandinavian Journal of Educational Research, 67*(3), 1-14. <https://doi.org/10.1080/00313831.2022.2116480>
- Vestad, L., & Tharaldsen, K. B. (2022). Building social and emotional competencies for coping with academic stress among students in lower secondary school. *Scandinavian Journal of Educational Research, 66*(5), 907-921.
<https://psycnet.apa.org/doi/10.1080/00313831.2021.1939145>
- Viner, R. (June 1999). Putting stress in life: Hans Selye and the making of stress theory. *Social Studies of Science, 29*(3), 391–410.
<http://www.jstor.org/stable/285410>
- Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process, 55*(4), 616-632.
<https://doi.org/10.1111/famp.12260>
- Watson, A., Harper, D., Peterson, C., Anderson, M., Reed, C., Young, C., Madeux, A., Willard, L., & Sutton-Clark, G. (2025). A qualitative inquiry into stress and coping among baccalaureate students in preparation for entering the nursing workforce. *Journal of Professional Nursing, 58*, 122-131.
<https://doi.org/10.1016/j.profnurs.2025.03.010>
- Webster, L., & Mertova, P. (2007). *Using narrative inquiry as a research method: An introduction to using critical event narrative analysis in research on learning and teaching*. Routledge. <https://doi.org/10.4324/9780203946268>
- World Health Organization (WHO). (2020). *Mental health atlas*.
<https://www.who.int/publications/i/item/9789240036703>
- World Health Organization (WHO). (2025, March 25). *Suicide*.
<https://www.who.int/news-room/fact-sheets/detail/suicide>
- Xu, J., & Yang, X. (2023). The influence of resilience on stress reaction of college students during COVID-19: the mediating role of coping style and positive adaptive response. *Current Psychology, 43*, 12120-12131.
<https://doi.org/10.1007/s12144-022-04214-4>

- Ye, L., Posada, A., & Liu, Y. (2018). The moderating effects of gender on the relationship between academic stress and academic self-efficacy. *International Journal of Stress Management*, 25(S1), 56–61.
<https://psycnet.apa.org/doi/10.1037/str0000089>
- Young, M., & Muller, J. (2007). Truth and truthfulness in the sociology of educational knowledge. *Theory and Research in Education*, 5(2), 173-201.
<https://doi.org/10.1177/1477878507077732>
- Zhang, W., Cao, Z., Ye, X., Shen, T., & Zhao, F. (2024). *Experience with stress and the coping process in Chinese nursing and medical students: A constructivist grounded theory study*. Research Square. <https://doi.org/10.21203/rs.3.rs-4628443/v1>
- Zhou, X., Bambling, M., Bai, X., & Edirippulige, S. (2023). Chinese school adolescents' stress experiences and coping strategies: A qualitative study. *BMC Psychology*. 11(1). <https://doi.org/10.1186/s40359-023-01137-y>

APPENDICES

Consent Form

Research Title: Experiences of academic stress and coping mechanism of nursing students- narrative inquiry

Researcher – Ms.Susan Maharjan

Namaste, I am Susan Maharjan (researcher) and studying Mphil in Kathmandu University. I am researching “Experiences of academic stress and coping mechanism of nursing students- narrative inquiry”. The objective of the study is to explore the experiences of academic stress and coping strategies of nursing students. The following guiding questionnaires have been prepared to conduct the study. Any information that you provide during this interview will be kept confidential. Your identity will not appear anywhere. I assure you that there is no any risks for you in taking part in this study. Your participation in this study is voluntary. You are free to withdraw at any time. I would appreciate if you participate in the study and answer all the questions. The information you provided would be very important for this study.

May I proceed with the question? Yes/No

.....
 Signature of the researcher
 Signature of respondent
 Susan Maharjan
 Contact number: 9841403769

Right	Left

Students' Interview Guideline

Title: Experiences of Academic Stress and Coping Mechanisms of the Nursing

Students: A Narrative Inquiry

SN	Research Questions	Possible Components	Interview Questions
1	How do nursing students narrate their academic stress?	<ul style="list-style-type: none"> • Personal inadequacy • Tight Academic schedule • Different clinical activities • Fear of failure • Relation between teachers and student • Compare and compete among friends • Interpersonal difficulties 	<ol style="list-style-type: none"> 1. Can you please share your story where personal inadequacy led you to feel stress? 2. Can you share your story that you had stress when you had tight academic stress? 3. Can you share your story (jiwan ka bhogai) where different clinical activities and evaluations made you feel more stressed? 4. Do you have any story about the fear of academic failure that made you feel stress in your life? If so, please share. 5. Can you please share your story because the relationship between teachers and students made you feel more stressed? 6. Can you share your story about the experiences of stress because of the comparison and completion among your college friends? 7. Can you share your story where your interpersonal difficulties led you to feel stress?
2	How have they been adopting	<ul style="list-style-type: none"> • Listening music • Roaming around • friend circle 	<ol style="list-style-type: none"> 8. Can you share your story on resolving your stress by listening to music?

	the coping strategies for their academic stress?	<ul style="list-style-type: none"> • Sharing difficulties with friends • Unhealthy behavior 	<p>10. Can you share the story of resolving your academic stress by roaming around with friends to reduce your academic stress?</p> <p>10. Are there any specific moments (events) when you adopted unhealthy behavior to resolve your stress?</p>
--	--	---	--

Research guiding questions: Narrative Inquiry

1 Personal Background and Experiences (initial questions)

1. Can you tell me about your background and why you chose to pursue a degree in nursing?
2. How would you describe your overall experience as a nursing student?

KUSOED Ethical Guideline Form

**KATHMANDU UNIVERSITY
SCHOOL OF EDUCATION**

Guidelines for Ethical Approval

(Approved by the Research Committee on 21 January 2019)

January 2019

Hattiban, Lalitpur

Office Use Only

Received on: _____ Approved on: _____
 Returned for revision on: _____
 Ethical approval number: _____

**Kathmandu University School of Education
 Research Committee**

Application for Ethical Approval

1: About research project and student/faculty

1.1 Title of the research project:

EXPERIENCES OF ACADEMIC STRESS AND COPING MECHANISM OF NURSING
 STUDENTS- NARRATIVE INQUIRY

1.2 Duration of the research project

Research activities start	9 th May 2024	Scheduled Completion date	
---------------------------	--------------------------	---------------------------	--

1.3 About applicant/s:

Applicant's name and title:	Ms Susan Maharjan	
Department/Unit	Educational Leadership	
Email:		Phone: 9841403769
Role in the research:	Scholar Researcher (Student)	

1.4 Student project (to be filled up the student if it is undertaken for his/her studies)

If the project is to be undertaken by a research student as part of their studies, please indicate below.

Section 7 must also be completed.

Admitted year	2023	Level of study	Mphil 3 rd semester	Department	Educational Leadership
---------------	------	----------------	--------------------------------	------------	------------------------

1.5 Faculty research

Names of all researchers:	Area of Expertise

1.6 Has this project been submitted for ethical approval before? If so, when?

No

Section 2: About the research project**2.1 Introduce your research project (100 words)**

Academic distress can affect negatively students' mental health. Coping Strategies to reduce the academic stress of students include effective problem-solving, involvement in counseling, and seeking a support system. The support system might be from the teachers, faculty members, or coordinators. Many nursing students are having stress for different reasons and those feelings are not being shared with other friends, teachers, and parents. The purpose of the study is to explore the experiences of different academic stress of nursing students and their coping mechanisms to control such stress. To explore the unfolding stories of the students about their academic stress. The qualitative narrative study design will be used to explore the perceived academic stress of nursing students

2.2 State research questions.

- How do nursing students narrate their experiences with academic stress?
- How do nursing students cope with their academic stress?

2.3 Methods of study

Describe how the study will be undertaken and explain what interactions will occur between researchers and participants (100 words)

As a researcher, I will collect the narrative information from the Bachelors level of students by using face-to-face interviews. Information will be collected through the interview method by following guiding questions/open-ended questions. Audio information will be used after getting permission from the participants. Before collecting data, verbal consent will be taken from participants. good rapport will be maintained for trust-building with me and nursing students. Then I will do face-to-face interviews based on research questions. I will probe the information by developing questions instantly in the field as necessary and their experiences as needed by asking guiding questions too. The information will be collected in a separate corner of the college to maintain privacy. I will assure the participants that their names will be kept confidential.

2.4 Location/s of the research (site/s where the research will be carried out)

The research site for this study is three institutional bachelor's level colleges located in the Kathmandu district.

2.5 Are you familiar with the local culture/context/professionals? If not, what do you do to adjust with the local culture/people/professions?

I am familiar.

Section 3: Participants

3.1 Who will be the participants in this project?

The Bachelor's level nursing students(BSc nursing students or BNS nursing students) who are studying in colleges.

3.2 What is the number of participants?

I will select two students from each of 3 nursing colleges by non-probability purposive sampling technique. There will be six participants.

3.3 What is the age range of participants?

19 years to 30 years

3.4 If this research involves children under 18 years of age, describe how do you comply the study?

Not applicable

3.5 What is the participant selection and exclusion criteria?

I will select two students from each college and each from a bachelor's level by non-probability purposive sampling technique.

3.6 Will any personal information including names, contact details, email addresses of participants etc. be accessed for purposes of report writing?

No. In this case, pseudonyms will be used.

3.7 Do you provide the information of the participants to the other person/organization? Explain

No, the information will be used for study purpose only.

Section 4: About ethical considerations**4.1 Describe the likely burden/s of participation and any risks to participants during this the research. If so, how will you minimize the risks?**

There are no considerable risks to the participants

4.2 Are you providing any reimbursement or pocket expenses to the participants? If so, justify.

No

4.3 Will you disclose about you and research process to the participants? How?

Yes, I will disclose it in the sharing circle.

4.4 What risks can be there in the field? If so, how do you mitigate?

There could be insider-outsider conflict. I will minimize it through continuous discussion and ensuring decision making and ownership by the participants.

4.5 Please confirm by putting tick (√) that you have ensured the following:

	Yes	No
Security of respondents during the research process	√	
Security of researchers during the research process	√	
Protection health hazards because of the research	√	
Avoidance of environmental hazards because of the research	√	
Maintaining where applicable the gender and other inclusion	√	
Avoidance of sexist and stereotypical language	√	

If explanations are needed in case of above points, please write here.

Section 5: About confidentiality issue

5.1 How do you protect the privacy and confidentiality of participant data and samples during the collection?

I uphold their right to voluntary involvement in the study and respect their decision to withdraw at any point. Additionally, I maintain the confidentiality of participants by employing pseudonyms and refraining from disclosing their identities and personal details.

5.2 How do you protect the privacy and confidentiality of participant data and samples during the analysis and report writing?

I maintain the confidentiality of participants by employing pseudonyms and refraining from disclosing their identities and personal details.

5.3 Are you using photographs or recordings of participants using audio tape, film/video, or other electronic medium and how are these to be used? Will you take consent from the participants?

I am using audio recording after obtaining permission from the participants. I will take the consent.

5.4 When the project is completed, for all the records and materials (written or electronic) used or collected during the project, outline how will the records be stored?



All the data will be stored till research process. Thereafter, the data will not be used for other purposes.

Section 6: Declaration of the researcher (s)

I/we, the researcher(s) agree to:

- conduct the project in accordance with ethical guidelines.
- start this research project only after obtaining final approval from the Research Committee
- submit final report to the Research Committee and get its approval before it is submitted to KUSOED or another agency.
- accept responsibility for the conduct of this research project remaining in ethical principles.

Name and signature of applicant/s.

Applicant's signature:		Name:	Susan Maharjan	Date:	15th may 2024
Researcher's signature:		Name:	Susan Maharjan	Date:	15th may 2024
Researcher's signature:		Name:		Date:	

HoD/Program Coordinator's signature for submitting
 this application to the Research Committee for ethical approval.....
 Date:

Ethical Permission Letter from NHRC



Government of Nepal
Nepal Health Research Council (NHRC)
 Estd. 1991



Ref. No.: 2465

9th July 2024

Ms. Susan Maharjan,
 Principal Investigator,
 Student, Kathmandu University of School of Education Department

Ref: Approval of thesis protocol

Dear Ms. Maharjan,

This is to certify that the following protocol and related documents have been reviewed and granted approval through the expedited review process for its implementation.

Protocol Registration No/ Submitted Date	316_2024 June 15, 2024	Sponsor Protocol No	NA	
Principal Investigator/s	Ms. Susan Maharjan	Sponsor Institution	NA	
Title	Experiences of academic stress and coping mechanism of nursing students- narrative inquiry			
Protocol Version No	NA	Version Date	NA	
Other Documents	1. Data collection tools 2. Informed Consent Form 3. Recommendation letter from supervisors 4. Conflict of Interest (CoI) 5. Ethics Training Certificate 6. Role and responsibilities 7. Work plan	Risk Category	Minimal risk	
Co-Investigator/s	1. Dhanapati Subedi			
Study Site	Alka Institutes Pvt. Limited, Asian College for Advance Studies and The Everest Nursing College.			
Type of Review	<input checked="" type="checkbox"/>	Expedited	Timeline of study July 9 th , 2024 to August 31, 2024	Frequency of continuing review NA
	<input type="checkbox"/>	Full Board	Duration of Approval July 9 th , 2024 to July 8 th , 2025	
	Review Date: 9 th July 2024		This approval will be valid for one year	
Total budget of research	NRs 26000.00			
Ethical review processing fee	NRs 1000.00			

Sample of Coding, Categorizing and Thematizing

Participant 1 st	Participant 2 nd	Participant 3 rd	Participant 4 th	Participant 5 th	Participant 6 th	Categories	Themes
Do you have any stress related to nursing study subjects in the bachelors' levels?							
Long hours classes Fear of failure could not even do her performance properly at the time of exam had to take medicine for depression	Replace classes Habit of studying in the morning because of morning duty could not study Conflict with friends and got stressed	Nursing is not only study need to do lots of activities College environment Was stressful Could not speak in front of all friends Competitive friends	Stress related to exam, related to conflict with friends Need to be competent theory classes as well as practical classes	Studying basic science is stressful Very complex and vague and complicated subjects Preparation for exam was very tough class assignments and presentations vague curriculum	the heavy coursework in basic sciences, fear of failing to perform academically a new environment, interacting with teachers academic expectations and personal challenges	Fear, exam, conflict with friends, competitions, long hours class, summative and formative examinations, College environment, Assignments, Compacted curriculum with different nursing and basic science subjects	"The Hidden Silence Behind the White Coat"
Any story on stress due to the particular situation in clinical/practical duty?							
overloaded curriculum, insufficient money to expenses, pressurized environment in the clinical	Long standing on duty Replace duty continuous with night with morning	Stressful life, Conflicts with ward sisters Fear of medication error Nightmare when did error at duty	Workload at clinical Expected more from the ward sisters	back-to-back assignments in clinical directly indicated to the students in clinical	continuous exams, assignments, clinical duties, unsupportive senior staff during clinical rotations. Family misunderstandings anxious, and my hands would tremble, fearing of doing mess up in front of them. fear that patients might doubt your capability or think you're not skilled enough to provide care worry that patients could hesitate to accept treatment or medications y became hyperactive and grabbed from behind. scared and ran away. dreaded going back to the psychiatric ward.	Overloaded curriculum theory and practical Assignment-case studies, teaching, clinical performance Competency in clinical skills Different shift duty Senior nurses domination Unskillful individual Expecting from the doctors and senior nurses Workload Ward sisters Even clinical tutors Uncooperative patients Violent patients	"In The Dark Shadows of Care: A Student's Cry Behind the Curtain"
What did you do to overcome your stress?							
sufficient sleep listened to music diversion mind	Distraction Concentration like meditation Roaming quiet places	listen to music, watch series, and gossip with my friends positive thinking	Roam with friends, write poems, writing, counting numbers backward, or doing something to shift focus temporarily couldn't cope consulted with psychiatrist and took medicine	engage in activities at home, watch sports, or involve myself in household chores, Watching sports, especially football	Listening to music and watching helpful content on YouTube are also Sharing my feelings with someone Talking to friends over the phone,	Distraction Listening music Involved in play Watching TV, you tube or movie Roaming with friends Shared with friends and teachers Positive thinking Support from psychological counselling Consult with psychiatric doctor	"The Lighthouse Within the Storm"