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Triad of Anxiety: A Qualitative Analysis for Anxiety in Nursing Student Collegiate-Athletes

Cover Page Footnote

Morgan VanderSchaaf is a graduate of Gardner-Webb University, currently practicing as a Registered Nurse in Cleveland, Ohio. Sharon Webb is the Clinical Mental Health Counseling Programs Coordinator and Associate Professor of Counseling in School of Psychology and Counseling at Gardner-Webb University. Abby Garlock is Prelicensure Programs Chair and Associate Professor in Hunt School of Nursing at Gardner-Webb University. We would like to thank Taylor Jackson for her feedback during this study, and the nursing student-athletes who agreed to be participants. Correspondence concerning this article should be sent to Sharon Webb at Gardner-Webb University, Box 7318, Boiling Springs, NC 28017 or swebb@gardner-webb.edu.

Triad of Anxiety in Collegiate Athletes: A Qualitative Analysis
For Anxiety in Nursing Student Collegiate Athletes

Anxiety is becoming more prevalent, and current research claims the twentieth century to be known as the “age of anxiety” (Vasconcelos et al., 2017). Anxiety has been studied in athletes and students and there is a common theme between athlete-student anxiety and perfectionism. Athletes and nursing students have been studied separately in relation to anxiety. However, there is a gap in the literature that specifically considers both anxiety and perfectionistic thinking in nursing student-athletes. The goal of this study was to discover the impact of anxiety and perfectionism on nursing student-athletes, and to determine potential measures that coaches and/or professors can take to aid in minimizing anxiety.

Literature Review

Review of previous research focused on discoveries about anxiety in athletes and nursing students, as well as perfectionism in those subgroups.

Anxiety in Athletes

Over the past few years, professional athletes have spoke out about mental health. Some well-known athletes such as Michael Phelps, Jerry West, Brandon Marshall, and Allison Schmidt have shared their stories. “Athletes may be at increased risk for anxiety disorders. An NCAA survey of athletes found over the course of a year that 30% reported feeling depressed while half said they experienced high levels of anxiety.” (Gleeson & Brady, 2017, para. 6). To compete, athletes require intense training and find themselves being critically evaluated by opponents, teammates, coaches, and spectators, all of which may be associated with heightened competitive anxiety (Stoeber, Otto, Pescheck, Becker, & Stoll, 2007). Competitive anxiety can increase from an athlete having unrealistic expectations, lack of accepting personal limitations, inflexibility,

and enduring feelings of discontent and dissatisfaction at one's personal performance (Hamidi & Besharat, 2010). Competitive environments are the perfect formula to create anxiety. To break it down, anxiety is an emotional response stimulated by the anticipation of a real or potential threat (Gross & Hen, 2004). When competing, there are sources of threats: The athlete's image typically relates to their performance, the final result of competition is always uncertain, and athletes can be subject to public opinion and judgement (Rocha & Osório, 2018). This anxiety-inducing environment has motivated researchers to study the condition of anxiety in relation to sports. As a result, the term "competitive anxiety" has been used to explain the emotional reaction which regularly appears before or during sports competitions (Rocha & Osório, 2018). Competitive anxiety can be broken down into three dimensions: cognitive anxiety, somatic anxiety, and self-confidence.

Cognitive anxiety involves cognitions about possible failure, while somatic anxiety involves the perception of bodily symptoms and heightened negative arousal. Self-confidence, on the other hand, involves cognitions that one is up to the task and able to give one's best possible performance. Consequently, self-confidence prior to and during competitions usually indicates low competitive anxiety and is often associated with higher performance. (Stoeber et al., 2007, p. 960)

Competitive anxiety is experienced by many athletes, and in regards to gender, studies have shown that females are especially at risk.

Sports specialists argue that female athletes are more anxious than male ones due to the influence of other factors, such as honesty to speak about feelings/emotions, susceptibility to external stimuli, commitment to the sports practicing, susceptibility to

pressures from sports environment and greater focus on the risk of failure rather than on achieving success. (Rocha & Osório, 2018, p. 71)

Anxiety in Nursing Students

The “age of anxiety” is not solely applicable to athletes; college students are also at high risk. “Many studies have examined the prevalence of stress, anxiety, and depression among college students, and the rates they have indicated are high enough to make this a noteworthy issue” (Millet-Thompson, 2017, p. 24). Furthermore, students studying in the medical and health area have shown higher levels of anxiety when compared to other areas of education (Dehghanayeri & Adib-Hajbaghery, 2011). Looking at nursing students specifically, they experience unique stressors, even compared to other professional degree programs. “Nursing curriculums involve study in both didactic and clinical settings concurrently, which does not occur at the undergraduate level for other health professions” (Turner & McCarthy, 2017, p. 21). Moscaritolo (2009) found being introduced to the clinical setting for the first time and being a novice at performing clinical skills were significant stressors. Specific stressors in the clinical setting include:

the gap between theory and practice, feeling unprepared for practice, fear of making a mistake, issues related to death and dying, witnessing pain and suffering, problematic interpersonal relationships with clinical teachers and nursing staff, being observed and evaluated, communicating with physicians, and lack of familiarity with the hospital environment. (Chernomas & Shapiro, 2013, p. 255)

Additional factors while pursuing a health degree involve time pressure, learning and memorization of large amounts of information within short periods, frequent evaluation, high financial pressures, limited time for recreation and relationships, peer competitiveness, and high

responsibilities related to patient care (Vitaliano, Russo, Carr & Heerwagen, 1984). Those same factors remain true when pursuing any health degree. Student stressors accumulate in nursing studies, so it not surprising for previous research to reveal that undergraduate nursing students experience high anxiety.

Perfectionism

Adding another layer, studies have considered how perfectionism may play a role in inducing anxiety. There has been “a strong association between perfectionism and increased risk for depression, anxiety, obsessive-compulsive symptoms and suicide” (Henning, Ey, & Shaw, 1998). Perfectionism is a personality trait characterized by striving for flawlessness and setting excessively high standards for performance, accompanied by tendencies toward overly critical evaluations of one’s behavior (Flett & Hewitt, 2002). Henning et al. (1998) discussed that severe perfectionism is one such personality trait that has been shown to increase the risk for anxiety and depressive disorders. Perfectionism can be adaptive and maladaptive in nature. Maladaptive perfectionism has been described as “perfectionistic concerns such as concern over mistakes, doubts about actions, feelings of discrepancy between expectations and results, and negative reactions to mistakes. This dimension [of perfectionism] has been associated with negative characteristics such as anxiety” (Stoeber et al., 2007, p. 960).

Perfectionism in Athletes

Studies have concluded that perfectionism in sport is associated with severe anxiety among athletes. Indications are that an athlete’s perfectionism has three sources: “the athlete (e.g., personal standards, concern over mistakes), the athlete's parents (e.g., perceived parental pressure, parental criticism), and the athlete's coach (e.g., perceived coach pressure, coach criticism)” (Anshel, Kim, & Henry, 2009, pp.398-399). The anxiety can be due to excessive

personal standards and the high expectations of the athletes' parents and coaches (Anshel et al., 2009). As an athlete, it is expected that you set personal goals and standards, and many athletes become easily self-critical when they do not achieve their goals. Furthermore, research has also suggested that sports participation encourages perfectionistic thinking among competitive athletes (Anshel, Kim, & Henry, 2009). This is supported by Hinton and Kubas (2005) quoted in Anshel, Kim, & Henry (2009) as they found that perfectionism is more prevalent among athletes than non-athlete peers.

Strober et al. (2007) reviewed three studies about the relation of competitive anxiety and perfectionism, and each one produced a similar result: a positive correlation with competitive anxiety. Strober et al. (2007) further investigated the relationship between perfectionism and competitive anxiety in athletes. Their study across four different samples of athletes, revealed the same results as in other studies: “Overall perfectionism (combining striving for perfection and negative reactions to imperfection) showed positive correlations with cognitive and somatic anxiety during competitions, a finding dovetailing with claims that perfectionist in sport and exercise is a trait associated with dysfunctional characteristics” (Strober et al., 2007, p. 966). To look deeper at the cause of these results, Hamidi and Besharat (2010) explained:

Negative reaction to imperfection, as a negative element of perfectionism, impedes the athletes from enjoying their onerous and tiresome efforts and feeling satisfied at them (Hamacheck, 1978). The dissatisfaction distracts the athletes' concentration and lowers their accuracy which, in turn, increases the likelihoods of failure and frustration for them. Under such circumstances, anxieties and worries within the competitive situation increase, which will damage both the athletes' self-confidence and their feelings of self-competence. (p. 816)

Perfectionism in Nursing Students

A nursing student has many stressors. Henning et al. (1998) explained that perfectionism is a personality trait that can play a role in a students' adjustment to training in the health profession. Admissions acceptances for health profession programs is extremely competitive. Thus, applicants who have very high self-standards tend to be reviewed more favorably for admission. Once accepted into the competitive environment, nursing students need to continue meeting the expected high standards set by professors and administrators. Henning et al. (1998) discussed that in some cases a student's effort to fulfill such high expectations may place him or her at risk for significant psychological distress. Henning et al. (1998) utilized a large sample of students in the four health professions of medicine, dentistry, nursing and pharmacy. "Results revealed over 27% of the students sampled were currently experiencing psychological distress that is of clinical significance, and 21% reported equal or greater distress than the average student seeking mental health services at the university's counselling centre." (Henning et al., 1998, p. 462). They concluded the importance of needing to address perfectionism with health professions students, the need for further research in this area, and the need for interventions to be developed to address these factors when they interfere with students' academic performance and/or well-being (Henning et al., 1998, p. 463).

Summary

Review of literature revealed that research has not previously covered nursing student-athletes who consider themselves a perfectionist. After this basis of anxiety and perfectionism in the specific subgroups is considered, hypotheses of what happens to one's perception of their anxiety when they are a nursing student-athlete can be formulated.

Research Method

Statement of the Problem

Anxiety is prevalent in nursing students and collegiate athletes. Current research has not accounted for the fact that some nursing students are also athletes, leaving questions of how participating in both impacts that individual's anxiety. In addition, perfectionism is a trait that may lead to an increase in anxiety, and many nursing students and athletes consider themselves to be perfectionists. Research is needed for nursing student-athletes who may identify as perfectionists to determine whether their level of anxiety differs and to find solutions to reduce high levels of anxiety.

Purpose of the Study

The purpose of this study was to investigate the effects of nursing school and athletics on an individual's perception of their anxiety and to determine if perfectionism was also a factor in enhancing one's anxiety. This study examined the participants' thoughts on how their coaching staff and professors may help minimize high levels of anxiety in these students.

Significance of the Study

Athletes, nursing students, coaches, athletic training staff, and professors will all benefit from the findings of this study. The research will increase awareness of the prevalence and levels of anxiety in nursing student-athletes, as well as recommendation considerations for coaches, athletic trainers, and professors.

Research Method

A qualitative, phenomenological research method was utilized in this study to examine the student's experience in nursing and in their prospective sport. Through purposive sampling, the participants were asked to sign an informed consent to participate in an individual interview.

Theoretical Perspective

Roemer and Orsillo (2002), formed a model of anxiety reflecting previous theoretical frameworks. Treanor, Erisman, Salters-Pedneault, Roemer, and Orsillo (2011) explained that the most recent and edited model draws from “Hayes, Strosahl, and Wilson's (1999) experiential avoidance model of psychopathology, Borkovec's avoidance model of GAD (Borkovec, Alcaine, & Behar, 2004), and mindfulness-based models such as Segal, Williams, and Teasdale (2002)” (p. 128). Use of this model aids in comprehension for causes of increased distress and heightened anxiety in a nursing student-athlete. According to Roemer and Orsillo (2002), an individual with anxiety may experience a perceived threat causing internal experiences such as anxious thoughts or emotion. Furthermore, having a problematic relationship with the internal experiences leads to distress, judgment, fusion and reactivity, which intensifies emotional responding. This problematic relationship with the individual's internal experiences tends to lead to attempts to control or avoid internal experiences, and possibly restricting certain behaviors (Treanor et al., 2011). Roemer, Williston, Eustis, and Orsillo (2013) explained this further in regards to the patterns of responding in someone who has an anxiety disorder:

First, we propose that people with anxiety disorders relate to their internal experiences with a lack of clarity, reactivity and self-criticism, and a tendency to see thoughts as self-defining indicators of truth, rather than transient reactions. Naturally, this reactivity leads to habitual, rigid, efforts to control these experiences, which are inherently unsuccessful. Finally, reactivity and avoidance naturally lead to constriction in people's lives, either through behavioral avoidance or through inattention to the present moment due to a focus on worries about the future or ruminations about the past. (p. 3)

This model is complicated when applying it to both nursing students and student-athletes, as these individuals tend to have multiple perceived threats in different areas of their life. The

multiple perceived threats lead to heightened anxiety because it is near impossible for these individuals to control or avoid all of their internal experiences. Acceptance based therapy has been used in individuals with anxiety, and studies have shown success with using mindfulness and acceptance to decrease overall feelings of anxiety (Dehghani, Saf, Vosoughi, Tebbenouri, & Zarnagh, 2018). The ABBT model was used to reveal how nursing student-athletes perceive personal anxiety and potential solutions to aid in reduction of anxiety.

Definition of Key Terms

Experiential avoidance. Experiential avoidance includes both strategic and automatic avoidance of internal distress (e.g., worry about minor matters may serve to decrease thoughts and feelings about one's sense of worthlessness) (Roemer & Orsillo, 2002, p. 57)

Delimitations

The research topic of anxiety and perfectionism is limitless, and a single research study cannot cover the complexity of these topics. This study did not cover the entire athlete population, rather solely Division I athletes who tend to have the most rigorous academic schedule. This study also did not research the different perspectives of perfectionism, such as adaptive and maladaptive, but regarded perfectionism as a general term.

Limitations

The main limitation of this study was the sample population. Due to the nature of purposive sampling, the sample population was from one university. Therefore, this study cannot be generalized to all nursing programs and Division I athletic programs. Another limitation to consider is that self reporting bias may have had an effect on the participants' answers in the interviews.

Summary

A goal of this research was to consider a triad of characteristics (nursing student, athlete, and perfectionist), and how this triad affects anxiety and other personal implications. As with all research, this study had limitations. The population to be researched has been uncovered by previous studies, and the goal is to discover how a nursing student-athlete perceives their anxiety according to Roemer and Orsillo's (2002) ABBT model for anxiety.

Research Methodology

Using a constructivist paradigm, this research emphasized that everyone has different constructs of their own perceptions. In addition, using a phenomenological approach helped explain how nursing student-athlete's experience anxiety and their perception of it. This section will further discuss the utilized method of research.

Research Questions

Per the literature review, athletes and nursing students have been studied separately in relation to anxiety. However, there was a gap in the literature for assessing perception of anxiety in nursing student-athletes. Implications for a nursing student-athlete's anxiety and the impact of perfectionism have not been revealed in the research literature. The three main research questions this study explored are: What impact does anxiety have on nursing student-athletes? How does perfectionism affect a nursing student-athlete's anxiety? How can coaches and professors aid in the reduction of the nursing student-athlete's anxiety?

Hypothesis

It is hypothesized that there is a triad of anxiety when considering a nursing student-athlete. To explain, when someone has all three components of the triad (Division I collegiate athlete, nursing student, and perfectionist), it is hypothesized that the individual will struggle

with symptoms of anxiety. It is also hypothesized that, through interviews, data will support Roemer and Orsillo's ABBT model for anxiety.

Research Design and Procedure

This qualitative research used a constructivist paradigm and a phenomenological research method to examine the student's experience in nursing and in their prospective sport. Individual interviews were used, and participants were asked ten open ended questions focusing on their perception of anxiety and perfectionism. After the sample was obtained, participants were signed an informed consent. Participants were invited to participate in an individual interview in a private location, and at a time that was convenient for the participant. Participants' answers were audio recorded. Once interviews were complete, audio recordings were transcribed verbatim and made anonymous, and were then deleted. Analysis included relating participants' statements to Orsillo and Roemer's model of anxiety, attaching meaning and clustered themes to participants' statements about their perceptions and experiences.

Sample Population

The sample of participants was obtained using purposive sampling. Students meeting the inclusion criteria were invited to participate. Inclusion criteria included completion of at least one year of nursing school (Associate of Science in Nursing or Bachelor of Science in Nursing) within the past 5 years and completion of one full collegiate season as a NCAA Division I athlete.

Interview Questions

During the interview, participants were asked ten questions. The first three questions were asked for demographic information, and the last seven were aimed to gather information

about the nursing students' anxiety and if they considered themselves a perfectionist. The questions asked were as follows:

1. Are you a male or female?
2. How many years have you been/were you in the nursing program while also competing in a division one sport concurrently?
3. What sport did you/are you competing in?
4. What does anxiety mean to you?
5. What role does nursing have in your definition of anxiety?
6. What role does your athletic endeavors have in your anxiety?
7. How does perfectionism influence your anxiety?
8. What can coaches do to aid in the reduction of an athlete's anxiety?
9. What can nursing professors do to aid in the reduction of a nursing student's anxiety?
10. Overall, prior to being a nursing student-athlete to now, how has your anxiety changed?

Summary

A constructivist paradigm and phenomenological approach was used when interviewing the participants that met the inclusion criteria. Once interviewed, the data analysis strategy aided in clustering common statements and themes and determining how these themes modeled the ABBT model for anxiety proposed by Roemer and Orsillo.

Findings

Results and descriptions of the data collection follow. Participant data collection consisted of the participants; major findings, themes, patterns; and data analysis strategies. An open coding process was utilized to code responses into themes.

Participants

A purposive sampling of nursing student-athletes was utilized for recruitment, and seven participants were interviewed. All participants were female and met the inclusion criteria. The different sports accounted for in the participants were lacrosse, cheerleading, and swimming. One participant had graduated from nursing school, four participants were in their final year of nursing school, and two were in their second year of nursing school.

Data Analysis Strategy

Once interviews were completed, the main researcher transcribed the audio recordings onto a document. Before coding, the researcher asked each interviewee to validate the transcript by reading a cut-out section of their specific transcript and verbally acknowledging that it was what they had communicated. This was done to improve rigor of the study. This technique is known as respondent validation (Yamey, 2017). This is where the coding process began. No software was used. First, an open coding strategy was used. Open coding is known as initial tentative codes, where the researcher identifies, names, and categorized phenomena (Yamey, 2017). Next, to confirm the accuracy of the ABBT model for anxiety proposed by Roemer and Orsillo, a selective coding process was used. Selective coding is the coding process where a researcher looks for confirmatory and contradictory data (Yamey, 2017). In this process the initial phenomena discovered in open coding was placed into four categories of the ABBT model for anxiety created by Roemer and Orsillo.

Data Analysis and Coding

Open coding. Open coding was the first phase of coding completion. Raw data of the transcripts were labeled with phenomena experienced by participants. The 12 phenomena discovered through the interviews were: athletic events, time management, tests, comparison, expectations, exhaustion, pressure, loss of control, perfectionism, the act of adjusting, the act of

blocking, and the act of worrying. These phenomena, displayed in Table 1 are all aspects of anxiety that signify the intensity of the triad of being a division one athlete, a nursing student, and a perfectionist.

Table 1: *Open Codes: Phenomena experienced by Nursing Student-Athletes*

	Open Codes
<p>Student 2: <i>every time I swam, especially whenever I was swimming to 200 fly, I always had a panic attack. Every time. It was going to happen</i></p> <p>Student 4: <i>sometimes right before a race I will get really nervous and sometimes psych myself out</i></p> <p>Student 5: <i>Anxiety to me is an overwhelming and consuming feeling of worry and fear typically related to something that is upcoming...a big one for me was big upcoming swim meets</i></p> <p>Student 6: <i>I mean when we are out performing on the court, I think “Oh I want to hit my stunt or else I will be super embarrassed”</i></p>	Athletic Events
<p>Student 2: <i>when I got older everyone caught up to the same size as me and now I am not faster than everybody and from that aspect that makes me super anxious</i></p> <p>Student 4: <i>There is a lot of competition in this sport. You want to do all you can to perform well and so there is always that constant pressure of competing, doing well, and being the best</i></p> <p>Student 6: <i>In terms of in class, when I look at the really smart people, I feel like it makes me more anxious because I feel like I am not as perfect as they seem to be.</i></p>	Comparison
<p>Student 1: <i>In a lot of ways, I think, my athletics help decrease anxiety...But the tough schedule and time management increases my anxiety.</i></p> <p>Student 2: <i>So, from a time perspective, swimming and practice and being away at meets takes up time away from your studies. Doing it together [swimming and nursing] is what gets me, because the times that I am not studying I find myself really anxious not doing something. That is the time aspect</i></p>	Time Management

<p>Student 3: <i>Nursing is king of the contributor to my anxiety from all the time that it takes...it's just a huge time commitment</i></p> <p>Student 4: <i>trying to juggle both at the same time is a high stressor</i></p> <p>Student 6: <i>If coaches were more flexible, it would be helpful to not have to go to practice for a full two and a half hours the night before a test</i></p> <p>Student 7: <i>Swimming did add a lot of stress, because I was spending 25 hours in a pool</i></p>	
<p>Student 1: <i>I have been diagnosed with test anxiety, which I feel like a lot of people in nursing school deal with.</i></p> <p>Student 3: <i>nursing is king of the contributor to my anxiety from all the time that it takes and all the expectations along with things like tests and studying</i></p> <p>Student 4: <i>The best thing [Nursing Professors] can do is provide me with all the information I need and help me feel the most prepared for the tests. This helps me feel better going into tests</i></p> <p>Student 5: <i>typically related to something that is upcoming, such as a test or a nursing check off or passing nursing school or passing NCLEX</i></p> <p>Student 6: <i>Especially in nursing, when there are only 5 tests per semester and they are your only source of grades... I just wish there was other grade opportunities, because I feel like then people wouldn't have so much anxiety on tests</i></p> <p>Student 7: <i>Nursing school is really hard and I think that test anxiety is really prevalent.</i></p>	<p>Tests</p>
<p>Student 2: <i>I felt like I was never as good at it as coaches expected me to be</i></p> <p>Student 3: <i>nursing is king of the contributor to my anxiety from all the time that it takes and all the expectations</i></p> <p>Student 4: <i>I am now a third year college athlete there is that expectation and that pressure to perform well while also doing well in classes</i></p> <p>Student 5: <i>knowing of how unforgiving the grading scale was and knowing that if you failed a class you no longer continue nursing school with your friends so it just kind of took anxiety to a whole new level for me</i></p> <p>Student 6: <i>freshman year academics were not as nearly rigorous compared to later on. It progressively has just become a lot more work being an athlete and then studies have gotten harder. College is just a lot more work</i></p> <p>Student 7: <i>Having to perform really well on all the tests in order to determine whether or not you are going to be a successful nurse is really stressful</i></p>	<p>Expectations</p>
<p>Student 2: <i>From a physical perspective, I am just drained and exhausted physically and I know that for me once I am I am physically exhausted I become very quickly mentally exhausted and my resting state is anxious</i></p> <p>Student 3: <i>It is very physically taxing to be a student-athlete and honestly just an athlete in general. I am already physically exhausted and then asking me to do mentally challenging things while physically exhausting to me that is just anxiety all around</i></p> <p>Student 4: <i>sometimes gets to the point where you feel like you can't really</i></p>	<p>Exhaustion</p>

<p><i>catch your breath</i></p> <p>Student 5: <i>nursing school physically drained me so that by the time I got to the pool I was really tired and couldn't really complete a practice the way I felt like it should be completed... Sometimes [my coach] let me skip a morning practice and come to a different morning practice that week because maybe that night I needed a little more sleep</i></p>	
<p>Student 1: <i>It is the pressure that we are under</i></p> <p>Student 2: <i>pressure that I put on myself because in my mind I need to get an A, like I have to do all these things, I have to be perfect, but in reality that is not always achievable</i></p> <p>Student 3: <i>There is a lot of pressure in nursing so that contributes to my anxiety.</i></p> <p>Student 4: <i>[Nursing] puts a lot of pressure on me. With athletics there is a lot of pressure to be the best in my opinion... You want to do all you can to perform well and so there is always that constant pressure of competing, doing well, and being the best you can be. There is also that pressure from coaches.</i></p> <p>Student 5: <i>Nursing school radically changed my perspective of anxiety. I constantly felt pressure: all the time.</i></p> <p>Student 6: <i>I feel like there is so much pressure on your grade on the test.</i></p> <p>Student 7: <i>Swimming wasn't going to be my future, where nursing was. Swimming wasn't going to affect my life, where nursing was. Nursing was everything.</i></p>	<p>Pressure</p>
<p>Student 2: <i>Looking back, I definitely had anxiety in high school... However, I was always able to control it and it was fine until college in my first month or two of nursing school--I could no longer control my anxiety.</i></p> <p>Student 4: <i>It has transitioned me into thinking that I am not as good of a student as I think I am. It has given me that feeling of how you aren't as smart as you think you are and it is consuming.</i></p> <p>Student 5: <i>when I got to college and started nursing school and there was so many outside factors that I couldn't control and couldn't use really to help me. Just feeling out of control was really overwhelming and led to the increase of anxiety.</i></p>	<p>Loss of Control</p>
<p>Student 1: <i>Not being a perfectionist helps reduce my anxiety. For me, because I used to be a perfectionist in high school, and it really didn't help me because it just caused me to be more stressed out</i></p> <p>Student 2: <i>I think that perfectionism is the leading cause of my anxiety. From a school perspective if I don't feel like I am doing well enough than that makes me anxious</i></p> <p>Student 3: <i>I think at the base of anxiety is a need to feel perfect because I want to be the best I can be and the best version of myself and because of that I put a lot of pressure on myself to perform well and that pressure increases stress which increases anxiety</i></p>	<p>Perfectionism</p>

<p>Student 4: <i>It [Perfectionism] makes it [anxiety] a lot worse. I mean definitely strive to be the best I can be</i></p> <p>Student 5: <i>There is always a desire to succeed and you know make A's in the classroom, and as an athlete win your races at competitions. It is kind of just an intrinsic pressure that is naturally occurring in people who are perfectionists....For me, I think that, because I didn't want to be just good enough, I wanted to be perfect at both of those things and feel like I was doing a good job, that whenever I had hiccups it really brought me down mentally so it added way more anxiety--like fuel to a fire.</i></p>	
<p>Student 1: <i>Anxiety is a struggle, but it is something I have to deal with...I used to be more of a perfectionist than I am now because with nursing school you have to learn not to be perfect i think. I try not to be as hard on myself because that just increases my anxiety. I think I have done a better job at trying not be as much of a perfectionist so that I can give myself some slack.</i></p> <p>Student 3: <i>I think that the stressors have increased because as you progress in nursing school it gets much harder, but I think at the same time I have learned to deal with it better</i></p> <p>Student 7: <i>During nursing school it was really stressful, and now that I am no longer swimming it is still really stressful...Looking at it now, as just a nursing student and no longer a swimmer, I realize that it was really stressful to be in the pool when I knew I should have been studying.</i></p>	<p>Act of Adjusting</p>
<p>Student 2: <i>I could no longer control my anxiety</i></p> <p>Student 4: <i>a lot of times I will get overwhelmed with myself or my work and think that it's too hard and I just can't do it anymore. It breaks that thing of I want to try and be the best I can be but sometimes my anxiety gets the best of me.</i></p>	<p>Act of Blocking</p>
<p>Student 5: <i>I was so emotionally drained and constantly worrying about nursing school</i></p> <p>Student 6: <i>[Anxiety is] Worrying and oversteering to the point that it can really mess people up in the head</i></p>	<p>Act of Worrying</p>

Selective coding. Selective coding was the next step in the coding process. This process was used to confirm or contradict the Roemer and Orsillo ABBT Model for anxiety in relation to the phenomena decoded in the open coding process. The open coding was investigated thoroughly to see if the phenomena was a perceived threat, an internal experience, a problematic relationship with their internal experiences, or an experiential act of avoidance. Table 2 lists the categories of the acceptance-based model and their respective first-level coding phenomena.

Table 2: *Four aspects of Roemer and Orsillo’s Acceptance Based Behavioral Therapy model for generalized anxiety disorder*

Perceived Threats	Internal Experiences	Problematic Relationship with Internal Experiences	Experiential Avoidance
Athletic Events Comparison Time Management Tests Expectations	Exhaustion Pressure Loss of Control	Perfectionism	Adjusting Blocking Worrying

Summary

In this section, the information of the seven participants was discussed. Also, 12 phenomena were discovered in the interview transcript through the open coding process. These 12 phenomena that appeared were found to fit into the subsections of Roemer and Orsillo ABBT model for anxiety.

Discussion

The following section includes a synthesis of the literature review and findings. Analyzing the data and emerging themes are discussed, and research questions are addressed and answered.

Open Code Phenomena

As written in the data analysis section, 12 phenomena emerged from the study. These phenomena are considered aspects of anxiety experienced by the nursing student-athlete, and will be discussed in detail.

Athletic events. Four out of the seven participants discussed how athletic events affect their anxiety. These events, according to Roemer and Orsillo’s ABBT model for anxiety, can be considered perceived threats. This event, whether it was a race or a performance, became a

perceived threat and led to heightened experience of anxiety. The perceived threat of athletic events led to negative internal experiences in the nursing student-athlete which supports the ABBT model for anxiety by Roemer and Orsillo. For example, Student 4 discussed that an athletic event made her nervous and she usually “psyched” herself out, and Student 2 explained that swimming the 200 butterfly caused a panic attack.

Comparison. Comparison was another significant phenomenon that developed throughout the interviews. This phenomenon can also be described as a perceived threat. Three students explained how comparison increased their anxiety, and how it led to negative internal experiences such as anxiousness and pressure.

Time management. Time Management was one of the most prominent phenomena throughout the interviews. Six of seven participants discussed their experience with time management. Some participants discussed the time commitment of nursing, some discussed the time commitment of athletics, and then some discussed the impact of doing both together. One unique aspect was that some students discussed how the time commitment of either athletics or school affected the other. For example, Student 2 explained that their time commitment to sports affected their studies, which led to an increase in anxiety. This perceived threat initiated internal experiences of stress and anxiety.

Tests. Tests was also a major phenomenon discovered in the data. Six of seven participants revealed that tests impacted their anxiety. One participant discussed their diagnosis of test anxiety. It does need to be considered that different aspects of the tests seemed to cause anxiety; Some said it was the test expectations, some said it was the circumstances of only having five tests so each was highly weighted, and some said it was solely the test. Regardless of which aspects, tests were a perceived threat experienced by all participants.

Expectations. Expectations was another phenomenon that was discussed by at least six of the seven participants. These were rooted in both academic and athletic endeavors. Expectations came from coaches, professors, grading scales and course work. Students communicated that these expectations were a perceived threat and led to negative internal experiences of anxiety and stress.

Exhaustion. Exhaustion was an internal experience that continued to surface throughout the interviews. Five participants explained this internal experience from both physical and mental perspectives. Exhaustion seems like an obvious internal experience of athletes. However, it was notable to see the perspective impact of nursing studies on the experience of exhaustion. For example, Student 5 explained how nursing school was physically draining. It seemed that the exhaustion component was also directly related to being both an athlete and a nursing student. The participants used words like “physically taxing” and “mentally and physically draining” to describe their experience with exhaustion.

Pressure. Pressure was another phenomenon that appeared, which can be classified as an internal experience. This significant phenomenon was noted by all seven participants. Pressure was an internal experience that came from multiple perceived threats. Nursing, athletic competition, tests, and future as a nurse were a few of the perceived threats that lead these nursing student-athletes to experience pressure. It is important to consider the amount of pressure these nursing student-athletes are under, and it must be noted that this pressure can be self-imposed, from coaches or professors, and as perceived threats. As noted with prior phenomena, the multiple angles and factors that play into the experiences of a nursing student-athlete is a possible reason that their experience of pressure is so intense. This intense pressure can be presumed to have a serious impact on these individuals’ anxiety.

Loss of control. Loss of control was another negative internal experience noted by participants. Students 2, 4, and 5 all had a perspective on this phenomenon. Combining their perspectives, it can be deduced that being both an athlete and a nursing student can cause an individual to feel like they can no longer control events, their thoughts, and their anxiety. This loss of control can also lead to more anxiety, as Student 5 discussed.

Perfectionism. Perfectionism was the key phenomenon that supported Roemer and Orsillo's ABBT model for anxiety. Perfectionism was discussed in the interviews and can be classified as a problematic relationship with internal experiences. Attempting to achieve perfectionism was problematic for these individuals because many of their internal experiences rooted from fear of failure. This fear of failure and trying to be perfect were two phenomena that have a problematic relationship and led to further distress. Perfectionism, whether rooted from athletics, the classroom, or both, seems to be the key difference in what intensifies negative internal experiences and how an individual may respond.

Act of adjusting. The next three phenomena discussed are related to the idea of experiential avoidance. Experiential avoidance is both strategic and automatic avoidance of internal distress (e.g., worry about minor matters may serve to decrease thoughts and feelings about one's sense of worthlessness) (Roemer & Orsillo, 2002, p. 57). Even though none of the interview questions asked directly how the individual perceived their ability to handle anxiety or internal experiences, many participants revealed their coping mechanisms from the questions asked. Labeled "act of adjusting" was one coping phenomena discovered that was used by three participants. Student 1 discussed the adjustment to no longer strive for perfectionism in effort to avoid the internal experiences of anxiety. Student 3 discussed the adjustment to all personal stressors by learning to deal with it better. Lastly, student 7 discussed the adjustment by

withdrawing from collegiate swimming in order to decrease and avoid negative internal experiences previously experienced. The act of adjusting is a positive way to avoid internal experiences.

Act of blocking. One of the other coping phenomena revealed through interview discussions was the act of blocking. For instance, individuals would attempt to completely block out feelings, stopping any attempts to control anxiety to avoid internal experiences. This act of blocking can be explained as an individual who is intensely distressed to the point of no longer trying to solve or resolve negative internal experiences. Students 2 and 4 made comments that showed this coping phenomenon.

Act of worrying. The last coping phenomenon that developed was the act of worrying. This coping mechanism serves as worrying to the point of trying to control their internal experiences. Treanor et al. (2011) explained that experiential avoidance can be both the attempts to control or avoid internal experiences, and possibly restricting certain behaviors all together. Two students used worry as a way to deal with their internal experiences.

Triad of Anxiety

Current research clearly describes the impact anxiety has on students and athletes. In addition, perfectionism seems to be a characteristic within nursing students and athletes. This characteristic has been found to increase individual levels of anxiety and psychologic distress. The aim of the study was to investigate the triad of being a nursing student, a Division I athlete, and a perfectionist. Even though not all participants claimed to be perfectionists, the “Triad of Anxiety” was a common theme of the majority. The nursing students who were both perfectionists and athletes had clear indicators of significant distress and anxiety, with a tendency toward more negative internal experiences of exhaustion, pressure, and loss of control than

students who did not self-identify as a perfectionist. For example, neither Student 1 nor Student 7 identified as perfectionists, and did not share any internal experiences of exhaustion and loss of control. In addition, Students 1 and 7 both used the act of adjusting to avoid their internal experiences, which can be inferred as a healthy way to approach the experience with anxiety. On the other hand, nursing student-athletes who self-identified as perfectionists experienced all three phenomena that were discussed: exhaustion, pressure, and loss of control, thus inferring the experience of the Triad of Anxiety. Additionally, these participants attempted to avoid internal experiences with unhealthy coping mechanisms, such as blocking their thoughts and worrying.

Research Questions

Research question 1: *What impact does anxiety have on a nursing student-athletes?*

These individuals explained the significant impact of anxiety, which was related to athletics, academics, and perfectionism, by revealing personal experiences. This general question can be answered by reviewing the internal experiences that the nursing student-athletes endured. Anxiety experienced by this population led to feelings of exhaustion, pressure, and loss of control. It is inferred that these individuals experience significant distress and intense anxiety as a nursing student-athlete.

Research question 2: *How does perfectionism affect a nursing student-athlete's anxiety?*

This question was answered by the significance in the data differences of the students who claimed they were perfectionists and those claimed they were not. From the literature review, it was notable that perfectionism was an important aspect to include in the study because it was a characteristic that so many athletes and nursing students report. However, from the collected data and interviews, it is important to note that not all athletes and nursing students are perfectionists, and findings from this research helped initiate the possibility that anxiety may be

more strongly associated with perfectionistic tendencies than with being a nursing student-athlete. From the data, it can be inferred that nursing student-athletes who experienced the Triad of Anxiety face much more distress and anxiety than nursing student-athletes who do not self-identity as a perfectionist.

Research question 3: *How can coaches and professors aid in the reduction of the nursing student-athlete's anxiety?*

When these questions were asked in the interview there were a variety of different answers and ideas; however, there were some common answers that most participants discussed. In regards to how a coach can reduce an athlete's anxiety, many of the participants discussed clear communication, flexibility, and knowledge of anxiety. The participants discussed how anxiety is increased when coaches' intentions are unclear or a schedule is unorganized or not communicated. They also discussed how coaches should be flexible with athletes to help with time management and coaches should agree that student-athletes' academics come first. Also, it was recommended that all coaches have a sound understanding of anxiety. Coaches should understand how anxiety may present in different ways in different athletes, and should be aware of how to help reduce an athlete's anxiety. The two common recommendations discussed on the professor side were being available and aiding in preparation. Participants discussed the professor's availability to talk with the students, whether about academics or about life, would help reduce anxiety and aid in support. Participants also verbalized that feeling prepared also helps in reducing anxiety. Offering study materials, testing strategies, and other preparation materials helped reduce individual anxiety.

Recommendations and Implications for Theory, Research, and Practice

From the current research, it is implicated that anxiety in nursing student-athletes needs to be a topic of discussion and intervention for involved students, coaches, and professors. These researchers recommend that further research is conducted with a population that includes more variety of Division 1 athletics, multiple universities, and various nursing programs. Also, to better understand the significance of perfectionism in the Triad of Anxiety, the correlation between perfectionism and anxiety experienced by a nursing student-athlete should be studied more in depth.

Conclusion

Individuals who are nursing student-athletes and self-identify as a perfectionist may experience what the study describes as the Triad of Anxiety. The ABBT model for anxiety developed by Roemer and Orsillo supports findings indicating the Triad of Anxiety occurs in nursing-student athletes. The population of nursing student-athletes can face many stressors, threats, and internal experiences, and may cope in ways that work to control or avoid internal thoughts and experiences. The specific threats that nursing student-athletes face are: athletic events, time management, tests, comparison, and expectations. The internal experiences nursing student-athletes undergo are: exhaustion, pressure, anxiety and loss of control. The differentiating factor separating those who are just nursing student-athletes and those who experience the Triad of Anxiety is the problematic relationship with internal experiences and perfectionism. Many of these individuals attempt to control and avoid personal thoughts and experiences through different coping mechanisms. The three coping phenomena found in the nursing student-athlete population are: the act of adjusting, the act of blocking, and the act of worrying. It was found that the characteristic of perfectionism led nursing student-athletes to experience more internal experiences and use negative coping mechanisms. It can be inferred

that if a nursing student-athlete is able to reduce personal perfectionistic tendencies, there may be a reduction in anxiety. Also, nursing student-athletes may be able to cope better with their internal experiences if feeling of perfectionism can be managed. The impact of anxiety on nursing student-athletes is significant, and the suggestions and recommendations for professors and coaches should be taken seriously. Clear communication, flexibility, knowledge of anxiety, aiding in preparation, and making themselves available are all suggestions for coaches and professors made by those who were experiencing this Triad of Anxiety. As suggested by Dehgani et al. (2018), recommendations for nursing student-athletes to control the Triad of Anxiety include mindfulness and acceptance. Individuals who are experiencing severe anxiety and negative internal experiences should be mindful of the personal thoughts and feelings encountered and practice accepting these personal thoughts and feelings. If these thoughts and feelings become overwhelming, it is suggested the individual should use the act of adjusting as a coping mechanism. Nursing student-athletes should manage perfectionist tendencies and work to accept thoughts, feelings, and emotions rather than avoiding or trying to control them.

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