The COVID-19 Nursing Student Self-Reported Education and Personal Experiences During the Early Months of the Pandemic

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Key Words:
COVID-19 pandemic, nursing education, nursing students.

In March of 2020, COVID-19 began to paralyze the United States; everyone was affected, and no one was immune to its impact (Fiore-Lopez, 2021). Businesses and schools were shut down and families and friends were told to socially distance in an effort to stop the invisible enemy that could kill us. The healthcare providers were overwhelmed and the uncertainty of managing the virus was evident while the death tolls and fear continued to rise.

Background

In the general public, COVID-19 caused heightened anxiety, fear, insecurity, and intolerance of uncertainty (Fowler & Wholeben, 2020). Since its arrival, massive changes occurred in how healthcare services were delivered due to the surges of critically ill patients arriving at hospital emergency departments (Fiore-Lopez, 2021). Everyone felt the impact of the viral threat to lives and society, rendering governments and organizations stifled to respond in an uncomfortably abrupt way. Nurses and healthcare workers reported lack of personal protection equipment (PPE), fear of re-opening too soon, and lack of recourse related to their employment (National Nurses United, 2020). Throughout the United States, most schools closed their physical facilities and entire campuses. From pre-school to universities, students were quickly catapulted into new systems to meet their state's stay-at-home orders.

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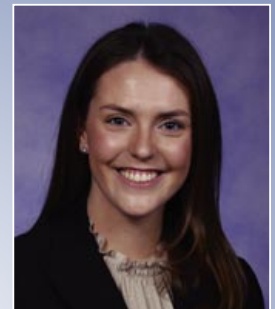
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This was not unique to the United States as the international communities were also subjected to enforced confinement from the pandemic. In China, Huang and Zhao (2020) reported severe generalized anxiety disorder, depressive symptoms and sleep quality in a sample of 7,236 volunteers. In their subsamples, poor sleep quality was found in healthcare workers and a higher prevalence of anxiety and depressive symptoms were found in younger people. Life changed immediately after the outbreak in regions in commerce and education. Across the globe, administrators and faculty were quickly forced to provide a substitute education to students who began virtual learning in all areas of study. Many universities quickly adopted new strategies that used digital tools and innovative approaches to traditional face-to-face education that was even more challenging in the practical disciplines such as in the health sciences.

Nursing education programs were no exception. In Turkey, where the pandemic arrived later than other countries, schools closed for 3 weeks and then, subsequently, until the end of the term. Nursing students were unprepared for their education's unexpected cancelation of their education and uncertain where the compensatory education would occur (Aslan & Pekince, 2020). In their study of 662 nursing students from three universities between April and May 2020, they concluded their underlying stress as measured by the Perceived Stress Scale was moderate and significant differences existed for age, gender, watching the news, worrying about risk, and imposed curfews. Almost half (48%) of the students frequently consumed news about the pandemic, 68% were worried about being infected, and 92% followed developments in other countries. In another study of 372 students in Turkey related to COVID-19, Ersin and Kartal (2020) explored demographic characteristics and what nursing students' behaviors related to the pandemic modified their stress. Female students reported higher levels of perceived stress than male students. Students' self-reported lower income, bad health, chronic illness, poor sleeping, and poor eating responses were statistically higher on their reported stress levels. The investigators compared the use of health-protective behaviors of these nursing students to their Perceived Stress Scale and found a significant lower level of stress for those students whose behaviors were consistent with limiting the spread of the virus with mask-wearing.

In another study done in Turkey, Çelik (2020) sought to investigate life satisfaction and social competencies of nursing students staying at home. The sample was voluntary with internet network connections and social media use ($n = 271$). They found there was a significant difference of higher mean scores of the students' life satisfaction in terms of compliance to stay at home, and significantly lower scores if they reported a positive status of an acquaintance (COVID-19) ($p < 0.01$). There was a significant difference between the students' mean scores on their social competence measure if complying with staying at home ($p < 0.01$). As a result, it was determined that the students were adapted to stay at home, but they viewed the epidemic's precautions were insufficient. "Considering that life satisfaction requires a healthy environment, it appeared that the epidemic disrupted the safe environment and indirectly affected life satisfaction for these students" (Çelik, 2020, p. 4).

In a study conducted in Spain prior to the pandemic, Ríos-Risquez and colleagues (2018) reported university studies in general are known to influence the mental health of nursing students. Reverté-Villarroya and colleagues (2021) based their study on this premise and sought to identify mental health problems during this difficult time in nursing schools. Their study on the mental well-being of nursing students during the COVID-19 pandemic found a direct association: based on findings that a wide range of factors impact the stress of nursing students, their study ($n = 305$) examined the effects of the pandemic on nursing students in their final year at the university to establish whether the situation provoked by COVID-19 impacted their mental well-being. Their models concluded the pandemic situation was statistically significant for their increased mental health problems scores on the General Health Questionnaire—the stresses associated with academic activities, psychological distress, emotional exhaustion, and self-esteem. They concluded there is a need to promote healthy habits and provide appropriate coping strategies for nursing students to help their mental health to prepare for possible future pandemics.

In three 2020 'Letters to the Editor' in *Psychiatry Research*, writers expressed their responses to the virus: Banerjee (2020) from India described the global status as a "doomsday movie with a dystopian future" (p. 2); and Joob & Wiwanitkit (2020) from Thailand and China describe the lack of medical pro-tective devices and mental health support that produce the impact mental health for healthcare workers in a crisis; and Lima and colleagues (2020) note confinement leads to staff fears and anxieties. The world has been confronted with an epic challenge that has affected everyone in the healthcare community including nursing students who are of particular interest to educators. There are new reports of tired and traumatized nurses leaving nursing (Andrew, 2021) and other reports that nursing burnout has been occurring over the past years (Shah et al., 2021). While some authors have suggested recruitment challenges will result with the COVID-19 contribute to the detriment on future enrollment into healthcare fields (Aldridge, 2020), the U.S. News and World Report observed nursing schools are reporting an uptick in applications suggesting that nurses on the front lines of the coronavirus crisis may be inspirational to some to pursue nursing degrees (Kowarski, 2020). How the virus will impact the future workforce is still in question.

This study was undertaken to describe nursing students' educational and personal experiences in the United States as the pandemic unfolded in the early months of the outbreak. Although current studies are underway nationally, this study was launched in the early weeks of March and April 2020. It can serve as a snapshot in time on the impact of COVID-19 in the United States using a national sample of students in the workforce pipeline from the National Student Nurses Association (NSNA).

Theoretical Framework

As Bandura (1994) said, "Beliefs in personal efficacy affect life choices, level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression" (p. 84), it will be critical to understand nursing students' experiences in the early months of the COVID-19 outbreak and how they might affect their future professional successes predicated on self-efficacy.

Some of the critical constructs of Bandura's theory of self-efficacy (1997), including cognitive factors, environmental factors, and behavior, were underlying this mixed-method study. Self-efficacy underlies humans' behavior during:

1) **Cognitive Processes,** based on the behavior being purposive and regulated by forethought (i.e., explanation of doubt and efficacy).
2) **Affective Processes,** based on beliefs in coping capabilities through

Table 1.
Sample Demographics: Personal Characteristics

		n	Percent
Gender	Female	1,086	91.8%
	Male	93	7.9%
Age	Under 22	319	27%
	23-28	348	29.4%
	29-32	157	13.3%
	33-38	154	13%
	39-42	85	7.2%
	43-48	67	5.7%
	Over 49	53	4.5%
Race/Ethnicity	Asian/Pacific Islander	62	5.2%
	Black/African American	80	6.8%
	Hispanic	155	13.1%
	White	807	68.2%
	Other	69	5.7%
Program	Baccalaureate Traditional	461	38.8%
	Associates Degree	387	32.6%
	Baccalaureate Accelerated	256	21.6%
	RN to BSN	34	2.9%
	Entry Level Masters' Degree	29	2.4%
	Hospital Diploma Program	21	1.8%
Type	Public	692	60.1%
	Private	388	33.7%
	Private Proprietary (For Profit)	75	6.5%
Assigned patient COVID-19 positive in clinical	Yes, in nursing school	6	0.5%
	Yes, I work in health care	107	9%
	Unsure as not all patients tested	185	15.6%
	No, I have not been assigned	888	74.8%
How do you feel about taking care of COVID-19 patient? (Check all that apply)	I am OK … with proper PPE	974	82.0%
	I am concerned … catch COVID	403	33.9%
	I prefer not to be assigned COVID	153	12.9%
	I don't know	71	6%

threatening or difficult situations (i.e., control over stressors related to anxiety arousal).

3) **Motivational Processes**, based on beliefs and forethought that guide actions (i.e., determination of goals, how much effort to expend and persevere in the face of difficulties, and resilience to failure).

The environmental factors of COVID-19 and reported experiences by students themselves shed light on the cognitive and behavioral factors that impact their futures as the pandemic has affected their self-efficacy. This is important for understanding the impact the early months of the pandemic may have had on the nursing students' future experiences as they graduate and enter the workforce. Their educational experiences–such as loss of patient contact and clinical hours, as well as their personal experiences that forced upon them abrupt change–are measured quantitatively and qualitatively in this study.

Purpose

The purpose of this survey in partnership with the NSNA was to seek answers to frequently asked questions about how nursing students had experienced alternative learning activities following the 'lockdown' from the COVID-19 pandemic in March and April 2020 when schools were forced to close campuses and change teaching methods, and how the pandemic has affected their lives.

Methods

The mixed-method survey with quantitative questions and a qualitative component were designed and reviewed by the chief executive in the organization and research associates in nursing education to elicit responses to the web-based survey using the common '2-minute' questionnaire style that members of NSNA frequently answer.

The survey was distributed via SurveyMonkey® to the membership list of NSNA. It contained several demo-

Figure 1.
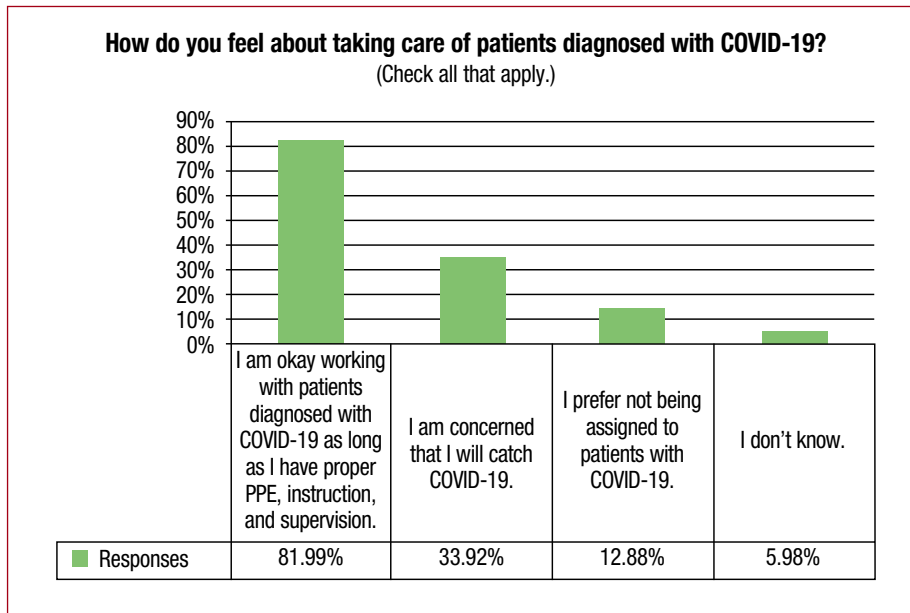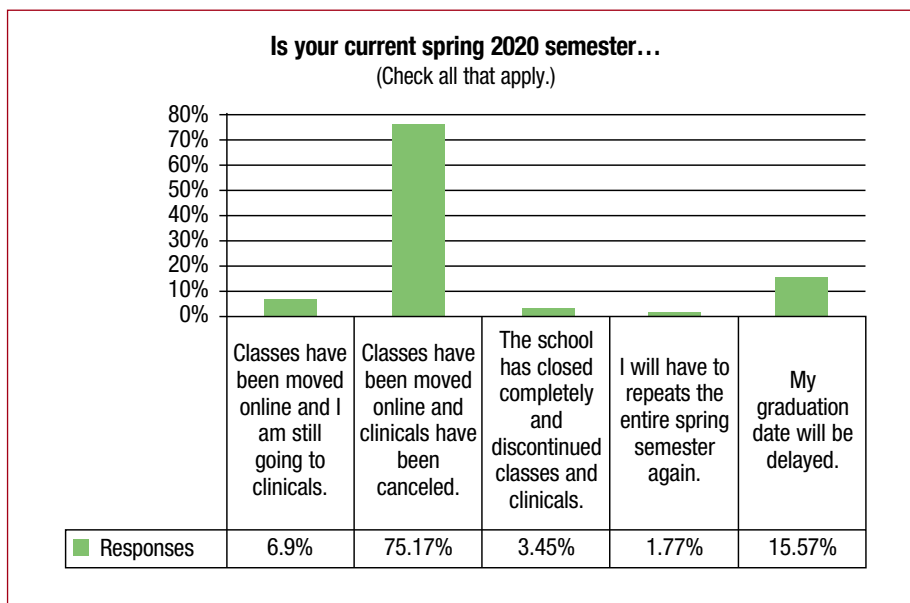## Student Preference Working with COVID-19 Patients

How do you feel about taking care of patients diagnosed with COVID-19?
(Check all that apply.)

	I am okay working with patients diagnosed with COVID-19 as long as I have proper PPE, instruction, and supervision.	I am concerned that I will catch COVID-19.	I prefer not being assigned to patients with COVID-19.	I don't know.
■ Responses	81.99%	33.92%	12.88%	5.98%

Figure 2.
Current Class Spring 2020 Semester

Is your current spring 2020 semester…
(Check all that apply.)

	Classes have been moved online and I am still going to clinicals.	Classes have been moved online and clinicals have been canceled.	The school has closed completely and discontinued classes and clinicals.	I will have to repeats the entire spring semester again.	My graduation date will be delayed.
■ Responses	6.9%	75.17%	3.45%	1.77%	15.57%

graphic questions and an open-ended invitation to 'share your stories' of how it affected their education and personal lives. The response sample from almost all states and territories ($n = 1,898$) from a potential population of 60,000 members included 1,189 responses to the question:

> *Please share your story about how the COVID-19 pandemic is impacting your life including impact on your nursing education, your family*

and any other aspect you wish to include. (Please do not include names of individuals or institutions.)

Results

For the quantitative component, the cleaned, usable sample ($n = 1,020$) reported background information from the respondents and closed-ended choice questions about several aspects of online, clinical, and simulation learning experiences, patient contact changes,

and their attitude about taking care of COVID-19 patients were analyzed.

Quantitative Findings

General demographic and experience questions from those who answered revealed the following: Most respondents were in their last two years (84.5%); most were white (68.2%); most were female (91.8%); most were from public schools (58.2%); most were under 28 years (56.4%); most were either from

Figure 3.
Clinical Options Prior to and Post COVID-19 Pandemic

Clinical options used by your school during the spring 2020 semester prior to and post COVID-19 pandemic.
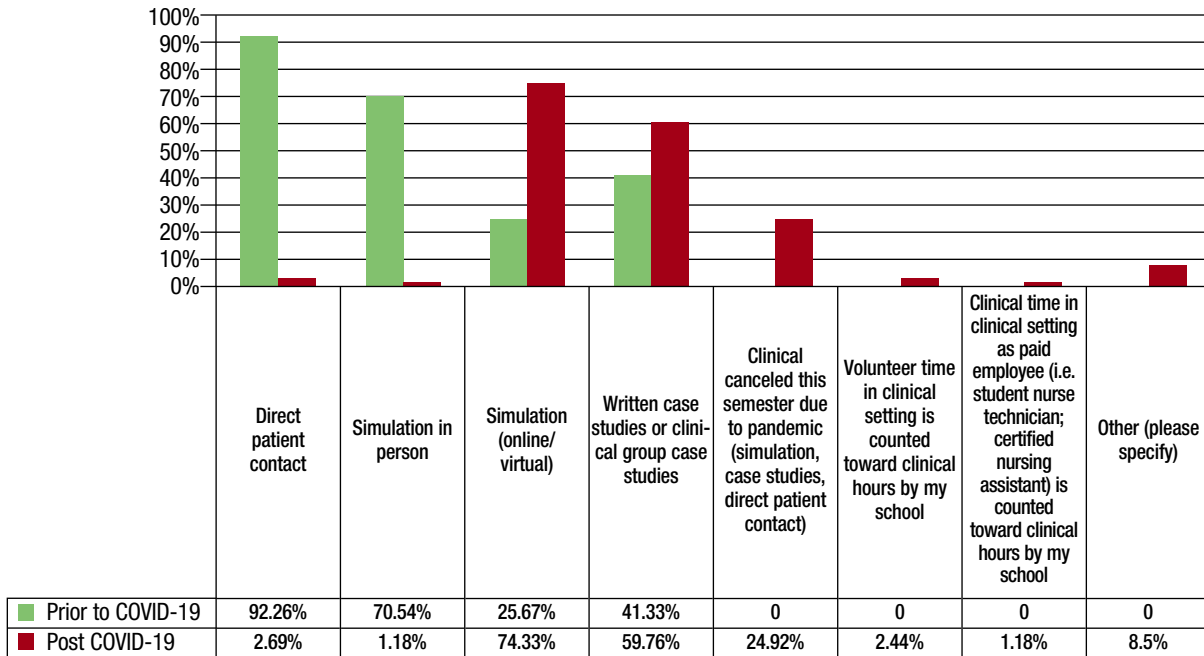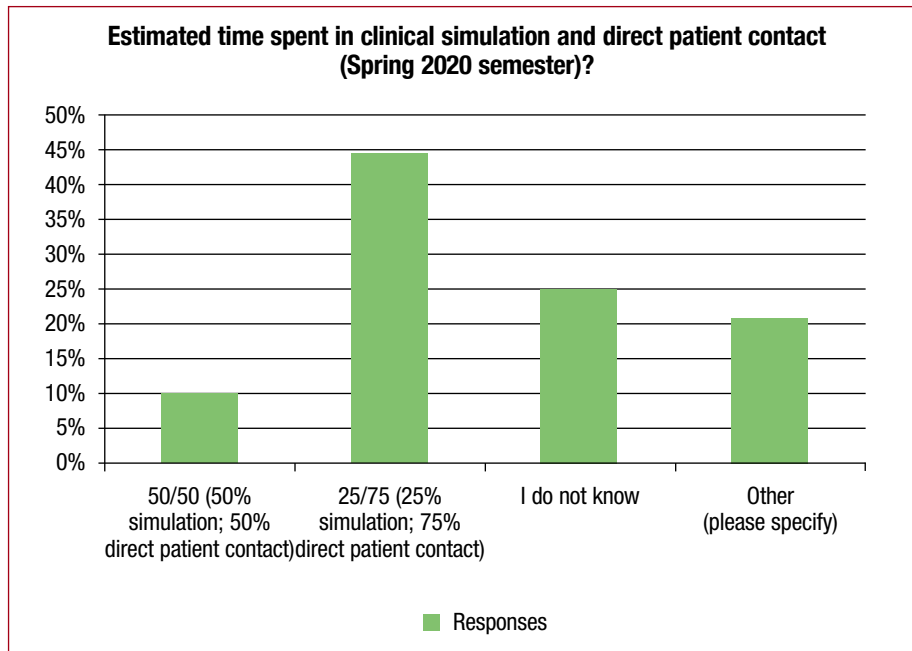**(Check all that apply.)**

	Direct patient contact	Simulation in person	Simulation (online/virtual)	Written case studies or clinical group case studies	Clinical canceled this semester due to pandemic (simulation, case studies, direct patient contact)	Volunteer time in clinical setting is counted toward clinical hours by my school	Clinical time in clinical setting as paid employee (i.e. student nurse technician; certified nursing assistant) is counted toward clinical hours by my school	Other (please specify)
■ Prior to COVID-19	92.26%	70.54%	25.67%	41.33%	0	0	0	0
■ Post COVID-19	2.69%	1.18%	74.33%	59.76%	24.92%	2.44%	1.18%	8.5%

Figure 4.
Estimated Time Spent in Clinical Simulation/Patient Contact
(Spring 2020)

Estimated time spent in clinical simulation and direct patient contact (Spring 2020 semester)?

- 50/50 (50% simulation; 50% direct patient contact)
- 25/75 (25% simulation; 75% direct patient contact)
- I do not know
- Other (please specify)

■ Responses

baccalaureate (38.8%) and associates (32.6%) programs; most have never been assigned to a COVID-19 patient at work or school (74.8%) (see Table 1).

When asked about taking care of COVID-19 patients, most are 'okay with working with patients diagnosed with COVID as long as adequate PPE and instruction' (82%) (see Table 1), although 33.9% are 'concerned that they will catch COVID-19' (see Figure 1).

Specific questions about their educational changes related to the COVID-19 pandemic revealed the following:

1) The most frequent spring 2020 semester occurrence was classes moved online and clinicals canceled (75.1%) (see Figure 2).
2) The most frequent clinical options prior to and following outbreak changed for direct patient contact from 92.2% to 2.7% (see Figure 3).
3) The most frequent estimated time spent in simulation (spring 2020 semester) was 25:75 (44.6%) (see Figure 4).

These reflected the entirety of spring 2020 semester.

Qualitative Findings

Of the total respondents, 993 posted narratives, data were cleaned and sorted by baccalaureate (traditional $n = 362$; and accelerated $n = 203$) and associate degree ($n = 316$) yielding a total of 881 responses who said 'yes' to their stories being shared in the narrative component of the qualitative content analysis. The research team analyzed these statements using content analysis coding and NVivo 12 to manage the data to derive consensus on the themes identified from the narratives and create two distinct meta stories from their responses.

The first-round pass at coding began by the team reading all of the narrative comments and making sense in preliminary categories to be organized for discussion and consensus. After reexamining the categories, the team members met weekly and renamed, recoded, and recategorized the data using axial coding followed by re-reading the comments and blocking comments into the patterns through the constant comparison technique. Following the preliminary category determination, the data were entered into NVivo to manage the multiple codes and categories, reducing the patterns into meaningful concepts. Word clouds and text search queries helped guide the discovery of patterns and themes where it became clear the 'older' student, most likely an associate degree respondent,

offered some different responses than the 'younger' student, most often the traditional baccalaureate respondent. The team decided to merge the main themes and sub-themes that were similar, and then differentiate the narratives by the likely respondents of older and younger students.

Patterns and Phrases

The pervasive and grand theme from all of the narratives, which were often quite lengthy, described the emotional turmoil with abrupt life change and no time to transition. Underlying this were three general themes and one additional alternative theme reflecting positive statements. These were:

1) Change was abrupt and ubiquitous marked by waking up to a 'dystopian' world—'the upside-down'—with catastrophic impacts on school and family.
   a) Frustration and sadness about school and the unknown.
   b) Balancing home changes, children, aging parents, and school demands.

2) Uncertainty and emotional, mental turmoil in all aspects of life.
   a) Overwhelmed, anxious, depressed, sad, lonely, and emotionally exhausted.
   b) Disappointed with loss: a lost future, lost family, lost job and lost income.

3) Fear and worries about families, finances, and self.
   a) Worries about NCLEX, graduation, paying bills, children's school, and protecting loved ones.
   b) Fear of death and dying of loved ones and self.

The most unexpected fourth theme yielded comments that were surprisingly positive. Numerous students typed in stories related to:

4) Finding 'silver linings'—despite challenges finding motivation for staying positive.
   a) Time together with family never possible before.
   b) Mounting enthusiasm for becoming a nurse—ready to help others on the front line.

Narrative Analysis

Narrative analysis is a unique approach in qualitative analysis. "Narrative inquiry is a form of qualitative research

that uses story in either its raw data or its product. Science and narrative can be seen as two kinds of knowing: 'stories as data, data as stories' … giving emotion and integration to categorical analysis" (Bleakley, 2005, p. 534). The stories derived from the narratives captured are reduced into composite characters who give 'life' to the themes.

Following the thematic analysis and consensus, the team developed two parallel meta stories that could capture the students as characters, the most frequent in demographics, who share the most common thematic statements, but who are also fundamentally different in character:

• One student who is in nursing school directly from high school, most likely young and in college, and facing the pandemic with her future careers ahead.
• The second student who is older, most likely in an associate degree program, and balancing spouse and children with their future as a nurse in question.

Meta Story: "The Post-High School College Student"

Based on 362 comments from respondents in baccalaureate degree programs that we coded and analyzed qualitatively, this meta story is about a younger nursing student and the perspective of what the pandemic looked like to her:

I started this journey with enthusiasm and passion, and I [am] now feeling overwhelmed and disheartened. I was looking forward to celebrating my achievements throughout my nursing program, then everything changed. Now everything has been canceled or postponed. I am faced with balancing the loss of celebratory events while trying to fulfill my nursing school requirements. I feel that many other nursing students discover their dreams and passions while doing their capstone clinical rotation but, for me, being on the online platform for capstone/preceptorship makes me question how to obtain my first nursing job. Without the experience of preceptorship, how will I become a competent nurse?

I am deeply worried about my education, my friends, and my family's health and safety, including completing my program requirements

to graduate. I fear for my family's health and worry about the illness for myself and the people I love. I worry about everyone in my world's job stability and personal finances. I am worn, stressed, depressed, angry, sad, scared, devastated, and I feel powerless. These worries are multiplying, leading to my feelings of being overcome by the unknown. These negative emotions sometimes feel like they are taking over my life.

Although I am afraid of the unknown, I sense a glimmer of hope for myself and the profession. Seeing the healthcare heroes on the frontlines putting their lives on the line and giving their all to survive this pandemic motivates me. The healthcare field has proven flexible, resilient, and resourceful. These characteristics align with my drive to succeed in my chosen career. I feel that I will prevail in these troubling times, knowing that I have chosen the right path for myself.

Meta Story: "The Older Associate Degree Married Student"

Based on 316 comments from respondents in associate degree programs that we coded and analyzed qualitatively, this meta story is about an 'older' nursing student and the perspective of what the pandemic looked like to her:

The pandemic has just begun and it has already derailed my life. With the pandemic, my classes have stopped and I am not sure if anyone is coming back. I know some schools have permanently closed their doors; I hope that is not ours. I am also worrying about graduating. I only had one semester left after this one and now, because we are not in classes, I have not been able to communicate with anyone and I am worried it will be delayed.

The pandemic has also affected my home life and family. I have two kids: one who is six and is in school, and the other is a toddler. It is hard to balance my work with both of them during the day when the six-year-old is supposed to be having virtual classes. I feel like I

cannot divide my attention between them and trying to get back to school. I am not sure how I would be able to do schoolwork while taking care of them.

I was also furloughed from my job. I lost the income and had to apply for unemployment which has not gone through yet. It is hard because we were using my income for food. My partner is still working and is an essential worker. I worry about his safety, but at least we did not lose our total income. We can still afford the rent, but we had to cutback already and limit ourselves to things we truly need. Throughout all of this, I am very eager to join the medical workforce. I see so many healthcare workers on TV and at our local hospitals or doctor's office and think they are incredible. They are the real heroes in all of this—and I want to be part of it.

Conclusion

COVID-19 caused a catastrophic impact on nursing students' personal and educational lives, leaving them with profound emotional experiences that related to their graduation, NCLEX, a career as a nurse, and their families and friends.

The impact on the abrupt changes in school and family life may have a lasting effect on graduating nursing students' self-efficacy, confidence, and perceived ability to become the nurse they foresaw in their future. Despite the profound disruption, many respondents look forward with enthusiasm to become a nurse and work on the front line as they have witnessed nurses working in challenging circumstances. This may be their silver lining of having lived through this pandemic. DN

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