

# Practice Amidst COVID-19 Pandemic

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**Abstract.** The Philippine government postponed the face-to-face learning modality due to the COVID-19 pandemic, which was crucial for the application of knowledge, skills and attitude in clinical settings among nursing students. This study attempted to determine the level of readiness of the nursing students of the University of Perpetual Help System DALTA-Calamba Campus in clinical practice amidst COVID-19 pandemic. Further, the study delved into the significant difference in the level of readiness of nursing students when they are grouped according to profile. This study used a descriptive quantitative research design. The total population of the study was 23 nursing students from 3<sup>rd</sup> year and 4<sup>th</sup> year of the University of Perpetual Help System DALTA-Calamba Campus in the Academic Year 2022-2023. Purposive sampling was used in this study. The Casey-Fink Readiness for Practice Survey was adapted for this study. The findings presented that 69.6% were aged 20-22, 78.3% were female, and 60.9% belonged to third year. The overall weighted mean of 2.98 revealed that the level of readiness among nursing students was high. There was no significant difference in the level of readiness for Related Learning Experience between the nursing students with ages ranging from 20-22 and 23-25, as the computed p-value of 0.868 is greater than the 0.05 level of significance, this implied that age was not a factor in the level of readiness for the clinical practice of the nursing students. There was no significant difference in the level of readiness in clinical practice between the male and female nursing students, since the computed p-value of 1.00 is greater than the 0.05 level of significance, this inferred that sex was not a factor in the level of readiness for the clinical practice of the nursing students. Lastly, there was no significant difference in the level of readiness for clinical practice between 3<sup>rd</sup> year and 4<sup>th</sup> year nursing students, whereas the computed p-value of 0.610 is greater than the 0.05 level of significance, hence the hypothesis was accepted that there was no significant difference on the level of readiness in clinical practice when grouped according to profile.

**Keywords.** readiness, nursing student, related learning experience, COVID-19 pandemic.

## I. Introduction

Nursing education is a combination of theoretical and practical learning experiences that prepare nursing students to provide nursing care. Clinical education is regarded as a necessary and integral component of the nursing education program; because nursing is a performance-based profession, clinical learning environments are critical in developing professional skills and preparing nursing students to enter the nursing profession and become registered nurses. Furthermore, the clinical component of nursing education is critical for nursing students in

deciding whether to pursue a nursing career (Zhang et al., 2022). Clinical experience is an important part of the nursing curriculum; it helps to shape the fundamental skills and professional abilities of student nurses. Clinical practice periods that support the career development of the nursing student must be ensured in nurse education (Jarvinen et al., 2018). According to the researcher's observations in classroom discussions, focus groups, and feedback from students after their first clinical placement, as well as findings in the research literature, many students report significant difficulty, stress, and strain during their first clinical experience. These encounters reduce the level of attention required at this stage of learning. This knowledge could be used in improving nurse education to provide better support for the transition from Student Nurse to Registered Nurse and to have better preparation for graduation. In this year, 2022, the government of the Philippines allowed colleges and universities to implement limited face-to-face classes and exposure in hospitals to equip students of Bachelor of Science in Nursing; the problem is that nursing students are not ready for hospital exposure as a result of 2-year paused of exposure in hospital as implemented by the government of the Philippines.

The study aimed to know the level of readiness of the nursing students, particularly third-year and fourth-year students of the University of Perpetual Help System DALTA-Calamba Campus, to Related Learning Experiences as they are who will be exposed in the clinical area during this COVID-19 pandemic.

During the COVID-19 pandemic, the students of Bachelor of Science in Nursing were worried, terrified, and furious due to the increased workload, according to a study on the sentiments of intern nursing students (Eweida et al., 2020). The pandemic serves as the leading reason for the distractions of learning and the application of hospital exposure of nursing students, wherein it serves as a vital component of nursing education (De Los Santos et al., 2021). The hospital-related exposure of nursing students is delayed. The readiness of the students in the actual hospital experience is not enough due to fact of 2-year discouragement of the government which to prevent the contagious of the coronavirus and to provide safety and secure the health of the student inside the university (Leaver et al., 2022). The fear of the students regarding the global outbreak and the worry of transmitting the virus from other people to the family is one of the factors that will limit the experience in actual set- up in clinical exposure, the need to implementation of a new scheme in terms of innovative and creative strategies to prevent the existing challenges in the nursing academe is significant for the exposure of the nursing students (Rana et al., 2022). Lastly, many nursing students are worried about the health situation due to the global outbreak in 2020, which greatly affected the knowledge, skill, and attitude of the nursing students in clinical exposure as a part of the nursing education curriculum.

## **II. Objective**

The ultimate objective of this study was to determine the level of readiness of the nursing students of the University of Perpetual Help System DALTA-Calamba Campus in clinical practice or Related Learning Experience during COVID-19 pandemic. Further, the study delved into the significant difference in the level of readiness of nursing students when they are grouped according to profile.

## **III. Methodology**

In this study, the researcher utilized quantitative research; gathering and interpreting numerical data is known as quantitative research. The researcher used an approach of research

design called descriptive research where the researcher would survey the target participants, and it was collected and analyzed, which identified the level of readiness of the level three and level four nursing students of the University of Perpetual Help System DALTA-Calamba Campus in clinical practice amidst COVID-19 pandemic. The total population of the study was 23 nursing students from 3<sup>rd</sup> year and 4<sup>th</sup> year of the University of Perpetual Help System DALTA-Calamba Campus in the Academic Year 2022-2023. Purposive sampling was used in this study. In this study, the researcher utilized an adapted with some modifications survey questionnaire, the Casey-Fink Readiness for Practice Survey. The researcher disseminated the data privacy waiver and survey questionnaires to respondents through Google Forms. Frequency and percentage distributions were used for the respondents' profiles. The weighted mean was utilized for the level of readiness. The Mann-Whitney U Test was used to determine significant differences in the level of readiness of nursing students when they were grouped according to their profile.

#### IV. Results and Discussion

Table 4.1. Frequency and Percentage Distribution of Respondents According to Age Group

<i>Age Group</i>	<i>Frequency</i>	<i>Percent</i>
20-22	16	69.6
23-25	6	26.1
29 and above	1	4.3
<b>Total</b>	<b>23</b>	<b>100.0</b>

Table 4.1 showed that 16 or 69.6 percent of the junior and senior nursing students were in the 20-22 age group. There were 6 or 26.1 percent of the age group 23-25, while the remaining 1 or 4.3 percent was 29 and above. Most nurses were aged 20-25 years old (Denney et al., 2022). As mentioned by Sun et al. (2022), the most essential work values of Generation Z nursing students, are serving other individuals, having an exciting and engaging career, and having secured work and perks. Additionally, early-mid 20s were the average age of nursing students who were taking a bachelor degree in Nursing (Ball, 2021).

Table 4.2. Frequency and Percentage Distribution of Respondents According to Sex

<i>Sex</i>	<i>Frequency</i>	<i>Percent</i>
Male	5	21.7
Female	18	78.3
<b>Total</b>	<b>23</b>	<b>100.0</b>

Based on Table 4.2, the junior and senior student nurses were dominated by female students with a frequency of 18 or 78.3 percent, while the remaining 5 or 21.7 percent were male. In the Denney et al. (2022) study, most of the Nurses were female with a frequency of 97 or 70.80 percent, while 40 or 29.20 percent were male. Additionally, male nursing students were cognizant of the potential for misunderstanding in their communication, which frequently confused them; however, males spoke with others in an open and truthful manner (Christensen et al., 2018). Lastly, Dill (2023) stated that female has the instinct to nurture another person; the qualities of being a Nurse is similar to most female characteristics, such as having more empathy than male and being sincere in providing care.

Table 4.3. Frequency and Percentage Distribution of Respondents According to Year-Level

<i>Year Level</i>	<i>Frequency</i>	<i>Percent</i>
3 <sup>rd</sup> year	14	60.9
4 <sup>th</sup> year	9	39.1
<b>Total</b>	<b>23</b>	<b>100.0</b>

As depicted in Table 4.3, the population of 3<sup>rd</sup> year and 4<sup>th</sup> year nursing students in the University of Perpetual Help System DALTA-Calamba Campus was twenty-three. There were 14, or 60.9 percent, 3<sup>rd</sup> year nursing students, while the remaining 9, or 39.1 percent, were level four. In line with this, Bakker et al. (2018) stated that dropout is common for graduate students, leading to a shortage of Professional Nurses due to physical and mental overload, which greatly affects the student's health condition. Moreover, when students decide that they are not suitable for the nursing profession, dropout decisions are believed to be physiologically common among nursing students (Canzan et al., 2022).

Table 4.4. Descriptive Statistics on the Level of Readiness to Related Learning Experience

<i>Item Statements</i>	<i>Mean</i>	<i>Interpretation</i>
1. I feel confident communicating with physicians.	2.96	Agree
2. I am comfortable communicating with patients from diverse populations.	3.00	Agree
3. I am comfortable delegating tasks to the nursing assistant.	2.91	Agree
4. I have difficulty documenting care in the electronic medical record.	2.39	Disagree
5. I have difficulty prioritizing patient care needs.	2.09	Disagree
6. My clinical instructor provided feedback about my readiness to assume an RN role.	3.04	Agree
7. I feel overwhelmed by ethical issues in my patient care responsibilities.	2.74	Agree
8. I am confident in my ability to problem solve.	3.04	Agree
9. I have difficulty recognizing a significant change in my patient's condition.	2.52	Agree
10. I have had opportunities to practice skills and procedures more than once.	3.22	Agree
11. I am comfortable asking for help.	3.35	Agree
12. I am comfortable communicating and coordinating care with interdisciplinary team members.	3.26	Agree
13. Simulations have helped me feel prepared for clinical practice.	3.22	Agree
14. Writing reflective journals/logs provided insights into my own clinical decision-making skills.	3.04	Agree
15. I feel comfortable knowing what to do for a dying patient.	2.78	Agree
16. I am comfortable taking action to solve problems.	3.04	Agree
17. I feel confident identifying actual or potential safety risks to my patients.	3.04	Agree
18. I am satisfied with choosing nursing as a career.	3.17	Agree
19. I feel ready for the professional nursing role.	2.96	Agree
20. I feel I may harm a patient due to my lack of knowledge and experience.	2.65	Agree
21. My preceptor is helping me to develop confidence in my practice.	3.30	Agree
22. I am supported by my family/friends.	3.57	Strongly Agree
23. I am experiencing stress in my personal life.	3.26	Agree
<b>Over-all Weighted Mean</b>	<b>2.98</b>	<b>Agree (High)</b>

*Legend: 1.00-1.49 (1) Strongly Disagree (Very Low); 1.50-2.49 (2) Disagree (Low); 2.50-3.49 (3) Agree (High); 3.50-4.00 (4) Strongly Agree (Very High).*

As shown in Table 4.4, the descriptive statistics on the level of readiness for Related Learning Experiences. Statement 22 had the highest weighted mean of 3.57, verbally interpreted as strongly agree. This revealed that the support of family and friends to nursing students during clinical exposure amidst the COVID-19 pandemic was very high. During the

COVID-19 pandemic, the role of nurses was significant as a part of the frontline, many clinical nurses and student nurses experienced stress while studying BS Nursing program, and the support system from family and friends motivated the nurses and student nurses to continue pursuing nursing (Cust et al., 2020). In line with this, Dube and Mlotshwa (2018) mentioned that parental support could help the nursing student have better outcome performance in clinical exposure. The support system was helpful for nursing students to relieve stress and boost motivation in studying.

As indicated in Table 4.4, statement 5 has a weighted mean of 2.09, which was verbally interpreted as disagree. This suggested that the University of Perpetual Help System DALTA-Calamba Campus nursing students had no trouble prioritizing the needs of their patients. In accord with this, Hägg-Martinell et al. (2020) stated that nursing students gained theoretical knowledge from discussion in nursing education, and it was significant in application in actual clinical exposure. It would develop the prioritizing of care according to the needs of the patient. Through the presence of mentorship of the clinical instructor, the students' skills would develop, and the repetition, which involved the student practicing independently more than once, would enhance prioritizing patient care needs.

As revealed in Table 4.4, statement 9 has a weighted mean of 2.52, which was verbally interpreted as agree. This intended that the nursing students of the University of Perpetual Help System DALTA-Calamba Campus have difficulty recognizing a significant change in the condition of the patient. Lack of experience in clinical situations, fear of using nursing delegation, and a sense of inadequacy are concerns that nursing students have when performing the patient care assistant role. These issues could be overcome if the nurse in charge of the clinical area questioned the nursing students and supervised them. As a result, the students feel more confident and comfortable providing assignments to the nursing assistant (Puskar et al., 2017).

The overall weighted mean of Table 4.4 was 2.98, verbally interpreted as agree. This indicated that the level of readiness of the nursing students of the University of Perpetual Help System DALTA-Calamba Campus in clinical practice amidst COVID-19 pandemic was high. In line with this, Gök Uğur et al. (2020) mentioned that through the assistance of theoretical knowledge from nursing schools combined with efficient, practical practice, nursing students felt prepared to transition from being Student Nurses into Professional Nurses. Students who chose nursing as their career did so voluntarily and felt content and safe in their choice of profession.

Table 4.5. Comparison on Level of Readiness to Related Learning Experience by Age-Group

<b>Group</b>	<b>Mean</b>	<b>Statistic</b>	<b>p-value</b>	<b>Decision</b>	<b>Interpretation</b>
20-22	2.98	0.168	0.868	Failed to Reject H0	No significant Difference
23-25	2.96				

*Test used: Mann-Whitney U; 0.05 level of significance; 3<sup>rd</sup> Group not included due to only one case/observation.*

As demonstrated in Table 4.5, since the computed p-value of 0.868 is greater than the 0.05 level of significance, the decision was not to reject the null hypothesis. Therefore, there was no significant difference in the level of readiness for Related Learning Experiences between the nursing students with ages ranging from 20-22 and 23-25. This proved that age was not a factor in the level of readiness for the Related Learning Experiences of the nursing students amidst COVID-19 pandemic. In accordance with this, age was not considered a significant



factor affecting the readiness of the nursing students in a Related Learning Experience since most of the students reported having a stressed-associated with performing in clinical practice. (Castro et al., 2022). On the other hand, Elgzar (2019) stated that there was a statistically significant difference between age and sex towards the readiness in Related Learning Experiences through self-directed learning, self-management, self-control, and the willingness to learn. Older nursing students were more ready than younger nursing students since senior students obtained more knowledge and skills in clinical areas than those in the lower year.

Table 4.6. Comparison on Level of Readiness to Related Learning Experience by Sex

<b>Group</b>	<b>Mean</b>	<b>Statistic</b>	<b>p-value</b>	<b>Decision</b>	<b>Interpretation</b>
Male	2.97	45.0	1.00	Failed to Reject H0	No significant Difference
Female	2.98				

*Test used: Mann-Whitney U; 0.05 Level of Significance.*

As shown in Table 4.6, since the computed p-value of 1.00 is greater than the 0.05 level of significance, the decision was not to reject the null hypothesis. Therefore, there was no significant difference in the level of readiness for Related Learning Experiences between the male and female nursing students. This implied that sex was not a factor in the level of readiness for the Related Learning Experiences of the nursing students during COVID-19 pandemic. Similar to this finding, Saadeh et al. (2021) stated that the gender profile of the students did not affect the perception of readiness in effective clinical learning experiences because students were supported by the same theoretical and practical knowledge offered by the nursing academe. On the contrary, Kurt and Eskimez (2022) stated that female nursing students were more competent than male student nurses in clinical practice. Moreover, Neupane et al. (2020) stated that during the COVID-19 pandemic, female nursing students were more ready than males in online classes, which found that it can be an alternative learning modality to develop knowledge, skill, and attitude in clinical practice. Lastly, Elgzar (2019) stated that female nursing students have a higher level of self-management than males in clinical practice.

Table 4.7. Comparison on Level of Readiness to Related Learning Experience by Year-Level

<b>Group</b>	<b>Mean</b>	<b>Statistic</b>	<b>p-value</b>	<b>Decision</b>	<b>Interpretation</b>
3rd Year	3.01	54.5	0.610	Failed to Reject H0	No significant Difference
4th Year	2.94				

*Test Used: Mann-Whitney U; 0.05 Level of Significance.*

As seen in Table 4.7, since the computed p-value of 0.610 is greater than the 0.05 level of significance, the decision was not to reject the null hypothesis. Therefore, there was no significant difference in the level of readiness for Related Learning Experiences between the 3rd year and 4th year nursing students. This suggested that year level was not a factor in the level of readiness for the Related Learning Experiences of the nursing students amidst COVID-19 pandemic. In assent with in the study conducted by Fooladi et al. (2022), there was no significant difference between the academic and overall performance in the clinical area between the nursing students in 2017 and 2018 since all nursing students underwent clinical practice as a part of nursing education. In contrast, Jiang et al. (2022) stated that third- year and fourth-year nursing students have poorer home-based E-learning than first-year and

second-year students during the COVID-19 pandemic. Therefore the nursing school should provide additional online materials that support the students in developing good performance clinically. In addition, according to Kurt and Eskimez (2022), fourth-year nursing students were more competent than the lower-year level in clinical practice since they were exposed to clinical areas longer and had more experience than those in the lower-year level.

## **V. Conclusions and Recommendations**

Based on the findings, the following are the conclusion:

1. The researcher concluded that the profile of 3<sup>rd</sup> year and 4<sup>th</sup> year nursing students were; a majority of the nursing students were in the age bracket of 20-22 years old; in terms of sex, the nursing program in the University of Perpetual Help System DALTA-Calamba Campus was a female-dominated program; in terms of year level, graduating students have less population than the lower year level.
2. The respondents' readiness level based on the Casey-Fink Readiness for Practice Survey was high, which would mean they were ready to face real and actual scenarios in the clinical area even in the middle of the COVID-19 pandemic. The level three and level four nursing students were confident in the preparation and painstaking effort of the College of Nursing to safeguard their cherished students to avoid contracting the disease caused by COVID-19 while gaining the skills, knowledge, and the right attitude necessary for them to be globally competitive and compassionate nurse practitioners.
3. Based on the result that there was no significant difference in the level of readiness in clinical practice amidst the COVID-19 pandemic and the demographic profile of the respondents, the researcher, therefore, concluded that age, sex, and year level were not significant factors that would affect the readiness of students nurses to accomplish their task in the clinical area to better equipped them with the qualities that nursing profession had established.

Based on the findings and conclusions presented, the following recommendations are hereby forwarded:

1. The College of Nursing should continue to keep track of the activities of nursing students. They should be involved or engage in extracurricular activities developed by the College of Nursing, such as enrichment programs, community extension services, medical missions, health teachings, feeding programs, and income-generating activities that enhance their dedication and uplift their interest in clinical practice.
2. The Dean of the College of Nursing, Related Learning Experience Coordinator, and Clinical Instructors should coordinate more often with different affiliating hospitals and agencies regarding guidelines and protocols during clinical exposure of nursing students amidst the COVID-19 pandemic. Rules and procedures of the hospitals and other agencies should be complied with strictly to ensure the safety of the clients, clinical instructors, nursing students, and their significant others against COVID-19 virus.
3. The College of Nursing should continue to uplift the quality of nursing education by being abreast of the updates in the nursing curriculum globally. Lifelong learning should inculcate in the minds of nurse educators and nursing students so they can perform safe, appropriate, and holistic care to clients or groups of clients in the nursing profession.

Table 5.1. Guidelines on the Clinical Practice Amidst COVID-19 Pandemic

Objective	Strategy	Person-In-Charge
To engage in lifelong learning with a passion for keeping current with national and global developments in general and nursing and health development in particular.	Orientation, Enrichment Program, and Training in the clinical area.	<ul style="list-style-type: none"> <li>● School Director</li> <li>● Dean of the College of Nursing</li> <li>● RLE Coordinator</li> <li>● Faculty/Clinical Instructors</li> <li>● Chief Nurse</li> <li>● Nurse Supervisor</li> <li>● Other Hospital Staff</li> <li>● Nursing Students</li> </ul>
To apply knowledge, skills, and attitude toward the physical, social, psychological, spiritual, and emotional aspects of individuals, families, and communities through natural and health sciences and humanities in nursing.	Engaging in Community Extension Services, Medical Mission ( <i>Bloodletting and Oplan Tuli</i> ), and Health Teaching.	<ul style="list-style-type: none"> <li>● Rural Health Unit</li> <li>● Barangay Chairman</li> <li>● Barangay Officials</li> <li>● Barangay Health Workers</li> <li>● Midwife</li> <li>● School Director</li> <li>● Dean of the College of Nursing</li> <li>● Faculty/Clinical Instructors</li> <li>● Nursing Students</li> </ul>
To perform safe, appropriate, and holistic care to individuals, families, and communities through the application of the nursing process (assessment, diagnosis, planning, implementation, and evaluation).	Participating in Community Outreach Program.	<ul style="list-style-type: none"> <li>● Rural Health Unit</li> <li>● Barangay Chairman</li> <li>● Barangay Officials</li> <li>● Barangay Health Workers</li> <li>● Midwife</li> <li>● School Director</li> <li>● Dean of the College of Nursing</li> <li>● Faculty/Clinical Instructors</li> <li>● Nursing Students</li> </ul>
To practice nursing in accordance with existing laws, legal, ethical and moral principles.	Adherence to the ethical and legal aspects of jurisprudence.	<ul style="list-style-type: none"> <li>● Dean of the College of Nursing</li> <li>● Faculty/Clinical Instructors</li> <li>● Nursing Students</li> </ul>

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