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Expectations vs. Reality: Nursing Students' Perspectives on Clinical Learning during the Covid-19 Pandemic

Rona Beth S. Saban[1,*], Jolly S. Balila[2]

[1,2]Adventist University of the Philippines

*Corresponding author: rbssaban@aup.edu.ph

Abstract

The crisis brought about by the COVID-19 pandemic compelled nursing education providers to make an unprecedented difficult decision to withdraw nursing students from their clinical duties, migrating to an online platform. This study attempts to explore an in-depth view of the nursing students' experiences in their virtual clinical learning environment during the COVID-19 pandemic, particularly the expectations, challenges, adaptations, and impact. A qualitative phenomenological approach was used in this study, with seven nursing students enrolled during the academic year 2020-2021. Data were gathered using online questionnaires, interviews, and documentation. Responses were analyzed using Braun and Clarke's (2006) Thematic Analysis. Nine major themes with 23 subthemes emerged. Results revealed that the participants expected exciting possibilities and experiential learning opportunities, but what they have experienced are full online instructional modalities leading to learning constraints primarily due to inadequate skill acquisition. They also experienced a lack of motivation and engagement. The learners adapted through behavioral, academic, and social adaptations, while the teachers coped with problem-focused and emotion-focused strategies. The experience unfolded negative impacts such as future career implications and incompetence; and positive impacts of resilience and lifelong learning. By disclosing these concerns, the researcher aims to underscore the potential challenges that the nursing programs will have to address in the future. In the context of this unparalleled global health emergency, nurse educators must be reminded of their vital responsibilities of preparing individuals who will one day find themselves standing at the frontline.

Keywords: nursing education, clinical learning environment, related-learning experience, online learning

INTRODUCTION

In March 2020, the academic institutions providing nursing education programs made an unprecedented difficult decision to withdraw nursing students from their clinical duties in both the hospitals and skills laboratories. It was during that time that COVID-19, which was declared by the World Health Organization (WHO) in January 2020 as a public health emergency of international importance, was eventually recognized as a global pandemic (Lira et al., 2020; World Health Organization, 2020). The crisis brought about by the COVID-19 pandemic wreaked havoc in the world scenario, creating impacts in global systems and communities, including the academic

nursing programs. In many parts of the world, academic nursing institutions must decide and act in an integral way as to whether to continue the clinical courses in the usual setting or to quickly pivot to alternative modes of instructional delivery (Dewart et al., 2020; Morin, 2020). Ethically, they have to consider weighing the value of education against the possible risks of the current situation to the nursing students. The crucial concerns about the learners' safety were ultimately at the center of that collective and collaborative decision.

The days preceding that particular decision to take the students out of their usual clinical learning environment proved to be a more difficult path than the actual decision itself. The unparalleled nature of this global health emergency demands from the nursing education program providers a paradigm shift to redefine the teaching-learning processes as the educational systems face and attempt to overcome the ramifications of this crisis. However, preparation and implementation of the necessary actions require time – a privilege not afforded by the rapid context of this pandemic (Morin, 2020). The migration of the clinical learning environment to the online platform required an abundance of preparations and changes. Plans, issues, and concerns were discussed over virtual conferences and webinars. Amid panic and crisis, the academic nursing institutions accepted the challenge to continue planning and take action even with an uncertain future. From emergency remote teaching immediately after the global pandemic declaration, they continuously move to an intentional remote teaching a few months after. The educational trends to accommodate the demands of the pandemic are marked by information and communications technology. The instructional delivery strategies are generated by digital and online platforms and aided by learners' self-directed learning methods, mediated by virtual environments as well (Lira et al., 2020).

However, the shift to providing nursing education in a virtual platform has highlighted several issues and concerns. One primary concern that this study wants to address would be the possible consequence of the removal of the precocious placements of the students in the actual clinical practice environment, which is being replaced by the utilization of technologies that might hinder vital knowledge and skills acquisition. Will the virtual platform allow nursing students to gain all of the abilities they will need to become competent professionals in the future? Will they be ready to take on the diverse roles and challenging duties that nurses play? These are some of the questions that need to be addressed.

Competence is achieved through the acquisition of essential knowledge and skills in nursing education. Nursing education is a combination of two complementary aspects: theoretical and clinical training. A large integral part is carried out in the clinical learning environment. Since nursing is a performance-based profession, a clinical learning environment is the mainstay and plays a vital role in preparing nursing students. Because of the real conditions, patients, and environment in the clinical placement, the nursing students are being prepared and trained for the diverse roles and abilities expected of a professional nurse (Bazrafkan & Kalyani, 2018; Jamshidi et al., 2016).

The Bachelor of Science in Nursing (BSN) Program in the Philippines is a four-year program that includes both general and professional education courses. From the first through the fourth year, professional courses are linked together, focusing on nursing principles and related learning experiences (RLE). RLE is the specific term for the Clinical Learning Environment used in the country. The extensive nursing practicum offered by the BSN program will further enhance nursing competencies and assure fulfillment of the program outcomes. The BSN program is designed to produce professional nurses who are capable of promoting health, preventing illness,

restoring health, alleviating suffering, and providing end-of-life care to people of all ages, genders, and health-illness status; healthy or at-risk families; population groups; and community; individually or in collaboration with other health-care providers. The theoretical/didactic and experiential/RLE components make up the BSN Program's teaching-learning process. The Related Learning Experience (RLE)/clinical learning environment consists of clinical duty in the hospital and skills laboratory. The activities have been carefully chosen to help students gain competencies in utilizing the nursing process in a variety of health situations (*CMO 15 s. 2017 - CHED*, n.d.; Commission on Higher Education, 2009).

The importance of the clinical learning environment in the nursing students' personal, professional, and clinical skills development is undeniable (Heidari & Norouzadeh, 2015). Nursing students are expected to graduate with competencies that promote the provision of safe and comprehensive nursing care in accordance with professional standards

Given the central role of students as the primary recipients of clinical nursing education, it is necessary to understand their experiences and perspectives toward the implementation of the clinical learning environment or related learning experience (RLE) in the online platform. Identifying the challenges of the clinical learning environment, which is delivered virtually during this pandemic, will facilitate awareness, corrections, and improvement of the quality of nursing education.

Numerous studies about nursing students and their clinical environment exist. However, based on reviews, the available literature still lacks in-depth analyses of graduating nursing students' experiences and obstacles in the virtual clinical learning during the COVID-19 pandemic (Bazrafkan & Kalyani, 2018; Dewart et al., 2020; Jamshidi et al., 2016; Lira et al., 2020; Lovecchio et al., 2015; Lovrić et al., 2020; Papastavrou et al., 2016). Recognizing the challenges they experience in the clinical learning environment may have a substantial impact on the level of global awareness of nursing students' needs during this crisis. Furthermore, it can improve the nursing teachers' preparation, planning, and training, as well as the students' competency and quality of education, acquired.

Given the importance of clinical learning, this study attempts to help fill in the gap by exploring an in-depth and more comprehensive view of the nursing students' experiences in their virtual clinical learning environment, particularly their expectations, challenges, adaptations, and impact brought about by the COVID-19 pandemic.

Objectives of the Study

This research is conducted to know the senior nursing students' perspectives on clinical learning during the COVID-19 pandemic, aimed at exploring their expectations, experiences, challenges, and adaptations with regards to their Related Learning Experience (RLE) or clinical learning environment. It is also particularly noteworthy that the inquiries and responses of this study are based solely on their experiences during the RLE aspect of the course NCMN 418 (Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis, Emergency, and Disaster Nursing), which they took during the First Semester of the Academic Year 2020-2021. The study focused on providing answers to the following questions:

1. What are the students' expectations of a clinical learning environment in the absence of the COVID-19 pandemic?

2. What are the students' experiences in the virtual clinical learning environment of the course NCMN 418?
3. How did the students and the instructors adapt to the challenges of the virtual clinical learning environment?
4. What are the perceived possible impacts brought about by the experiences in the students' future careers as nurses?

METHODOLOGY

A comprehensive discussion of methodologies employed is vital to help establish the trustworthiness of the study.

Design. This qualitative study is designed to describe the phenomenon that the student's experience in the clinical learning environment of the course NCMN 418 (Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis, Emergency, and Disaster Nursing), which was delivered via the online platform, during the academic year 2020-2021. This method intends to generate knowledge grounded in human experience and in discovering the meaning of events (Nowell et al., 2017).

Population and Sampling. Purposive sampling is utilized in this study so that the participants' characteristics are very directly related to the research questions since their selection is based on their knowledge about and experience with the phenomenon of interest (Palinkas et al., 2015).

Participants were purposely chosen among the nursing students currently enrolled in the course NCMN 418 (Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis, Emergency, and Disaster Nursing) in the academic year 2020-2021. The participants were selected based on the aforementioned criteria, regardless of age and gender. The number of participants is contingent upon data saturation, wherein sampling was completed when new data were not collected anymore. Seven nursing students served as participants for this study. All the participants completed all the stages of data gathering.

Data Gathering. The data collection commenced with the researcher's communication with the students to invite them and ask their permission to participate in the study. After their approval, data were gathered through three succeeding processes to ensure richness of information. The means of data collection were as follow:

Online Questionnaire Consisting of Open-Ended Questions. The majority of the information was collected through an open-ended questionnaire sent and retrieved via email to the eligible participants. The questions are formulated in such a way that considers potential biases and assures participants that all answers are not discriminated against. Participants were encouraged to provide honest, rich, and comprehensive responses to each question. They were informed of a possible online interview through Zoom meeting if the need for follow-up arises. Fortunately, all the participants provided detailed answers, which immensely helped achieve the study's objectives.

Group Interview. A short online interview through Zoom meeting was conducted, which served as a follow-up after all the online questionnaire data were retrieved, and the responses were read. During this interview, photos and videos of Related Learning Experience (RLE) activities from the previous years were shown. The pictures and videos were documentation of the activities

they had anticipated to do in this course but could not because of the pandemic. This activity attempts to assist them in the experiential recollection of their feelings, experiences, and expectations. During this interview, instructions for the next set of data collection were discussed as well.

Documentation (Photos and Videos). The participants were asked to submit photos or videos of their online RLE activities and compare them side by side with pictures or videos of their expected RLE activities in the absence of the pandemic. They were also asked to provide descriptions for each set of photos or videos. The data collection method aided the researcher to understand better their expectations in contrast to their actual experiences. It also served as one of the triangulation methods for this study.

Researcher's Field Notes and Memos. Field notes served as a supporting data source for this study. Fieldnotes refer to the notes written by the researcher to remember and document her observation, description, attitudes, and ideas. They were written as ideas come to mind during the data gathering stage and even up to the study's data analysis stage (Wa-Mbaleka, 2018).

Ethical Considerations. Prior to the conduct of the study, consent forms providing all the necessary information about this study were distributed to the participants should they decide to participate. They were informed of their roles and responsibilities as participants. They were assured of confidentiality by telling them that all information collected would only be for the researcher's own keeping. Their answers will be kept confidential, along with their name and other identifying details. A pseudonym will be used throughout the manuscript and in possible future presentations. The data gathered will be used solely for this study. If a publication is required, all personal information will be kept confidential, but a coded identity will be declared. Zoom meetings will be recorded, but once recordings are coded and transcribed, they will be deleted. The same is true for all data gathered. Everything will be deleted or destroyed after being coded and transcribed. They were advised that their decision to participate in this study is completely voluntary. They may cancel the consent and withdraw from this study at any time for any or no reason at all, without penalty or prejudice. They are also given the right to review their response and request changes to their answers. The principles of human research ethics were followed in the conduct of this research.

Analysis. Responses were analyzed using Braun and Clarke's (2006) Thematic Analysis. The thematic analysis provides a highly flexible approach that can organize and transform complex data into meaningful codes, categories, and themes. It is also particularly noteworthy that the Thematic Analysis is not a linear procedure where you progress from one phase to the next. It is more of a cyclical process in which you go back and forth as necessary. The researcher carried out the following phases of Thematic Analysis through the guiding principles of Braun & Clarke (2006), Nowell et al. (2017), and (Labra et al., 2020) :

Phase 1: Familiarization with the data. Since the data were already in written transcript form, the researcher began this phase by initial readings of the transcripts to find the most salient information in the participants' responses. A coding chart was created, in which the researcher recorded the first set of significant information. Transcripts were read repetitively. An initial surface reading without overly focusing on specific details was done after the receipt of responses in order to develop familiarity. It was then followed by several more thorough and analytical readings while annotating transcripts in the margins and highlighting in color key sections that

appeared to be significant. Keeping the research objectives visible also helped guide the researcher.

Phase 2: Generating initial codes. It includes coding the entire dataset and then merging all of the codes with all relevant data extracts for further analysis. The researcher generated initial codes using the raw data retrieved from the interview and field notes recognized as significant in Phase 1. The initial codes were developed by grouping data pieces together based on commonalities or observed patterns.

Phase 3: Searching for themes. The researcher began by evaluating the codes' association with the interview transcripts and determining their relevance to the study's objectives. Themes were then determined by grouping the coded data into categories based on similarities or patterns and determining whether or not they were relevant to the research objectives. Following that, the identified themes were categorized into subthemes, overarching themes, and groups of themes. The themes were created using either theory-based concepts or the researcher's original categorization. For more precise data structure and theme generation, the researcher utilized a thematic matrix.

Phase 4: Reviewing themes. The researcher attempted to delineate the themes, subthemes, and codes during this phase. The researcher looked over the thematic matrix to see if the themes represented the subthemes well and if the subthemes represented the codes well. Moreover, the contents of the topic matrix were assessed to see if they were related to the research objectives. The researcher also made tweaks and modifications to the placements and designations of themes at this time, and some themes were even renamed or eliminated due to relevancy issues.

Phase 5: Defining and naming themes. The researcher, once again, thoroughly analyzed the thematic matrix to verify the accuracy of the themes and codes. Some themes were revised several times until the researcher was confident of their accuracy. The researcher defined the themes conceptually by referring to relevant and competent references.

Phase 6: Producing the report. The results of phase 6 of thematic analysis are presented in the paper's results and discussion section. Based on the thematic matrix, the researcher endeavored to offer a clear and coherent presentation of the results, supplemented by explanations and clarifications. The results were then presented, followed by a discussion of the analytical perspectives of the findings underpinned by relevant literature. Member checking was also done

Rigor and Trustworthiness. Measures were taken by the researchers to ensure that the results of the study were trustworthy, or "loyal and faithful to the descriptions and interpretation of the participants" and that the process could be followed by other researchers or rigorous.

The following measures were used to establish rigor and trustworthiness:

Triangulation. Triangulation involves using multiple methods sources to produce greater understanding and to verify the data supplied by the participants, thereby ensuring that the findings are rich and comprehensive (Patton, 2015). This study particularly utilized data source triangulation, wherein the researcher interviewed the clinical instructors of the course understudied to verify the participants' responses. Moreover, online questionnaires with open-ended questions that can provide answers relevant to this study's research objectives were also distributed to all the other class members enrolled in the NCMN 418 course. The retrieved responses also supported the information gathered from the participants. Furthermore, the participants themselves were

asked to submit documentation such as photos and videos of their experiences. The documents collected also aided the researcher in the validation of data.

Peer Review. The researcher sought the opinions and inputs of colleagues in the field. Consultation with them throughout the stages of data analysis and interpretation helped improve and validate the study.

Researcher Reflexivity. Biases in qualitative studies are inevitable. The separation from them is not expected and should neither be possible nor desirable due to the subjective nature of qualitative research. The primary concern, instead, should be the transparency and reflexivity of the researcher about the processes of collection, analysis, and presentation of data (Galdas, 2017). Researcher reflexivity is a process in which the researcher brings forth her biases such as experiences, values, beliefs, training, backgrounds, connections, and involvement, which may potentially affect the outcome of the study (Wa-Mbaleka, 2019). Recognizing that she is the primary instrument of this study, the researcher attempts to constrain potential biases and prejudices by revealing them to the fullest degree possible through a reflexivity statement, making the readers understand the position from which the researcher assumes the study.

RESULTS AND DISCUSSION

The analysis of the gathered data led to the emergence of 9 themes, 23 subthemes, and 55 codes, which are meticulously extracted, identified, and defined from the comprehensive responses of the seven participants. Their verbatim responses were presented in the discussion of the results. However, pseudonyms were used in lieu of their real names to ensure the confidentiality of information.

The Expectations

NCMN 418, otherwise known as NCM 106 in other schools of nursing in the Philippines, is a course that deals with the principles and techniques of nursing care management of sick clients across the lifespan, with emphasis on the adult and older person with alterations/problems in cellular aberration, acute biologic crisis, including emergency and disaster nursing and intravenous therapy. Furthermore, the course requires 255 contact hours for a related learning experience (RLE), otherwise known as the clinical learning environment, which will provide an actual experience to ensure competencies in caring for clients with the aforementioned problems (Commission on Higher Education, 2009).

Responses about their expectations of NCMN 418 - Related Learning Experience (RLE) yielded positive answers from the participants. Table 1 provides the answers to the first research objective. This table presents the two themes and eight sub-themes that emerged from the study regarding the participants' expectations of the clinical learning environment of NCMN 418.

Table 1: Expectations of Clinical Learning Environment

Themes	Sub-themes
Exciting Possibilities	Best among the rest
	Excitement and eagerness
	Action-packed

Experiential Learning Opportunities	Enriching experience
	Actual clinical (laboratory and hospital) Exposure to Special Areas (ER, ICU, DU, Primary/Head Nursing) with diverse real-life clinical situations
	Hands-on practice, demonstration, and enhancement of nursing skills (IV Therapy and ACLS-CodeBlue)
	Enhancement of critical thinking skills and clinical eye
	Preparation for future career

Exciting Possibilities. The participants expected some greater sense of meaning and that new exciting experiences await them in this course.

Best among the rest. They have heard and anticipated from the students ahead of them that their experience on this course will be the best of the four years that they will spend in the nursing program. Two of the students stated:

> *"Since my first year of nursing, I have been told that Level 4 would be the best year in my nursing education...I believed them." (Maila)*

> *"I envisioned it to be the most interesting part of my college life..." (Ryan)*

Excitement and eagerness. As evidenced by the next statements, some participants described how excited they were about the possible experience because they would be learning about the clinical areas that they were looking into working at after graduation.

> *"I imagined my RLE to be exciting." (Angelo)*

> *"I was honestly very excited for RLE my senior year…" (Carol)*

Moreover, they also referred to the possible experience as something they were looking forward to.

> *"I was looking forward to a lot of things in this class in my fourth year." (Jenny)*

> *"Going to duty in the hospital during the senior year is what I looked forward to the most because it would've given me a glimpse of how it is like to work as an ER nurse." (Carol)*

> *"I was looking forward to being a charge nurse." (Maila)*

They have heard stories from former students about the excitement of practicing and performing vital skills such as Intravenous Cannula Insertion and Advanced Cardiac Life Support (ACLS) or Code Blue in actuality. The participants also looked forward to learning something new in the special area covered by NCMN 418, which are Emergency Department (ER), Intensive Care Unit (ICU), Hemodialysis Unit (DU), and Primary/Head Nursing. It is worth mentioning that based on the program's curriculum, the students will only be able to have hands-on experience in these particular clinical areas and the specialized skills during their senior year in this specific course.

Action-packed. Two students expected that the RLE would afford them an intense experience. They have anticipated many actions, including being part of the code team, which will respond to revive a patient. One student imagined being a part of a successfully revived code and seeing the ever so grateful faces of the family member. This particular student has not seen a person die both in the clinical and non-clinical perspective, and he was so excited about that possibility during his senior year.

> *"I imagined RLE to be very interactive and more highly actioned than in the previous years." (Carol)*

> *"I always imagined my 4th-year experience to be action-packed and full of intense clinical experiences." (Angelo)*

Enriching Experience. The participants thought of the course as an insightful and enlightening experience. They expressed:

> *"I imagined the RLE to be enlightening." (Angelo)*

> *"I imagined the RLE experience to be very insightful and enjoyable." (Carol)*

> *"I honestly expected to enjoy my fourth-year RLE without much stress…" (Maila)*

They also thought that the course's RLE would be enjoyable since they have observed from the former nursing students that they seemed to have a lot of downtimes just to relax and smoothly finish off their education, while at the same time getting a feel of the enriching experiences offered by the course.

Experiential Learning Opportunities. The term experiential learning is taken from the theory proposed by David Kolb as influenced by John Dewey, Kurt Lewin, and Jean Piaget, which describes the term as learning from experience. This is further described as the process through which knowledge is generated by transforming experience. (Kolb, 1984). To achieve skills and qualities necessary for an optimal patient care outcome, students must be provided with experiential learning opportunities to draw upon and reflect, thereby promoting understanding of the processes of care involved (Angelin et al., 2018).

Actual clinical exposure to Special Areas. The participants anticipated that they would care for patients in the special clinical areas of ER, ICU, DU, and Head Nursing. They imagined acquiring hands-on clinical experiences from those areas with diverse real-life clinical situations. The following are excerpts from their statements:

> *"I also looked forward to the fourth-year clinical rotations such as ICU, ER, hemodialysis, and primary nursing…I also looked forward to checklists, like IV insertion." (Maila)*

> *"RLE would be done in the skills laboratory and in the hospital where each of the students would do actual practice." (Kaye)*

> *"I always wanted to be a part of the code…I wanted to see a dialysis machine in person…I want to be a cool senior who would be exciting to work with when I am in the position of the Head nurse." (Angelo)*

"I wanted to see a dialysis machine in person." (Angelo)

"…and learning something new in ER/ICU/DU in person." (Jenny)

"…get to explore being at the front line in a busy section.." (Ryan)

"…getting to experience the reality of life as an ER nurse or taking up the role of a head nurse for instance." (Ryan)

"I expected more hands-on learning…more experience in the hospital…actual nurse to patient interactions." (Anthony)

The clinical learning environment allows students to put their theoretical knowledge into practice, which is vital for patient care. Positive outcomes can be achieved in an optimal clinical learning environment. (Jamshidi et al., 2016)

Hands-on practice, demonstration, and enhancement of nursing skills. The participants were expected to learn the skills of IV therapy and ACLS-Code blue through this course. They were excited to perform the actual procedures under their clinical instructors' supervision and with their skills checklist partner or groupmates. The following are their statements:

"I was expecting a lot of hands-on activities for special skills." (Maila)

"I heard about the excitement of demonstrating code blue checklist and performing IV insertion…" (Jenny)

"It would be exciting to learn more practical nursing guided by our clinical instructors…Also, it is better to learn when done in an actual return demonstration. The skills would be more enhanced by doing the actual performance." (Kaye)
"I looked forward to learning and practicing the practical skills...such as IV insertions and code blue." (Carol)

Enhancement of critical thinking skills and clinical eye. In nursing, critical thinking is the application of knowledge and experience to identify client problems and make clinical decisions using intuition, pattern recognition, questioning, data collection, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, creativity, and verification. (*The Importance of Critical Thinking in Nursing | Carson-Newman*, n.d.). The participants believed that the experiences they were supposed to have will significantly contribute to the development and enhancement of their critical thinking skills and clinical eye and will further provide them with the competence that they need to deliver the best patient care, producing a great outcome. The following are their statements:

"I was expecting to focus more on developing and honing my critical thinking skills and my clinical eye." (Maila)

"RLE rotations in Level 4, I imagined they would force me to think for myself and apply my knowledge to the clinical situations." (Maila)

"It would've trained and developed our critical eye as we care for patients in the ICU, ER, dialysis, and as we worked as primary/head nurses." (Carol)

Preparation for future careers. The participants knew that the clinical learning environment was a training ground for their professional development. They expressed:

"I imagined my RLE in my senior year to expose me to several situations that would start training me to be a more prepared nurse in the future." (Maila)

"...we are learning about the areas I am looking into working at." (Carol)

Nursing is a performance-based profession. Therefore, an integral role is played by the clinical learning environment when it comes to acquiring knowledge and skills and developing their competencies, which are necessary as the students enter the nursing profession and eventually become registered nurses (Jamshidi et al., 2016).

The Experiences

The participants were asked about their experiences, specifically in their related learning experience (RLE). The researcher also attempted to obtain detailed descriptions of the difficulties and challenges that they encountered. Table 2 shows their RLE experiences, difficulties, and challenges. Three main themes with seven subthemes were extracted from the data.

Table 2: Experiences in the Clinical Learning Environment

Themes	Subthemes
Instructional Modality	Full Online/Virtual Mode
	Book-based oral and written requirements
Learning Constraints	Deficiency in Nursing Skills Acquisition
	Low Self-efficacy
Learners' Effort and Involvement	Demotivation and lack of engagement
	Unsatisfactory experiences

Instructional Modality. The advent of COVID-19 has also made an impact on academic institutions, forcing the faculty and administrations to make changes in their delivery of instructions (Dewart et al., 2020).

Full Online/Virtual Mode. Like other nursing schools in the country, the mode of instructions for the participants shifted online. Both asynchronous and synchronous activities were delivered online. This migration to online education has required the faculty to make significant changes in the teaching-learning process while still taking into consideration the strategies to encourage student engagement (Morin, 2020). The following statements show their descriptions:

"The RLE we have is entirely online and is conducted virtually." (Angelo)

"Solely based online with asynchronous activities." (Carol)

"Online lecture...there was only some knowledge that I can actually learn." (Jenny)

Moreover, the online modality also includes virtual simulation as part of the course's related learning experience (RLE). One participant stated:

"It also includes virtual simulations where we are able to care for a patient online." (Carol)

Book-based oral and written requirements. In the absence of real patients and actual clinical situations, the instructors relied on book-based case scenarios and critical thinking activities to enhance knowledge and skills acquisition. Online lecture discussions about procedures and nursing responsibilities for each are were also conducted.

"RLE consists of online meetings via zoom, graded clinical simulations, book-based oral and written assignments, quizzes, and virtual and/or recorded checklists." (Maila)

"It reinforces the skills of how to make individualized nursing care plans based on book-based situational cases and improving our critical thinking skills." (Carol)

Learning Constraints. The major shift to online learning brought about by the COVID-19 global health crisis made visible issues with regards to the teaching-learning process (Subedi et al., n.d.). Learning limitations become evident, as described by the participants in the succeeding statements.

Deficiency in Nursing Skill Acquisition. In the absence of face-to-face classes, the students perform return demonstrations of skills such as intravenous (IV) cannulation and ACLS with improvised patients using inanimate objects. These skills either require a licensed clinical instructor's supervision or specific equipment not readily available in a typical household. Thus, the students practiced and did the skills through different objects. The following statements describe the participants' experiences.

"We have to submit videos of us, imitating the patient's case or perform procedures to a make-shift doll." (Angelo)

"I perform skills on objects such as bananas and pillows which poorly represent an actual patient." (Carol)

This lack of actual patients, appropriate materials and equipment, and real situations limits the students' learning, particularly when it comes to skill acquisition. Two participants expressed the following:

"One difficulty I encountered is the lack of realistic situations." (Carol)

"Becoming confident in the skills and checklists we perform, because of lack of actual human patient…lack of actual duty…and lack of interaction" (Maila)

The participants also disclosed they were dissatisfied with the teaching strategies and activities employed. They stated:

"I am not satisfied in that way that the procedures are not taught and learned in actuality. Not all knowledge will be gained if it is not performed in a practical way." (Kaye)

"I believe that there is no type or amount of RLE activity online that can equate to the amount of learning experience, confidence in one's ability to do skills, and growth in competence gained through having clinical duties in the hospitals." (Carol)

It is enjoyable but not as good in terms of clinical learning." (Anthony)

We are able to learn about the different skills we will need in the ER, ICU, Dialysis, etc., although this means of learning is not preferable." (Carol)

Low self-efficacy. Lack of confidence has become evident to some participants, the reason still mainly because of the lack of real patients, real situations, and real hands-on experience

"I 'm not as confident about my skills as I would be." (Maila)

"I don't feel as if I'm gaining the best training." (Maila)

"I feel that I still most definitely lack a lot of preparation, skills, and knowledge for if I wanted to actually start working in one of these departments in the future." (Carol)

"Due to the absence of interactive activities and being able to care for a real patient in the hospital, I have really low confidence in my performance of the skills that were taught in these particular areas." (Carol)

"I also felt incompetent when I imagined myself in a real-life situation." (Angelo)

Learners' Effort and Involvement. Some participants stated that they could not concentrate in online classes and were easily distracted.

Demotivation and lack of engagement

"I believe it was more difficult to stay concentrated and motivated." (Carol)

"Another challenge was not being able to concentrate in class." (Angelo)
"One of the biggest challenges I have is paying attention in class." (Maila)

"I noticed myself blanking out, dozing off or getting distracted." (Carol)

"It would be hard to process and understand the information and concepts." (Carol)

They also expressed a lack of motivation as one of the challenges of this pandemic. Here are their statements:

"The biggest challenge was my own laziness and lack of motivation by far." (Angelo)

"I have found it hard to stay motivated to complete my assignments because there is no pressure of a busy day and a deadline the next day." (Maila)

"Not having enough motivation at some point." (Jenny)

"I have lost the urge to take down notes during online classes." (Angelo)

Unsatisfactory experiences. The following are the not-so-good experiences of the participants in this online learning. One participant thought that the RLE that they are receiving now is far from what he expected.

"The RLE we had was nowhere close to what I imagined." (Angelo)

Another student said that it was exhausting for her. She explained:

"My current RLE format is mentally tiring...the electronic medium of the activities creates a different type of exhaustion…I become fatigued easily through all the online meetings and assignments." (Maila)

"If there was no pandemic, I don't think I'd experience this type of exhaustion. I could look forward to other things…" (Maila)

Others thought that it was not a good experience, and it was unexciting*:*

"I'm unable to perceive my RLE as a really good experience." (Maila)

"It was unexciting at the very least." (Angelo)

The Adaptations

The participants were asked how they, as students, cope with the challenges and difficulties of the virtual clinical learning environment and how their instructors adapt. Two main themes and five sub-themes emerged from the data analysis, answering the third research objective.

Table 3: Adaptations in the Clinical Learning Environment

Themes	**Subthemes**
Learners' Adaptation	Behavioral Adaptation
	Academic Adaptation
	Social Adaptation
Teachers' Adaptation	Problem-focused
	Emotions-focused

Learners' Adaptation. As the COVID-19 pandemic continuously changes the global educational landscape, including that of nursing education, the challenge to provide relevant clinical

experiences has resulted in the increased use of simulation and virtual reality (Morin, 2020). The students are expected to adapt to the new learning environment characterized by the absence of face-to-face classes in their pursuit of nursing education, which fully utilizes information and communication technologies as the crisis demands.

Adaptation is considered one of the essential abilities of human beings (Zhang et al., 2018). According to Perry and Weinstein (1998), although targeting younger learners, adapting successfully to the school environment and meeting new expectations and demands is marked by various competencies. Although targeting much younger learners, the theory is deemed applicable to this particular study since the participants attempt to adapt to a new learning environment. The three main competency domains necessary for student adaptation are academic, behavioral, and social (Perry & Weinstein, 1998).

Behavioral Adaptation. This adaptative competency highlights emotional self-regulation (Perry & Weinstein, 1998). The students attempted to adapt by planning and time management, as stated below.

> *"To motivate myself, I often just looked at how free I would be after the class ended and so I would just want to finish whatever I need to finish." (Angelo)*

> *"I tried my best to make a plan of all the things I need to do for the day. I did the easiest requirements first so I could forget about them once I am done." (Jenny)*

They also cope by avoiding distractions and through notes-taking and active participation:

> *"I would download the power points and use my iPad and stylus to write over the PowerPoint, so I would have the teachers' info and extra notes in my handwriting." (Angelo)*
> *"To avoid distraction from my phone, I would try and put it as far away from me as possible." (Angelo)*

> *"The first thing I did to keep my attention on my screen and on my teachers is put away my phone and try to take notes on their presentations like I usually do in a physical class." (Maila)*

> *"I tried to train my body to stay awake longer at night and get used to sleeping around 2-3 am and waking up around 8-9 am." (Maila)*

> *"I would turn on my video, so I don't have the opportunity to misbehave." (Angelo)*

Self-rewards and creativity also helped some of the participants:

> *"In order to push myself, I would provide myself with small rewards like ice cream." (Maila)*

> *"We would look for items around the room and paraphernalia from my 1st and 2nd year to complete our checklists and RLE videos." (Angelo)*

Academic Adaptation. In academic competency, students are expected to possess the meta-cognitive skills for learning, including academic efforts and how well students cope with the academic demands of the new learning environment (Perry & Weinstein, 1998; Zhang et al., 2018).

To come up to the demands, the students invested time and effort in practicing and studying learned skills and concepts independently. They describe their experiences in the following statements:

> *"I try to practice the skills as much as possible and perform it as accurately as I can through the videos and online calls. (Maila)*

> *"One way I coped with these difficulties was through watching different videos and tutorials that helped me better understand and visualize how the skills should be done." (Carol)*

> *"They taught almost all of their lectures online, and there was an amount of self-learning that had to be done." (Maila)*

One participant tried to resolve the challenges of the lack of realistic situations. She consulted his father, an experienced ICU nurse, to broaden her knowledge of nursing responsibilities and expectations. She expressed:

> *"I asked my dad, who is a nurse, about his experiences working in the intensive care unit…Being able to hear his experiences gave me a better understanding and visualization of realistic hospital situations and the nursing responsibilities to be done in those situations." (Carol)*

Social Adaptation. In this domain, students should be able to adapt through building harmonious relationships with their peers and teachers (Perry & Weinstein, 1998). The participants sought support and encouragement from their friends, families, and significant others. They disclosed:

> *"I try to stay in contact with some of my classmates." (Maila)*

> *"I got a friend who always attends class with me." (Angelo)*

> *"I had to pray and ask my family to pray for me…Encouragement I got from my team members to keep pushing through and to never give up." (Ryan)*

Teachers' Adaptation. As a consequence of this rapidly moving global pandemic, demands are placed on nurse educators to ensure that students meet academic requirements while at the same time recognizing and adjusting to the pressures and limitations brought about by the crises (Jackson et al., 2020). Institutions have had to convert all face-to-face encounters to the virtual environment to ensure their safety and that of their students. The task is never easy, especially for those unfamiliar with the complexities of the online modality. They are expected to create and incorporate novel teaching strategies that they have not done before while at the same time providing insight into the issues and challenges that students are likely to face in this unsettling time (Singh & Haynes, 2020).

Problem-Focused. Problem-focused coping mechanisms, according to Lazarus and Folkman, refer to individuals' efforts to change their behavior or the environmental factors that prompted

the experience. These coping techniques include assertive interpersonal efforts to alter the situation as well as rational, purposeful problem-solving measures (Biggs et al., 2017). The teachers adapted and made adjustments to meet the competencies and academic requirements despite the limited resources by creating lively activities that encourage student involvement, requiring written worksheets and oral reports based on book-based clinical situations, developing and providing skills demonstration videos, and skills performance checklists with improvised 'patient.' The participants described their experience through the following statements:

"They made full use of the platforms we had the opportunity of using and tried to involve all the students by making it lively and fun." (Angelo)

"They often gave us cases to review, make nursing care plan's (NCP) for and report them." (Angelo)

"My instructors also used several other mediums to help teach their concepts such as videos and Kahoot." (Maila)

"Our clinical instructors adapt on the challenges by presenting some videos, giving a copy of documents and assigning group activities that are related to the topics and procedures to be discussed." (Kaye)

"My instructors also tried different forms of teaching such as pre-recording their lessons, sending out reading material, and giving us study guides." (Maila)

"Assignments were given to better orient the students on the environment of hospitals and possible cases that could be encountered on the job." (Anthony)

"They gave us video samples of procedures on a specific nursing checklist to a guide when we make our own videos and do group video performances." (Kaye)

"They made us watch videos about ACLS, triage system for diaster, provided vSim for us to use." (Jenny)

"They let us perform intravenous insertion in a banana using an intravenous cannula, to practice and cope up with the IV insertion skills and performance." (Kaye)

Another teaching strategy the instructors employed to enhance the students' learning experience is virtual simulation through the program vSIM for Nursing™. Due to the current situation brought about by this global pandemic, the use of virtual simulation is increasing in nursing education.

The participants shared their enriching vSIM experiences through the following statements:

"The instructors made us practice and perform nursing care on virtual patients using the vSim software, which I probably enjoyed the most. This had to be one of the best replacement activities that the CIs used in order to adapt to the given circumstances." (Angelo)

"I genuinely think vSIM was super helpful because we get to know the details of the steps." (Jenny)

"The introduction of the vSIM was the best move made by my instructors that brought us to a real work station." (Ryan)

"Though we have no duty in the hospital, we can adapt on the proper interventions and nursing care through virtual simulation (vSIM) of different cases." (Kaye)
"They provided us with online ECG reading training and virtual simulations. vSIM allowed us to take care of critical patients without being in the hospital." (Maila)

"Instead of going to actual hospitals, the students worked on simulations provided by the CIs." (Anthony)

The data reveals that the students perceived the virtual simulation experience as beneficial to their confidence, learning, and development of professional practice. A study conducted about the educational characteristics of virtual simulation in nursing supports the aforementioned result since the findings of that study revealed that it might be an effective educational strategy for increasing learner engagement (Shin et al., 2019). Specific research on the effect of vSIM for Nursing™ as a teaching strategy on Fundamentals of Nursing also recognized that the program served as a suitable virtual simulation platform for the nursing curriculum. Its utilization created a positive effect on nursing students' knowledge acquisition. The study further recommends that since vSIM for Nursing™ offers various benefits and might be an effective supplementary teaching strategy, it should be considered in nursing education (Gu et al., 2017).

Emotion-Focused. Emotion-focused adaptations are strategies to reduce emotional distress and maintain a positive mental state. When a situation is deemed unchangeable, emotion-focused coping is employed (Biggs et al., 2017). As described by the participants, the instructors showed and made support, encouragement, and adjustments throughout the teaching-learning process.

"They did well in providing the most guidance and wisdom on my performance through a computer screen." (Maila)

"My instructors went above and beyond to provide guidance videos for all our skills and checklists." (Maila)

"They were able to adjust to online learning extremely fast. They did an amazing job finding ways on how to keep us entertained while teaching." (Jenny)

"The CIs adapted well to the pandemic, as much as they could." (Anthony)

The Impact

Academic nursing institutions are bracing for the implications of this unprecedented event. In some studies, nursing students expressed concern about the potential disruption and interruptions caused by the pandemic and their significance to them in their future careers as nurses (Dewart et al., 2020).

This section attempts to give light to the fourth objective of this research. It describes how participants process the entire experience and creative background and ideas that shape their future perspectives. Table 4 identifies the two themes and four subthemes that emerged from the data gathered.

Table 4: Impact of the Clinical Learning Environment

Themes	**Subthemes**
Negative Impact	Future Career Implications
	Incompetence
Positive Impact	Resilience
	Lifelong learning

Negative Impact. The way that this crisis has unfolded implies the high possibility of continuous difficulties and challenges to nursing education. The learning challenges, which center around issues of retaining, refreshing, and renewing knowledge and practical nursing skills, are some of the students' primary concerns.

Future Career Implications. A participant expressed how she feels that this type of RLE class will impact how she will get a job in the future. Her concern is when she tries to apply for a job in the hospital, she might be questioned about her abilities when they find out that the RLE was done online and there was no hospital experience.

> *"I feel that this will impact how easily I will be getting a job in the future because there was no actual experience in the hospital. It may possibly be more difficult to get a job because the interviewers may question my abilities, skills, and capabilities." (Carol)*

Incompetence. Participants expressed perceived deficiencies in skill acquisition, leading to their lack of self-confidence. According to them, there is no type or amount of RLE activity online that can equate to the amount of learning experience, confidence in one's abilities to do skills, and growth in competence gained through having clinical duties in the hospitals.

> *"If the pandemic continues and prevents nursing students to experience a whole year of RLE, I believe that would affect their competency in those clinical areas." (Maila)*

> *"The simulations have better equipped me as a student nurse, yet still not as much as the actual duty." (Anthony)*

> *"Practical application and demonstration have more learning than knowledge without applications." (Kaye)*

> *"In the future, I would definitely have more questions for the experienced nurse I would be working with." (Angelo)*

> *"Even though I have gone through all the different departments now, I feel that I still most definitely lack a lot of preparation, skills, and knowledge for if I wanted to actually start working in one of these departments in the future." (Carol)*

"Students would not be able to perform as confidently because they had no prior training." (Maila)

"I would not be as confident in doing procedures." (Angelo)

"Nursing students would also lack the competent knowledge in these clinical areas." (Maila)

Positive Impact. In the light of the crisis caused by COVID-19, the students expressed honest, insightful positive thoughts. They reflect upon the unprecedented situation and, with the benefit of hindsight, learn the value of flexibility, adaptability, and life-long learning.

Resilience. Now, more than ever, being resilient is integral as we perform this undaunting task of teaching and learning amidst the difficulties, demands, and limitations of the current situation. Resilience is frequently regarded as a quality that can help people cope with adversity. It's often defined as the ability to adapt constructively in the face of adversity, bounce back from such challenges, and possibly gain strength from them (Powell et al., 2020). The participant expressed:

"I learned the importance of moving on and adapting to the given situation." (Angelo)

"Flexibility, adaptability, and accepting the given situation would have a very lasting effect on me as I have experienced the difficulties and challenges that this pandemic has brought about on an emotional level." (Angelo)

Lifelong learning. Lifelong learning is an active process in which a student seeks out knowledge and understanding and applies it to his or her professional needs. New abilities, knowledge, and practices are always available to be learned in order to develop oneself (Kroning, 2016; Qanbari Qalehsari et al., 2017; *The Importance of Lifelong Learning for Nursing Professionals | MIMS Career Portal*, n.d.). The participants expressed the following:

This learning experience prepares us for real-life situations better than just a lecture all through…I get to have an eye-opener on what to expect even if not exactly the same cases, but it prepares me better for the experience out there." (Ryan)

"Learning theory behind a specific nursing care has a big impact in performing proper care to the patients." (Kaye)

"The confidence and willingness to perform specific skills and techniques were developed." (Kaye)

"I think RLE has brought up some sort of creativity in me." (Angelo)
"It made me a bit braver to speak or do things in front of people." (Angelo)

CONCLUSION AND RECOMMENDATIONS

The Related Learning Experience (RLE) provides up to half of the educational experience of undergraduate nursing students. The RLE environment or the clinical learning environment highly

influences the development of nurses who are capable of providing safe, quality, and competent patient care. It is concluded that challenges have emerged with the pandemic and that significant changes and adjustments have marked nursing education during this global crisis.

The advent of COVID-19 has required nursing education providers to be innovative, flexible, and quickly take action to meet the rapidly evolving changes and demands of the crisis. The modality has to migrate from face-to-face classes to the virtual platform, providing alternative clinical experiences and redefining learner evaluations and assessments. However, this migration, as expected, did not happen smoothly. Offering well-developed, robust online programs requires intentional planning that requires an investment of time and effort – privileges not always provided by the pandemic. Not all academic institutions are also privileged to the access and availability of needed technology for it to be included as a regulatory requirement of the program offered. Those who were able to provide clinical experiences through simulation and online learning had their own share of negative consequences as well. This study highlighted the nursing students' expectations and actual experiences in the clinical learning environment/related learning experience (RLE) of NCMN 418.

The findings revealed the unpleasant implications of the online clinical environment, the majority of which points out to the inadequate hands-on clinical and laboratory experiences with real clinical situations, actual patients, and appropriate equipment and materials. However, the study also emphasized the best adaptation practice in an attempt to meet the academic demands despite the limitations. The utilization of vSIM for Nursing™ was perceived to be the best move for learner engagement and clinical knowledge and skill acquisition in the online clinical learning environment.

This study has its own limitations. The possibility of bias is inevitable since the researcher is one of the clinical instructors of the course understudied. The fact that the researcher is directly involved in their education can lead the participants to answer questions with limitations, hesitancy, or caution. For the analysis and interpretation of data, the researcher attempted to mitigate potential biases through transparency and reflexivity, as further discussed in the methodology section of this study.

The generalization of the results of this study should be treated with caution. The study was conducted with participants from just one institution.

Moreover, the rapid, evolving changes and the unpredictability of this crisis may result in instability and variability of the participants' perceptions and experiences. Thus, for future similar studies, the researcher recommends taking into consideration the stability of the data during the analysis and conducting multiple evaluations at different stages of the crisis. Although the generalizability is limited due to its small homogenous sample, the results of the study may be aligned with other studies that highlight the need for improvement of the clinical learning environment. Future studies covering a larger sample may strengthen the generalizability of the findings.

It is undeniable that this pandemic changed the educational landscape globally, and that includes nursing education. Irrespective of the changes made and not made, and the researcher highly suggests that nursing education providers systematically and continuously evaluate through research if the learning outcomes, course outcomes, and program outcomes are met based on the modifications and adjustments made during the pandemic. Furthermore, assessment of the clinical learning environment based on the students' perspectives must be facilitated to maximize their

learning experience and enhance student outcomes.

Nurse educators educating the future nurses must continue to reassure the students that their concerns regarding their learning path during this pandemic are valid and taken seriously, moreover, emphasize the vital contribution nurses make to society's health.

Amid the uncertain future, the researcher further recommends that the academic nursing institutions continue planning not only for the immediate future but also for the long-term implications of this pandemic. It is additionally recommended that nursing education providers assess the possible adoption, after the pandemic, of the best technology-assisted practices implemented currently, not to fully migrate to online learning, but to utilize it as a complement for delivery of quality nursing education.

This study only provided insights and understanding of the students' perspectives of the online clinical learning environment that they have experienced. Albeit some suggestions and recommendations were made, no absolute solution and answers to the problems were specifically pointed out. In fact, at this uncertain moment, maybe most have more questions than answers. But, the researcher, by disclosing these issues and concerns, aims to underscore the potential challenges that the nursing programs will have to address.

Lastly, the researcher wants to emphasize that providing a quality, competent, and effective clinical learning environment for nursing students is critical in establishing high-quality health care in the future. In the context of this unprecedented global health emergency, nurse educators must be reminded of their vital responsibilities of preparing individuals who will one day find themselves standing at the frontline.

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