ORIGINAL RESEARCH

The lived experience of nursing students caring for COVID-19 patients

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ABSTRACT

Background and objective: As the wave of COVID-19 pandemic hit the world, schools and students were affected in many ways. Schools had to migrate courses to an online or hybrid platform while students had to adapt their learning to take care of COVID-19 patients in the clinical setting. Caring for COVID-19 patients in the hospital setting provided the students with big challenges, and it became essential for faculty members to understand the students' feelings and obstacles as the semester continued.
Methods: Utilizing a phenomenological framework, a qualitative descriptive study was performed to determine the lived experience of student nurses caring for COVID-19 patients.
Results: Four main themes emerged from the study, which included 1) Importance of a support system, 2) Moral distress, 3) Enhancement of clinical skills, and 4) Significance of therapeutic communication.
Conclusions: Based on the themes, four recommendations were identified to help students and faculty, which included 1) The value of simulation, 2) Development of a support system, 3) Collaborative preceptorship, and 4) Preparation for a new era.

Key Words: Nursing education, Clinical experience, Pandemic, COVID-19

1. INTRODUCTION

COVID-19 poses a serious threat to health care workers worldwide including student nurses. The illness manifests itself in a variety of means from no symptoms at all to severe illness and death. This has caused varying levels of uncertainty and distress among those who care for its sufferers.[1] There are scarce studies on the experiences of nursing students caring for patients diagnosed with COVID-19, however, the nursing workforce has recounted such work to be difficult, stressful, and exhausting in ways they had not previously experienced.[2] Additionally, nurses who have cared for these patients reported feeling as though they "are in a state of war and serving on the front line."[2]

During the spring semester of 2020, the COVID-19 pandemic affected nursing programs and their students significantly when typical clinical experiences were halted, and students were unable to participate in hands-on patient care activities. Additionally, students were abruptly moved from in-class learning to a virtual (on-line) class experience. According to Suliman et al. (2021)[3] such an abrupt move for their students lead to burnout, feelings of helplessness, and was considered challenging by students and educators alike.

Students in our nursing program returned to in-person and hybrid classes during the fall semester of 2020. They also resumed clinical course work in the hospital setting. The students did not immediately resume care of patients in emergency rooms and intensive care units and were restricted from caring for patients with COVID-19 in other areas throughout

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the remainder of 2020 and early 2021.

During the fall semester of 2021, our senior nursing students were once again assigned to these high acuity areas and began caring for large numbers of patients with COVID-19 during a surge in cases. While students in our program were not required to receive the COVID-19 vaccine, they were offered the vaccine and many chose to be vaccinated. Additionally, local hospitals once again had adequate supplies of personal protective equipment and all students were fit-tested for N-95 masks providing each with adequate protection.

A few weeks into the semester, it became apparent that many of our senior nursing students were experiencing uncertainty and stress in a way the faculty had not previously observed. Keeping in mind that this group of students had entered the nursing program just prior to the COVID-19 outbreak, it was not unexpected that they could be adversely affected by the pandemic and its effect on their clinical experiences. Without a doubt, students were caring for many more severely ill and dying patients than nursing students had in previous semesters.

The COVID-19 pandemic tested the health care system in a variety of manners, treatments and interventions were continuously changing. The changes were based on best practices or outcomes as seen in various healthcare institutions.[4] Adjusting previous patient care approaches was common during the pandemic as patient outcomes would differ and often deviate from the common healing trajectory.[5] The participants in this study witnessed long time treatments, intervention and policies evolve and spoke to the experiences in the interviews.

Previous studies have identified that nursing students caring for patients with COVID-19 have expressed feelings of psychological stress, fear of patients, and mental conflict as they worried about becoming ill themselves or transmitting the virus to others.[6] Lancaster et al. (2021)[1] also reported that graduating nurses experienced stress related to the conflict between their obligation to keep themselves and their loved ones safe while caring for those with COVID-19. For some students, the fear of infection in the classroom was not as significant as it was in the clinical setting.[7]

Purpose

There is little reported documentation about the experiences of student nurses caring for COVID-19 patients in the clinical setting. Therefore, the purpose of this study was to identify and document the experiences of nursing students caring for patients with COVID-19 allowing faculty members to guide future students in similar circumstances.

2. Methodology

2.1 Design

This qualitative descriptive study utilized a phenomenological approach in an effort to determine the lived experience of senior level nursing students as they cared for patients with COVID-19 during their clinical internship semester. Institutional Review Board approval was obtained from West Texas A&M University. Semi-structured interviews were conducted during the late fall of 2021.

2.2 Setting and sample

The setting for this study is a BSN program located in a Texas university. The researchers utilized purposive sampling to recruit nursing students registered in their final semester of the program. Purposive sampling was utilized to allow for recruitment of students who had cared for COVID-19 patients during the semester. No other criteria was required for inclusion in the study.

Pertinent to this setting is that final semester students are completing a 270 hour precepted internship in which they are assigned to a single unit rather than rotating to multiple units. The students may or may not have been assigned to these units in previous semesters but are not typically assigned to units in which they were employed or have previously been employed.

2.3 Procedure

Fourteen students were initially contacted. To prevent students from feeling obligated to participate, they were each invited only once via phone or text to participate. All 14 of the students agreed to participate. Written consent was obtained from each student prior to being interviewed. Pseudonyms were assigned to each participant (P1-P14). Data collection was accomplished through semi-structured telephone, virtual interviews, or in-person. The interviews were conducted by the primary investigator on this project. The interviews ranged from 20 to 30 minutes. Each interview was audio recorded and a verbatim transcription was completed. A commercial transcription service was utilized and all transcripts were reviewed for accuracy.

Each interview began with a broad open-ended question, “What would you like to share with us regarding your experience as a student nurse caring for patients with COVID-19?" After responding, the participants were encouraged to explore the following areas if not already discussed: challenging aspects of caring for patients with COVID-19; the support they needed and/or received as they cared for these

patients; what nursing knowledge and/or clinical skills they obtained; and what insights they would like to share about their experience. After the initial interviews (14), it was determined that data saturation had been reached as no new information was being gathered. Data collection was then terminated.

2.4 Data analysis

After commercial transcription was completed, a thematic analysis of the data was manually performed by the research team. To ensure trustworthiness of the findings, all of the interview transcriptions were read independently by each member of the research team. Initially, codes were identified as the researchers independently read each transcript. These codes were merged into subthemes. The researchers discussed the codes and subthemes looking for areas of commonality as themes were formed. The transcripts were discussed in-depth among the team until consensus was reached to ensure correct interpretation of the data and development of the four themes.

3. FINDINGS

Using a phenomenological approach, fourteen students were utilized to reflect upon their clinical experiences during the semester as they took care of multiple COVID-19 patients. Four thematic categories were identified as relevant to this study:

3.1 Theme 1 – Student support

Student support was one of the common themes seen among all of the participants and it involved each student being able to seek help in at least one source. Students reported a wide variety of experiences relating to support systems. While all of the participants reported having at least one channel of support, few of them stated they received support from multiple sources. All of the participants reported that they were always able to rely on the nursing staff for support. Some students revealed that they received additional help from family and friends; however, others mentioned that they could not relate to their friends and family as much.

Throughout the interviews, participants mentioned that even though they had expected going through some difficult moments during their internship, none of them ever imagined that the difficulty would be to such an extent. One participant reflected, "I personally didn't think a lot of people were going to die, especially in front of me...I just didn't think it would be a weekly type basis...I knew bad outcomes were probably prevalent. I knew I probably was going to see intubated patients, patients who were sick and needing CRRT and all kinds of things. But I didn't expect it to just be nonstop, back to back, to back death. I didn't expect to lose, I think 15 patients. I guess I had just expected it on a lot smaller scale." [P1] Another participant echoed the same sentiment, "It surpassed my expectations. Just definitely the cumulative loss was very overwhelming. I expected death, but I would also expect some hopeful outcomes. And I feel like with COVID there's very slim hopefulness." [P13] Similarly, another participant recollected, "I would say my entire at least first half of clinical, that's all I did. CCU was the overflow from MI and there was one point where every single patient on CCU was on the vent and the COVID patient. So, trial by fire, I was thrown into that and just the sickest of the sick. What really surprised me was the age of the patients there, 35-50...It's people who should be in the prime of their life and people with young families and people who should be excelling in their careers and living life, not prone in a bed on a vent and CRRT." [P3] As the semester progressed, it became crucial for the students to find different sources for emotional support.

Nurses, preceptors, and the manager of the unit were primarily the people that the students relied on during the tough times. The type of support ranged from answering questions the students had to being available to talk and decompress after a stressful event. Some students felt it was difficult to ask for support in the beginning; however, as the clinical internship went on, students mentioned that they became closer to the nurses and that the nurses viewed them as another member of the healthcare team and offered to help in any way possible. As one of the participants pointed out, "I got to know all the nurses, they got to know me. And so, they were very comforting and very like let us know what you need, ask us any questions you have...I never felt like I couldn't talk to anyone about what I was experiencing and they were always so receptive to me."[P12] Another student mentioned, "The nurse manager had a really good open door policy...we could come in at any time...we could talk, we could decompress. We could talk about if someone had died, like what that experience was like. And then I could talk to my preceptors too. I had two really good preceptors...and they were really open and honest and we could talk about stuff like this too." [P4] A third participant recalled that the unit manager, along with the nurses on the floor, even followed up with her after the stressful event to make sure she was doing okay. She reported "We had several nurses who would offer help and who I know when we had that patient pass away, they asked me if I was okay, even the dates following, the manager and director of the ED, they kind of came to ask me just how I handled that and how that had gone."[P7] This type of open communication helped ease the students' anxiety to a lesser degree and allowed them to feel

like an important part of the healthcare team.

Along with the support from the hospital staff, some students sought and found support from their families, friends, and instructors. Seeing patients die or intubated every day, participants reported it was difficult to get through the shift and be ready for the next one without the support of family and friends. For those who had another family member in healthcare, it was easier to seek support. One of the participants recalled, "My dad's a doctor, so he's seen that, and I could talk to him about... so I had families support and peer support, which was good." [P4] Another participant commented, "My mom is an emergency room nurse, so I've talked to her about all of it and she kind of debriefs me." [P8] Students even stated that their family encouraged them to be more involved with patient care. Participant 3 recalled, "And my mom has been like, get in there and offer to do whatever you can do, to learn whatever you can learn." Several mentioned that their peers were supportive of them, if they were in the same unit or had similar patients. One participant recalled, "I think from peers, I felt somewhat supported by being able to reach out to friends and just tell them, "Hey, I'm having a hard day, I just feel helpless. I felt very comfortable talking to my instructors about it." [P10] Another student remembered, "I think I eventually found my support system. Then also opening up to my instructors and my staff has been beneficial for me." [P1]

For some participants, the ability to rely on their family and friends was not an option. They explained that it was difficult to share their experiences because it was completely different from that of their peers and family. As expected, those that were placed in an Intensive Care Unit saw more patient deaths and negative outcomes compared to those placed in a step-down unit. Because of those differences, participants found it difficult to relate to the experience of their peers. One participant mentioned, "As I talk to other friends, you're speaking foreign language... we're developing different skills in different directions." [P3] Similarly, another student remarked, "Whereas our family and friends who don't work in healthcare, it's sad to them, but they don't understand what it's like to go through it and physically be doing CPR or you are with that patient for 12 hours." [P10] Another participant remarked, "I don't think a lot of my close peers have seen, for example, one of my peers barely saw their first code this semester towards the end after I have already seen a lot. My other peers haven't had to hold a Facetime conversation and their patients actively dying. Or had to hold their hand as they're actively dying alone in the room and not know what to say." [P1] These occurrences help highlight the different experiences and the need for emotional support participants had with COVID-19.

3.2 Theme 2 – Moral distress

The theme of moral distress characterized how participants in the study experienced some type of emotional reaction to their personal clinical experiences while taking care of COVID-19 patients. The application of obtained knowledge to clinical practice was difficult to understand as treatments often were extended or used in a manner that were outside of usual recommendations or for extended time frames. Participant 2 stated, "in the middle of the pandemic, when it was really bad last year, it's so sad because you could tell they weren't getting the care that they really needed because the nurses were so busy and overwhelmed."

The student's knowledge as it related to the use of medications during clinical experiences caused some to question the effectiveness or intent for the use of medications in an effort to fully comprehend possible patient health outcomes as participant 1 stated, "I've seen patients down there for months on different drips that are only supposed to be used for a week... It's kind of interesting to me to try and figure out what's going to happen... after they get extubated." The long-term effects of treatments being used for short term goals caused wonder as participant 1 stated, "It's opened my mind to a lot of questions as far as what's going to happen after if they were to make it out of this? Them being on all these drips, what is that doing to them on a larger scale."

The uneasy feeling of becoming acclimated to the pandemic environment was a difficult adjustment as participant 2 voiced, "I don't know. It's just I felt like it wasn't my place." An emotional response voiced by another participant was, "It was just very depressing to see not only whatever you do, all your interventions won't help. I struggled with this semester being in the ICU, is seeing them be intubated day after day and knowing they may not come off and may not get to see their families again." [P13] Participant 3 described a difficult experience by voicing the "challenging part with that one is ethically, morally having the family present. They called the husband and he arrived, and I'm standing there waiting to do compressions. This went on for 50 minutes. And at one point he was in the room while I was doing compressions, and all I could think of was don't call this while I'm doing compressions, let it be somebody else. And I finally had to tap out because I had done for a while, but the very next person after me is when they stopped and called it." Participant 2 also described the experience in the following manner "I definitely had a hard time with the palliative care that we gave our patient. I felt like we were increasing, making his death go faster per family's request. They wanted the medication every 10 minutes. And that was a little hard watching that, doing that. And that's probably where I've had my biggest hardship with all my clinical settings was the palliative care.

I knew this patient wasn't going to make it. And I knew, even if he did, he would not have a good quality of life. But it was still hard when the time came to kind of throw in the towel per se."

The moral distress that participants experienced extended to witnessing behavior of others in the clinical setting as participant 4 mentioned, "And the one thing I remember standing out my first week, was how they were joking about death and some of the patients... And I didn't like hearing that, but it was because they'd been seeing it so long. That's how they were coping with it." Participants felt conflicted in discussing emotional reactions to various and evolving treatments in an attempt to support interventions that would lead to best outcomes. As participant 1 explained, "You did feel those feelings of defeat and anxious and helplessness because there's no cure right now. It's just a lot of, okay, we're going to try this. It might work, it might not work. If it doesn't work... There wasn't very many good outcomes either so that was also scary, not knowing if, okay, we'll try proning them. It can either go one way. It can go another way. I've also had patients, we'd try something and they didn't like it whatsoever, and they'd start to decline rapidly. It did feel scary walking on eggshells at times too." Participant 6 explained the experience as, "So that was really hard. And just seeing the family members hold on and the patient next door to him was also vented and had coded the night before and his wife, the doctor told her, "There's really nothing else we can do." And she was like, "Well, I'm still going to hold on." And she just wasn't grasping that he probably wasn't going to make it. So it's hard to see him have to stay on the vent and suffer almost, but it was also hard to see her grieving. So that's what that meant." The examples provided by the participants describe a moral conflict with the care being provided as uncertain approaches and at times contrary to what the student felt to be the best care for the patient. This is described by Bordignon et al. (2019)[8] as moral distress due to the fact the student feels they are aware of how to morally provide care for a patient, but due to constraints that are beyond their control are unable to do so. The descriptions provided by the participants provided a glimpse of taking care of patient's during the COVID-19 pandemic where uncertainty in treatments were evolving and their firsthand account of patient care.

3.3 Theme 3 – Enhanced clinical skills

The third theme, enhanced clinical skills, indicated many of the participants believed that their clinical nursing skills were improved throughout their experience caring for COVID-19 patients. Some experienced this more than others, however, this was a finding throughout the analysis of the collected data. In fact, the participants considered this aspect of caring for COVID-19 patients an empowering piece to their clinical assignment. One participant reported, "just being a part of the learning process, I feel has definitely been beneficial as far as my career and education." [P1] While other participants stated that caring for COVID-19 patients made them more comfortable regarding hands-on patient care[P2], another also stated that they felt more at ease with their nursing skills than when they began their clinical rotations [P13]. Participants reported improvement of assessment skills, use of hospital equipment and treatment tools, and the enhancement of critical judgment skills. One participant stated "I have learned so much about ventilators... I got to do a lot of Foleys, OG tubes, NG tubes, medications, all the drips, that's definitely enhanced." [P1] Another participant stated "Learned a lot about PPE, more than I think I've ever learned in nursing school right there. And I learned a lot about oxygenation requirements." [P4] Making quick clinical decisions is essential for a positive patient outcome. One student discussed that he/she was not only looking at the pathophysiology but also recognizing the patient's physiological presentation. [P14]

The novelty of the disease process itself allowed students to see firsthand the new treatments along with basic nursing skills being put into practice by advanced practitioners and doctors. Proning, for example, is a common treatment being implemented and performed directly by nursing care teams. One participant quantified, "we would prone people for eight hours, 16 hours, and then flip back." [P3] Each participant understood the accountability they had to each patient, recognizing that basic care and comfort could be just as imperative as medical treatment. One participant went into detail on their endless thoughts regarding the patient's basic needs. "What's going on with their dental? Are they going to have any sort of maybe cognitive decline or musculoskeletal, their teeth, their bones, skin too?" [P1] Another participant noted "I really got better about actually doing the PPE and making sure you're washing your hands and making sure you are sanitizing before you go in... you just like are mindful about what you're doing." [P12]

Each student recounted their increased work alongside the interdisciplinary team and spoke specifically regarding their increased dealings with respiratory therapy (RT). Several students spoke positively about their connections with other disciplines. Participants recounted, "I've learned a lot from RT coming in, working with those patients... I got familiar with what expectations of what meds and what RT was going to do. And when we think we could extubate... I've learned a lot from the dialysis nurse... I'll just call the vascular team if I need an IV." [P3] Participants also reported increased firsthand interactions with other care providers, such as pul-

monologists, cardiologists, nurse practitioners, hospitalists, etc.

3.4 Theme 4 – Therapeutic communication

The final theme identified through student interviews is the value of therapeutic communication. Many of the nursing students expressed the need for improved communications skills when caring for COVID-19 patients and their families. One student commented "I definitely had to put my therapeutic communication skills into use." [P6] Other students commented they felt like they did not have the opportunity to establish therapeutic relationships with COVID-19 patients and families because of limited interactions related to PPE and ventilation. Participant 14 recalled, "Just kind of really establish a therapeutic from those patient relationships and I didn't feel like I really did that with many COVID patients just because we didn't go in the room as much and also if they are on a ventilator, you know, you can't talk to her or anything like that."

Students witnessed both positive and negative examples of communication and identified the importance of therapeutic communication skills. One participant stated, "You really have to build a relationship with their families and that alone is intimidating, talking to strangers, comforting strangers, learning how to not give false hopes, but still sound optimistic and positive." [P2] One comment included "It was definitely hard, I remember in particular, talking to the family members was hard." [P6] Participant 4 commented, "I definitely touched on therapeutic communication. I think that's the best skill I got out of this was how to talk with patients and how to sit with them. Sometimes silence is a big and very important communication tool." [P7] The challenging nature of caring for COVID-19 patients pushed students to develop therapeutic communication skills, possibly ahead of a more controlled environment that nursing school provides.

Many participants described negative examples of communication between healthcare professionals, patients, and families leaving the students feeling upset and uncomfortable. One participant observed a healthcare professional remarking to a family whose loved one had not received the vaccine that "the educated are having to save the uneducated." [P1] The student found this very insensitive and was personally offended by it. Not only verbal, but body language, tone, and approach to therapeutic communication was further exemplified when Participant 8 described the way a nurse approached the family of a patient who they decided to remove from the ventilator. Reporting the nurse did not stay with the family or provide support to the family, the participant recalled, "I just didn't like the way she spoke to the family when they were going through that difficult time." [P6]

Most of the students were fortunate enough to witness effective therapeutic communication to enhance their own skills. Participant 11 stated "but I think all of the nurses that I've witnessed talk to those (COVID) patients have handled it in a really professional way." Many reported their preceptor always followed up with patients and families to make sure they understood what the physician communicated and answered all their questions. Participant 3 stated about her preceptor "he was good to talk to the families even if it was something benign." [P9] Another commented on her appreciation to be able to use her communication skills to help calm a patient stating, "I'm grateful I got to spend more time in those moments listening to him talk and his stories." [P10]

4. Discussions

4.1 Theme 1 - Student support

Nursing is a demanding field - physically, psychologically and emotionally. The shifts are long and taxing, more so with the pandemic and nurses are spending a lot of time taking care of patients with COVID-19 that do not always have a favorable prognosis. For many students, being in a new setting can be a frightening experience. It can be even more stressful in an acute care setting, especially in the midst of a pandemic when bad patient outcomes, including deaths, are more common. Considering the amount of stress that can bring, many students are not equipped to handle the stress by themselves, especially if it is the first time they have witnessed someone's death up close. Therefore, it is essential that nursing students receive adequate support during their clinical experience, whether it is from family, friends, nurse preceptors, or the nursing staff as that would help improve their learning and patient care skills. The role of nursing instructors cannot be overlooked in providing support for the students along with the preceptor.[9] The instructors must be able to assign the student with qualified preceptors and communicate effectively with them and the student to oversee the needs of both individuals. Additionally, instructors must meet the students on a daily basis and as needed during clinical to discuss or debrief any events with bad outcomes.

The preceptors on the units play a critical role in the students' development because they spend a significant amount of time together during the clinical day. Because of that relationship, the amount of support the students receive from their preceptors greatly contributes to their overall confidence in the clinical setting.[9] If the students feel they are wanted in a clinical setting, it is likely to improve their confidence level and ultimately improve the quality of care they provide to the patients. Students are less likely to approach their preceptors for help if they do not feel supported by the nursing staff on the unit. This could prove to be a barrier to the student's

learning process. A negative support system will have a detrimental effect on the students' learning, as well as the quality of care and coping abilities for the student.[10]

4.2 Theme 2 - Moral distress

The student's narrative provides a glimpse to the personal dilemmas and experiences students encountered taking care of COVID-19 patients. The discussion of experiences ranged from feelings of uncertainty to feeling that they were out of place. For many of these participants moral distress was increased through the frequent exposure of death and dying. Knowledge of proper treatments and interventions were challenged in a time when best practices to treat this disease were evolving. Undergraduate students recounted how perceived behaviors and treatments caused uneasy feelings that can be best described as moral distress. Bordignon et al. (2019)[8] describe when students witness behaviors that differ from personal standards they can be perceived as inadequate care and there should be exploration of the participants experience to help achieve moral resilience. Students providing care in the clinical setting have experienced first-hand the challenges that the healthcare system and providers have had to endure during the COVID-19 pandemic. This moral distress in undergraduate students is in fact what is experienced when the realization of what is occurring in the healthcare environment is compared to what has been taught in the classroom setting.[11] Educators should be aware of and able to recognize this as a topic that should be adequately addressed with students to prepare them for resilience in the profession.[8]

4.3 Theme 3 - Enhanced clinical skills

The finding of nursing students enhancing their skills by caring for COVID-19 patients provides valuable information to nursing and medical teaching institutions across the nation. Nursing students who are not limited to caring for this patient population grow in their knowledge from basic care to intensive care skills. Additionally, students who understand the complex pathophysiology of COVID-19 have an increased awareness of the disease process and the physiological and psychological needs of the patients and their families enduring this illness.

According to other findings, students appreciate their increased skills practice and now consider themselves more prepared and qualified for their professional role as a registered nurse.[12] Educators must then reevaluate the necessary skills students need to be prepared for their clinical experiences. Healthcare educators must actively participate in continuous curriculum innovations related to the outcomes of the pandemic and work to integrate necessary content into both the classroom and clinical learning settings.

4.4 Theme 4 - Therapeutic communication

The importance of therapeutic communication has always been a significant nursing skill that typically evolves over time with experience. Nursing students caring for COVID-19 patients have been placed in an unusually difficult situation before their careers have even begun and students have expressed a distinctive need for improved therapeutic communication skills while caring for COVID-19 patients and their families. Healthcare providers are facing increasing challenges caring for COVID-19 patients and nursing students have not been immune and could be potentially overlooked. Learning effective communication skills are challenging and when faced with increased acuity and shortage of nursing staff, it becomes even more difficult. The increased challenges that COVID-19 brought to the clinical setting cannot be overstated. Nursing students were "thrown into the fire" possibly more than ever. Communication techniques and patient interactions are an integral part of nursing education and the value of getting to practice those skills cannot be overstated.[13] The importance of therapeutic communication skills was emphasized in helping students prepare for these circumstances in their careers.

4.5 Limitations

This study has several limitations. First, because this study had a small number of participants recruited from a single university, we suggest using caution when attempting to generalize the findings to other settings. Also, as this sample was relatively homogeneous, other findings may have been discovered with a more diverse group of participants.

5. Conclusions and recommendations

The study reflects some of the challenges faced by nursing students during the COVID-19 pandemic. Although the pandemic has been on the decline recently, the findings of this study may benefit other faculty and their students in the future. The following recommendations can help as the students care for a number of critically ill patients in acute care settings.

1) The value of simulation - As verbalized by several participants, simulation could play a big role in preparing the students to be able to take care of critical patients. The students would get opportunities to practice various scenarios in a monitored setting and debrief about the situation afterwards. By simulating the hospital environment, it would equip the students with the necessary skills and abilities to care and cope for multiple critically ill and dying patients.

2) Development of a support system: It is extremely important to have a support system for the students that are involved in taking care of COVID-19 or other severely ill

patients. Because of the emotional burden that they can carry, it is necessary to ensure they have the right people around them for emotional support. Support could be provided in multiple forms. It could be in the form of a preceptor, who is with the student at all times during the clinical experience, or an instructor, who can meet and debrief with them either on or off the unit. Meetings off the unit would also provide the added benefit of preventing isolation and allowing for time to defuse emotions.

3) Collaborative preceptorship (faculty, preceptor student): Since a preceptor is the one person who is regularly with the student during the entirety of the clinical experience, it is extremely important that the two build a close relation. Much of the students' learning depends on the relationship with the preceptor. Ideally, pairing the student with the same preceptor as much as possible benefits both parties. For the preceptor, it provides an opportunity to monitor the progress of the student, while for the student, it allows him/her to be familiar with the preceptor's habits and have some continuity regarding the expectations.

4) Preparation for a new era: Even though the COVID-19 pandemic is on a decline currently, it is important for faculty members to think ahead and have a plan in place in case there is a surge of another wave of COVID-19 or another deadly disease. Collaboration with interdisciplinary teams should be incorporated in the lesson plan to enhance students' clinical and communication skills.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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