

EDITORIAL

Learning in the pandemic: a reflection

The impact of the COVID-19 pandemic on the health system has been well documented both in Australia and internationally. For nursing students, changes to course delivery, a move to remote learning, as well as the disruption to clinical and simulated learning opportunities have added to the stress experienced by communities affected by lockdowns and the COVID-19 illness. In addition, students feared delayed graduation, managing the academic workload, and greater stress from clinical placement.

In the beginning of the pandemic, the unknown and misinformation linked to COVID-19 heightened students stress and anxiety levels. Questions like; can I access PPE? is my knowledge of infection control adequate? and can I bring home COVID-19 to my family? were common. Clinical placement, in particular, became for students a time of stress and concern, and this undoubtedly affected their learning and their developing confidence. Students, and those who governed clinical placements questioned whether it was appropriate to place them at this time. Clinical providers were unsure how to safely use students during the pandemic and placement cancellations started to rise. This placed stress on education providers who struggled to find appropriate learning experiences. These sentiments have been recognised internationally in wider research.¹

While on-campus teaching moved towards remote delivery, learning in the clinical environment become haphazard and unpredictable. Clinical staff, who play a critical role in supporting student learning were unavailable because of the increasing complexity and workload of the pandemic. Optimal learning was impacted, students were not exposed to opportunities to engage with and transform their experiences with healthcare staff. The clinical environment was not as welcoming and at times, students did not feel part of the team. Students often felt like a burden and during the pandemic,² these feelings may have increased. This might have left some students questioning their role in the profession and ultimately whether nursing was for them.³ In addition, students may have lacked opportunities to role model from experienced healthcare staff, as the staff themselves were pushed to exhaustion.

Despite the challenges, there were some unintended benefits. After the initial months of the pandemic, students became increasingly flexible and were adept at studying remotely. For some, their resilience grew, and they developed new ways of collaborating online with their colleagues. Opportunities arose for the placement of students; clinical and educational providers began to see the value of having students on

placement. Those students who assisted in the pandemic response reported feeling empowered and respected for their contribution. These students demonstrated greater motivation to deliver high-quality care, and this assisted in developing their confidence.⁴ Students were keen to play their part in the management of the pandemic. Many volunteered or sought employment in places such as vaccination hubs and this helped ease some of the pressure on front line staff. Industry and educational providers found new ways of working together and it is hoped that the lessons learnt during the pandemic might continue to shine a light on the value of the student contribution to health services.

The stress and anxiety from learning in high-risk environments cannot be underestimated. For the graduating class of 2021, almost two thirds of their degree was impacted. No doubt these graduates who are soon to join our profession, will question their work readiness. Just like other new graduates, the class of 2021 will need support and understanding as they transition and adjust to the work environment. This is especially important, as those who seek to support and assist with transition are themselves stressed and in need of care and compassion. In recent days, we have seen nurses and midwives take to the streets to promote safe working environments and we have heard from a number of experienced staff who are not able to go on. This is an international phenomenon.

There is no greater time for nurse leadership and the development of cultures where respect, flexibility and where we take the time to listen and support others than now.

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