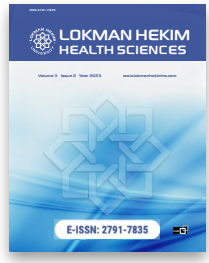
LOKMAN HEKIM HEALTH SCIENCES

DOI: 10.14744/lhhs.2023.12007
Lokman Hekim Health Sci 2023;3(2):87–98



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ORIGINAL ARTICLE

Determining the First Clinical Experiences and Fear of COVID-19 of the Students Who Took Their Surgical Nursing Clinical Practice During the Pandemic Period

Pandemi Döneminde Cerrahi Hemşireliği Klinik Uygulaması Yapan Öğrencilerin KOVİD-19 Korkularının ve İlk Klinik Deneyimlerinin Belirlenmesi

Berrin Pazar, Hafize Savaş

Department of Surgical Diseases Nursing, Lokman Hekim University, Faculty of Health Sciences, Ankara, Türkiye

Abstract

Introduction: In addition to experiencing anxiety due to the first clinical practice, students also experience anxiety due to the COVID-19 pandemic. The aim of this study is to determine the fear of COVID-19 during the first clinical experiences and experiences of students during the pandemic period.

Methods: The research was carried out using the mixed method. The study was conducted with second-year students (n=38) of a health-related university in Turkiye. The qualitative data were collected through semistructured interviews. The interview records were transcribed for the analysis of qualitative data and analyzed using Colaizzi's phenomenological analysis method. The quantitative data were analyzed using numbers and percentages (%), minimum and maximum values, and mean±standard deviation (Mean±SD) values. Since the parametric conditions were met, Student's t test was used to determine the difference between the two mean values.

Results: Of the students included in the study, 92.1% were females with a mean age of 21.00±0.89 years. The mean score of the Fear of COVID-19 Scale was 23.26±7.40 with a range of 8–35. Four themes were obtained from the qualitative data: pandemic-related experiences, first clinical experience, profession-related thoughts (professional role), and clinical supervision.

Discussion and Conclusion: The results of the study showed that the positive approach of the nurses and the support of university educators are effective in ensuring students embrace the profession and develop themselves professionally, in addition to emphasizing the importance of collaboration between the hospital and the university.

Keywords: Clinical experience; COVID-19; Nursing students

The clinical practice encourages students to use their critical thinking skills to solve problems. These skills allow students to apply their knowledge in a real context and develop technological, relational, and reasoning capacities. [1] However, various studies examining the first clinical practice experiences of student nurses have revealed that stu-

Presented as an oral presentation at the 4th International 12th National Congress of Turkish Surgery and Operating Room Nurses/Antalya on 13–16 January 2022.

Cite this article as: *Pazar B, Savaş H. Determining the First Clinical Experiences and Fear of COVID-19 of the Students Who Took Their Surgical Nursing Clinical Practice During the Pandemic Period. Lokman Hekim Health Sci 2023;3(2):87–98.*

Correspondence: Berrin Pazar, R.N. Lokman Hekim Üniversitesi Sağlık Bilimleri Fakültesi, Cerrahi Hastalıklar Hemşireliği, Ankara, Türkiye
E-mail: berrin.pazar@lokmanhekim.edu.tr **Submitted:** 11.01.2023 **Revised:** 30.01.2023 **Accepted:** 09.02.2023

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dents experience anxiety.[2] This anxiety is experienced due to unfamiliar environments or situations, the process of becoming integrated into the health care team, difficult patients, fear of making mistakes, defining their professional identity, trying to feel confident about their competence, and being evaluated by faculty members.[3] The anxiety experienced has a negative impact on the students' clinical outcomes and results in psychological, physiological, and behavioral reactions.[4] Ineffective methods of coping with anxiety can negatively affect the students' identity, learning skills, and competence.[5] However, the COVID-19 pandemic has created a negative influence that affects everyone and increases both the mental and physical workload of health care professionals by resulting in anxiety.[6] The effect of the COVID-19 pandemic on nursing students, who are the next generation of health care providers, is particularly significant. The uncertain and stressful environment of nursing students involved in pre-professional clinical practices during the pandemic period can endanger the students' learning outcomes but can also create unprecedented learning opportunities.[2] Therefore, it is important for the health sciences faculty to gain insight into students' experiences.[7] Investigating the opinions of the students on their clinical experiences could help develop an effective clinical teaching strategy for nursing education. Besides, these experiences can be used to optimize coaching/mentoring strategies and also during similar future events. This study aimed to identify the clinical experiences and fear of COVID-19 in nursing students during the pandemic.

Materials and Methods

Design

This study was designed as a mixed method research. The basic premise of the mixed method is the use of qualitative and quantitative data together and to provide a better understanding of the research problem than any method used alone.[8] This study was guided by the Consolidated Criteria for Reporting Qualitative Research.[9]

Researcher Team and Reflexivity

Members of the research team are the faculty of health sciences, surgical nursing faculty members, and research assistants. The researchers were trained in the process of qualitative method.

Participants

Of the students included in the study, 92.1% were females, and the mean age was 21.00±0.89 years with a range of 20–23 years. We found that 76.3% of the students were living at home, and 23.7% were staying at dorms during the clinical practice. Those who were staying at dorms were all living together with their roommates, while 68.4% of those who were living at home were living with their families and 7.9% with their relatives. Of the students, 63.2% were found to be pleased with their ability to work during the day, 50% with the support they received from their family and friends, 23.7% with the conditions of the place they were living in, and 68.4% with the state of access to health care services. However, 42.1% were not active during the day and were not happy with this, 76.3% considered their sleep to be irregular, 55.3% felt their quality of life was poor, 44.7% were not pleased with their health status, 42.1% were sometimes experiencing sadness, unhappiness, depression, and anxiety, 34.2% felt unsafe during their daily life due to the pandemic, 55.3% traveled from the place of residence to the hospital by bus, and 73.7% were not pleased with transportation (Table 1). The mean score of the Fear of COVID-19 Scale of the students was 23.26±7.40 with a range of 8–35.

Sampling Strategy

In this study, a purposeful study group that experienced the phenomenon of "doing clinical practice during the pandemic period" was determined by the purposeful sampling method.[8] The study group was reached through individual interviews. The research was carried out at a foundation university between June and August 2021. The universe of the research consisted of second-year students (n=38) who did their surgical diseases course internship at a foundation university. All students in the universe volunteered to participate in the research. Quantitative data were collected from 38 students. Qualitative interviews were conducted with 15 students out of 38 students. The research expresses the subjective experiences of 15 students.

Data Collection

Before starting the study, necessary permissions were obtained from the Ethics Committee of Lokman Hekim University (approval no: 2021/074, date: 15.06.2021). Participation in the research was on a voluntary basis. The data were kept in a locked cabinet and computer environment by the researchers. The personal information of the students participating in the study was kept confidential – collection forms, name, and surname in the data were not included. Informed consent was obtained from the students for the study. To ensure the confidentiality of the information, the initials of the names and surnames of all participants were used. The study was conducted in accordance with the Declaration of Helsinki.

Table 1. Descriptive characteristics of the students (n=38)

	n	%		n	%
Gender			Pleased	10	26.3
Female	35	92.1	Sadness, unhappiness, depression, and anxiety		
Male	3	7.8	Very stylish	13	34.2
Accommodation during clinical practice			Sometime	16	42.1
Home	29	76.3	Rarely	9	23.7
Dorm	9	23.7	Support they received from their family and friends		
Satisfaction with the living conditions			Very pleased	19	50
Very pleased	5	13.2	Pleased	12	31.6
Pleased	20	52.6	Partly satisfied	5	13.2
Partly satisfied	5	13.2	Felt safe during their daily life		
Not glad	6	15.8	Very safe	5	13.2
Persons staying with during clinical practice			Safe	12	31.6
Family	26	68.4	Partly safe	8	21.1
Relative	3	7.9	Unsafe	13	34.2
Dormmates	9	23.7	Conditions of the place they were living in		
Active during the day			Very good	2	2.6
No	11	28.9	Good	9	23.7
Partly	16	42.1	Partly good	10	26.3
Yes	11	28.9	Bad	18	47.4
Ability to work during the day			State of access to health care services		
No	24	63.2	Very pleased	4	10.5
Partly	8	21.1	Pleased	26	68.4
Yes	6	15.8	Partly satisfied	2	5.3
Sleep			Not glad	6	15.8
Regular	9	23.7	Traveled from the place of residence to the hospital		
Irregular	29	76.3	Own tool	4	10.5
Quality of life			Bus	21	55.3
Very good	2	5.3	Metro	10	26.3
Good	3	7.9	Filled	1	2.6
Middle	12	31.6	Train	2	5.2
Bad	21	55.3	Pleased with transportation		
Health status			Pleased	8	21.1
Not glad	17	44.7	Partly satisfied	2	5.3
Partly	11	28.9	Not pleased	28	73.7

Data Collection Instruments

In the study, the form that determines the introductory characteristics of the students and their thoughts about the pandemic period prepared by the researchers by scanning the literature, a semistructured data collection form for qualitative data collection, and the Fear of COVID-19 scale were used.

Form Determining Student's Descriptive Characteristics and Their Thoughts on the Pandemic Period: The form was prepared by the researchers. The participant's date of birth, gender, where and with whom he stayed during the internship, leisure activities, active status, ability to work, sleep status, quality of life, satisfaction with his health, having negative emotions, getting support from family and friends, feeling safe, and state of physical environment were included. It also included questions about satisfaction with the conditions of the place of residence, access to health services, how they provide transportation, and satisfaction.

Semistructured Questionnaire to Determine Their Clinical Experience: This form was created by researchers to determine the experiences of students in clinical practice during the pandemic period. The form consisted of a total of 16 open-ended questions regarding the items listed below:

- Can you tell us about the clinical experiences that you think caused the most anxiety?
- Have you had clinical experience related to COVID-19? What COVID-19-related situations were you most worried about?
- Please explain in a few sentences how you experienced the clinical practice process.
- How do you rate the support of the academic staff during clinical practice?
- How do you rate the support of the hospital staff during clinical practice?

Fear of COVID-19 Scale: This was developed by Ahorsu et al.[10] to measure fear due to COVID-19 and was adapted for the Turkish population by Ladikli et al.[11] The scale has a single-factor structure and consists of 7 items of the 5-point Likert-type (1=strongly disagree; 5=strongly agree). The inner consistency of the scale was found to be 0.82, and the test–retest reliability was 0.72. A high score on the scale indicates a high level of COVID-19 fear. Permission to use the scale has been obtained.

Data Collection Methods

The data were collected through face-to-face interviews and the data collection form. Date and time were determined for in-depth interviews with the students who were selected with the purposeful sampling method, and consent was obtained from those who agreed to participate in the study. In-depth face-to-face individual interviews were conducted, and the interview was audio-recorded. During the interview, the data on the descriptive characteristics and the fear of COVID-19 were collected using the descriptive characteristics questionnaire and the Fear of COVID-19 Scale. Once the interviewee was ready, an in-depth interview was then conducted using a semistructured questionnaire. The interviews lasted approximately 30–45 min.

Data Analysis

The interviews were audio-recorded and transcribed exactly 1 day after each interview. The data were analyzed by Colaizzi's[12] phenomenological analysis method. Interview data were analyzed independently by two researchers, meaningful expressions were revealed, and existing themes were formulated. In addition, some of the students' statements were reflected in the findings of the study as quotations. The quantitative data were analyzed using numbers and percentages (%), minimum and maximum values, and mean±standard deviation (Mean±SD) values. As the parametric conditions were met, Student's t test was used in the determination of the difference between two mean values.

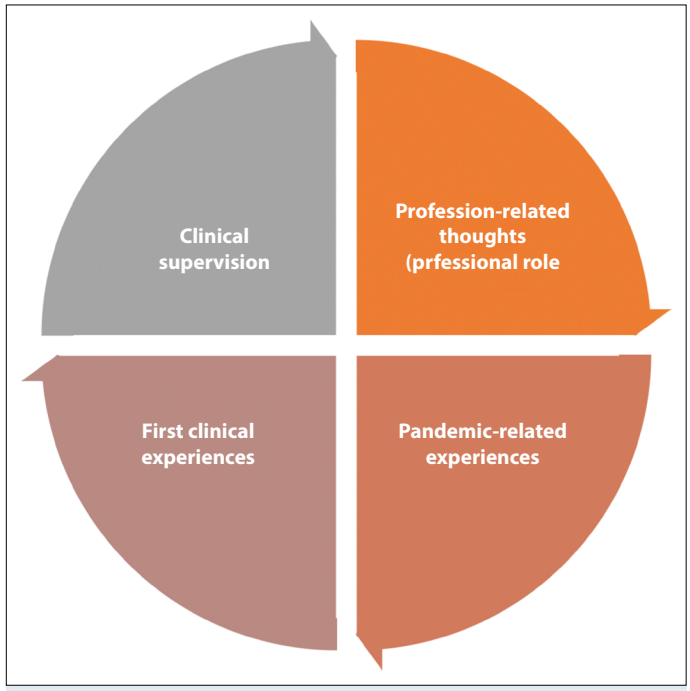

Figure 1. Themes.

Results

The mean scores of the Fear of COVID-19 Scale according to the descriptive characteristics of the students are presented in Table 2. No statistically significant relationship was found between gender, place of residence during clinical practice, people the students were living together with, the conditions of the place where they were living in, satisfaction with the ability to work, being active during the day, health status, access to health care services during the pandemic, support from family and friends, sleep pattern, quality of life, feeling sad, unhappy, anxious, or depressed, feeling safe from the pandemic in daily life, satisfaction with transportation from the place of residence to the hospital, and the mean scores of the fear of COVID-19 Scale ($p<0.05$).

Qualitative interviews were conducted with 15 students, and 4 themes were obtained because of data analysis. These themes are shown in Figure 1.

Pandemic-Related Experiences

The students were found to worry about starting internships during the pandemic. They were concerned about carrying the virus, which could have been transmitted to them from the patients to their families and especially to their elder parents due to the contagious nature of the disease.

Table 2. Comparison of the mean scores of the Fear of COVID-19 scale according to the descriptive characteristics of the students (n=38)

Characteristics	Median scores of the Fear of COVID-19 Scale			
	n	Median±SD	t	p
Age (years)			1.76	0.086*
20	10	26.50±7.69		
21	17	24.00±7.36		
22	8	18.00±7.30		
23	3	29.00±6.24		
Gender			18.54	**0.000***
Female	35	22.00±7.31		
Male	3	29.00±9.16		
Accommodation during clinical practice			18.01	**0.000***
Home	29	26.00±7.32		
Dorm	9	20.00±6.96		
Person staying with during clinical practice			18.07	**0.000***
Dormmates	9	20.00±6.96		
Family	26	26.00±6.94		
Relative	3	26.00±12.12		
Active during the day			17.57	**0.000***
No	16	24.00±6.40		
Partly	11	26.00±8.00		
Yes	11	20.00±8.69		
Ability to work during the day			17.22	**0.000***
No	8	24.00±5.68		
Partly	6	26.50±9.24		
Yes	24	21.00±7.72		
Sleep			17.65	**0.000***
Regular	9	22.00±7.22		
Irregular	29	27.00±7.80		
Quality of life			18.35	**0.000***
Bad	21	32.50±3.53		
Middle	12	25.00±7.77		
Good	3	21.00±7.21		
Very good	2	22.00±7.29		
Health status			17.47	**0.000***
Not glad	10	26.00±9.14		
Partly	11	24.00±7.01		
Pleased	17	22.00±4.64		
Sadness, unhappiness, depression, and anxiety			17.73	**0.000***
Very stylish	13	22.00±5.97		
Sometime	16	25.00±8.74		
Rarely	9	21.00±7.43		
Support they received from their family and friends			15.95	**0.000***
Very pleased	19	22.00±5.65		
Pleased	12	21.50±6.16		
Partly satisfied	5	26.00±8.68		
Felt safe during their daily life			17.96	**0.000***
Very safe	5	20.00±7.66		
Safe	12	22.00±7.07		
Partly safe	8	25.00±6.82		
Unsafe	13	30.00±8.67		

Table 2 (cont). Comparison of the mean scores of the Fear of COVID-19 scale according to the descriptive characteristics of the students (n=38)

Characteristics	Median scores of the Fear of COVID-19 Scale			
	n	Median±SD	t	p
Conditions of the place they were living in			17.62	**0.000***
Very good	2	14.00±0.00		
Good	9	18.00±7.76		
Partly good	10	26.00±6.20		
Bad	18	26.00±7.32		
State of access to health care services			17.32	**0.000***
Very pleased	4	17.50±8.98		
Pleased	26	21.50±6.76		
Partly satisfied	2	27.00±4.24		
Not glad	6	29.00±10.67		
Traveled from the place of residence to the hospital			17.54	**0.000***
Own tool	4	14.50±9.19		
Bus	21	26.00±7.00		
Metro	10	21.50±7.63		
Filled	1	30.00±0.00		
Train	2	29.50±6.55		
Pleased with transportation			18.36	**0.000***
Pleased	8	23.00±7.66		
Partly satisfied	2	23.00±6.09		
Not glad	28	28.50±9.19		

SD: Standard deviation; *: Student's t test.

> I cried when I first entered intensive care. COVID-19 affected me very much. Being with those patients or being in the same place with those nurses. I was afraid of a COVID patient being there or of catching an infection, I was afraid of getting sick.
>
> (B.C.)

> Mother, father, siblings… my mother has asthma, I don't think I am important, but my parents really are… We lost my grandmother. I mean, it wasn't even a proper funeral.
>
> (H.U.)

However, the anxiety of the students was seen to decrease as they provided care for the patients and took the necessary precautions over time during clinical practice. Besides, we found that the students understood that the need for health care professionals increases during the pandemic and also appreciated the importance of providing care by thinking of the patients instead of themselves.

> As I practiced, I was afraid less… I could achieve a balanced state. Although we are interns now, we will become nurses practicing this profession, not nurse interns, after a year or two, and these pandemics will not end, there will be pandemics in the world in one way or another and we will always be the ones who fight these conditions such as pandemics on the front line, so I am not so afraid now.
>
> (B.K.)

> When I first entered the isolation room, I was a little worried, but the patient had respiratory distress and she was in a very bad condition, Then, I told myself that I don't have to worry and the only option I had was to worry about the patient for now. So, somehow I had to put my worries aside.
>
> (M.S.)

In addition to these concerns, the pandemic can create unprecedented learning opportunities for nursing students who are able to practice preprofessional clinical procedures. The students were found to experience anxiety in addition to being happy to be practicing during this period. Many universities were unable to provide practical training during this period, and only fourth-year students were allowed to practice. Since we have a university hospital, our students were able to do clinical practice. In this respect, we saw that the students felt lucky.

> It was a privilege to be in the hospital during the most difficult time (pandemic) of my professional life. Our university provided us a really good internship period in the best way possible during this time.
>
> (B.E.)

First Clinical Experiences

The students were found to experience anxiety during their first clinical practice. We found that they mostly feared being in an unfamiliar environment, failing in the nursing profession, and making mistakes.

> I had a hard time during my first few days at the clinic. It was an unfamiliar environment and seeing the condition of the patients affected me. What worried me the most was the patient's condition worsening with wrong practices such as administration of the wrong drug.
>
> (A.D.)

The experiences of the peers who had been involved in clinical practice before also caused anxiety in the students.

> The 3rd and 4th year students who were my friends used to say that I would not be able to finish the internship without getting a needle prick. I was very afraid of this. I couldn't get close to a needle at first because I was very afraid of getting a needle stuck in my hand.
>
> (B.E.)

Besides, thinking that the patient will suffer pain during the practice and the experience of being in the intensive care unit for the first time caused anxiety in the students.

> I had mixed feelings about whether I could do it or not. I was very afraid that the patient would suffer pain.
>
> (S.M.)

> I was in the intensive care unit for the first time, and the devices were beeping all the time, everyone was lying like they were dead, the excitement of that day was different. The nurses said that I should be calmer. I was already very excited, I couldn't even perform vascular access, a blood pressure measurement, or even a blood glucose measurement. I was so afraid during my first few practices that I thought I couldn't do it.
>
> (H.U.)

The students were found to enjoy the procedures they performed on the patients after their adaptation to the clinical environment. They became even happier when they saw that the patients were also satisfied and found comfort after the procedures.

> When I helped the patient, for example, I had a patient do some breathing exercises, and then I talked to the patient, I felt good while talking to the patient. When the patient can respond, with conscious patients … I felt good then.
>
> (B.C.)

> When a patient who was in the intensive care unit for a long time was transferred to a normal unit and started communicating with a loved one, it affected me very much. Really, when I went home, I talked about it to my mother that day, I was very touched.
>
> (B.K.)

Profession-Related Thoughts (Professional Role)

The students were found to have both positive and negative thoughts about the nursing profession. In addition to the students who thought that nursing is a sacred profession and that nurses are an important part of the team of health care professionals, there are also students who believe that nursing is not sufficiently appreciated by people.

> When nursing is really considered as teamwork, I understood that the lack of a nurse meant the end of that team. I realized that what we do is really very, very important.
>
> (M.S.)

> Because everyone in our family is a health care professional, they unfortunately intimidated me a lot. Apart from that, when we go to the clinic, we actually feel a little closer to nursing even though we are a trainee nurse at the clinic… seeing the happiness in the eyes of the patients really changed my perspective of this profession. It will be a job that I will do fondly in the future...
>
> (E.C.)

> Nursing is a very sacred profession. Although people in our country are prejudiced against the nursing profession, I think they realize how important they are during the COVID-19 process.
>
> (S.N.)

> Nursing is a sacred profession. When I think about it now, is there anything as valuable as touching a person's life?
>
> (S.K.)

> The public definitely does not see it, they think that the doctor does everything, the doctor knows everything.
>
> (H.U.)

> Nursing is a beautiful profession with a heavy workload. But unfortunately, it saddens me that it is a profession that is ignored by some people and (nurses are) only seen as subordinates of doctors.
>
> (S.M.)

Clinical Supervision

We found in our study that some students thought positively about the nurses:

> It was great that they were just as excited as we were and wanted to teach us something and show us the procedures.
>
> (S.M.)

> They provided us as much opportunity as possible to see things ourselves.
>
> (S.A.)

> They were nurses and they became our sisters.
>
> (B.K.)

Others had negative thoughts:

> I've met some in a couple of clinics, there are nurses who mistreat patients like this. I also met nurses who treated both patients and me badly, I think that they alienate people from the profession. I think they shouldn't be like that. Our parents can also become sick, I mean every person could have sick parents, so people should not be treated badly, they should be treated more sincerely. Because people have no right to hurt anyone.
>
> (M.O.)

> I think that improving the respect and understanding among the employees will improve the working order in the clinic.
>
> (S.M.)

The students had the following thoughts about the university educators:

> It was a great comfort for me to be able to reach the educators whenever I wanted.
>
> (E.C.)

> Their supportive and motivating attitudes in all circumstances made me feel very comfortable.
>
> (M.O.)

> I was able to ask everything I wanted instantly, it was very nice that they passed on their clinical experience and knowledge to us.
>
> (S.M.)

Discussion

It has been reported that students who performed clinical practice during the pandemic had positive experiences in terms of learning or feeling useful, and they experienced negative emotions such as fear and stress.[13] Both positive and negative emotions related to the pandemic were found together in the students in the study of Diaz et al.[14] The students were found to be afraid of getting infected in the study of Casafont et al.[15] Collado-Boira et al.[16] reported negative feelings in students such as the fear of transmitting the disease to their family, concern, and anxiety. The subjects were found to experience an intense fear of infection and to have great concern for the elderly members of their family in the study of Lovrić et al.[17] We found in the current study that the students were afraid of being infected and especially worried about infecting their families. We also found that students living at home together with their family or relatives were more afraid of COVID-19 (Table 2). Similarly, the students were found to be afraid of infecting their elderly family members rather than catching the infection themselves in other studies.[15–17] Toalongo-Salto et al.[6] have reported that the quality of life of the students involved in clinical practice during the pandemic was moderate, and the level of their fear of COVID-19 was high. Students' quality of life was found to be moderate, and their fear of COVID-19 was high in our study as well. Fear is an expected and justified emotion during a pandemic, and it reflects the seriousness of the subjects' approach to a global problem.[17] However, in addition to this concern, the students were found to consider COVID-19 to be an experience that increased learning in the study of Ulenaers et al.[2] Students have been reported to find the experience during the pandemic very valuable due to the skills they acquire in the study of Casafont et al.[15] Students felt their self-confidence had increased after their clinical experiences during this period and were able to overcome the fear of COVID-19 in the study of Velarde-García et al.[18]

The students in the current study were found to gradually adapt to the situation and be less afraid of COVID-19 as they got used to the hospital environment and the condition of the patients while continuing to practice. Besides, we found that our students felt lucky to be practicing during the pandemic, and they perceived being in the hospital as a privilege. While many university students could not practice during the pandemic period, our students were able to practice due to having a hospital affiliated with our university. According to the decision taken by the university board, clinical practice attendance was on a voluntary basis, but all our students chose to come to practice. This fact demonstrates that the students approached the crisis sincerely and professionally.

We found the students were to wear double masks to protect themselves from the infection, change the mask when it got dirty, use N95 masks in intensive care units, take a shower after the clinical practice session, wash their hospital clothes separately, wash or disinfect their hands constantly, and always use gloves while caring for the patient in the current study. Some students also reported taking Vitamin C and pollens as supplements and being regularly involved in a sport activity. Besides, the faculty members often reminded the students of the protection measures. We believe these protection measures were adequate.

The fear of COVID-19 was seen to decrease when the students were pleased with the conditions of the workplace in the current study (Table 2). Cleanliness is one of the main measures for COVID-19 protection. The cleanliness of the current environment is thought to decrease the fear of COVID-19. Besides, the fear of COVID-19 was found to decrease in students who were satisfied with their ability to work during the pandemic period (Table 2). Lovrić et al.[17] have reported that students experienced lack of motivation and concentration in addition to memory impairment during the pandemic, all of which make learning difficult. Al-Rabiaah et al.[19] have stated that health care students generally suffer learning difficulties and decreased psychomotor concentration during a pandemic. The reason may be the fear of COVID-19. The level of this fear is thought to be relatively low in students who are satisfied with their health status, have access to health care services, and feel they are active during the day (Table 2).

The fear of COVID-19 was also found to decrease in those who believed that the support they received from their family and friends was sufficient (Table 2). Family and social support has been reported to be beneficial in traumatic experiences that may cause posttraumatic symptoms.[19] The fear of COVID-19 was found to decrease if the students felt happy, calm, and safe and if they thought that their quality of sleep and life was good (Table 2). Transportation from the place of residence to the hospital for clinical practice is also important. One of the factors related to COVID-19 protection measures is distance. The fear of COVID-19 was found to increase if the students could not keep a safe distance while using public transportation vehicles such as buses, minibuses, the metro, and trains in this study (Table 2). Students have also been reported to avoid using public transportation because others in the buses and trams were not complying with the recommended safety precautions in the study by Lovrić et al.[17]

Students experience anxiety and satisfaction at the same time during the first clinical practice period as they can transfer the theoretical knowledge they have obtained into practice. Students have been found to suffer anxiety during their first clinical experience in various studies.[3,4] Students have also been reported to be often afraid of harming the patient and to believe that they would not be able to successfully use their skills.[20,21] Similarly, students experienced anxiety related to the possibility of hurting patients and performing a procedure incorrectly during their first clinical experience in our study. It is important for university educators to help decrease student anxiety to maximize safe learning in the clinical environment. Besides, it is recommended to provide mentoring or clinical supervision to orient students to the clinical environment.[22] Our students were found to be satisfied with the clinical component of their education, as reflected in their thoughts on their first clinical practice in our study. This finding is consistent with the literature.[1,23]

Sharif and Masoumi[24] found that students felt that they were not doing a professional job as they did chores such as bathing the patients in the bed, keeping them clean, and tidying their beds. The pandemic period was found to lead to fewer learning opportunities and even fundamental doubts about choosing to become a nurse in the study of Ulenaers et al.[2] Students were found to mention their desire to become advocates of the profession after seeing that nurses were appreciated during the pandemic period in the study of Diaz et al.,[14] but also felt they were left unprotected from time to time. Most of the students were found to realize their responsibilities toward society and also the real importance and risks of the nursing profession during the crisis in the study of Lovrić et al.[17] The students in the current study reported feeling closer to the profession during their practice period. To combine the theoretical education received before the clinical prac-

tice with the practical education, the university educators held discussions with the students at the bedside during clinical practice on how the students should approach the patient, in addition to transferring their knowledge about why the treatment applied to the patient was chosen and the expected results. Therefore, students developed a perspective on the profession by combining the knowledge they had learned during theoretical education with their practical education during clinical practice while also developing basic skills.

Luders et al.[23] have reported that the students were found to experience both positive and negative emotions toward the nurses, and some nurses serving in the clinic were found to have a good interaction with the nursing students and to help them during clinical practice in the study. Casafont et al.[15] have reported being a member of the team as a major concern for all students. We found in the current study that some students thought positively about nurses and some negatively. The nurses' attitudes toward students have a significant effect on student perceptions. The students stated that their desire to learn and sense of belonging increased when the attitude toward them was positive and supportive. Our finding is consistent with the literature. Our subjects felt excluded when the attitudes of nurses were negative, like in other studies.[23] The importance of a warm and supportive clinical environment and supervision supporting the students has previously been emphasized.[25] Mutual respect, open communication, and a sense of belonging develop when students are encouraged and supported.[26] Communication, solidarity, and empathy among the health care teams enable the students to feel they are developing strong bonds.[15] Some nurses with a professional approach to the nursing profession were seen to share their knowledge and experience with the students who will become their colleagues in the future and to help them to develop in the clinical environment. We think that cooperation between the universities and the hospitals should be increased in order for other nurse groups to approach students in the same way. Communication between the hospital and the university should be improved to ensure that hospitals are aware of students' abilities and ensure their professional competence.[23]

University educators have not always been able to meet the expectations of the students during the pandemic due to various reasons. It is important to prepare students for specific skills prior to clinical practice. Educators have an important role in creating an open and supportive culture where students can develop themselves to the fullest.[2] Educators should establish open and frequent communication to support the needs of the students, offer alternative learning opportunities, enable students to have a positive learning environment, provide students with psychological support to train them to face and control their reactions in crisis situations, and give students appropriate and accurate information during a crisis.[17] Opportunities such as strengthening the relationships between students and educators and encouraging greater awareness and sensitivity about their mutual needs have emerged during the pandemic.[14] Students in the study of Sharif and Masoumi.[24] reported the positive effect of having an educator with them during the practice and the negative effect of being alone and the importance of the support provided to them. The students similarly reported needing the support of the educators in the study of Hood and Copeland.[27] Other studies also emphasize the value of trust between the student and university educators.[27,28] Besides, it is reported to be important for the educator to support the students during crises and emotionally difficult situations and make the students realize that they have the educators' support to make them feel safe.[29,30] The majority of the students reported their educators to have an evaluative role rather than a teaching role in the study of Hood and Copeland.[27] In another study by Ulenaers et al.,[2] the students reported that they generally felt they could discuss their concerns with the educators but needed more regular communication and more psychosocial support (to be heard, prepared, and supported). The students similarly praised the professionalism of the educators in the study of Lovrić et al.[17]

The number of our clinical practice students was 38, and 2 university educators were always present during the clinical practice. Thus, each student was taken care of individually. The students felt safe because they knew that they could reach their educator at any time. This also increases the quality of education. Studies have shown that it is important for educators to seize every opportunity to connect with students. One way this can be done is by acting as a consultant for students throughout the university's nursing program. This arrangement develops a supportive relationship with the student over time. Students should be valued, trained, and regarded as the future of the profession. Being successful in meeting the challenges of the future will be through the individuals who are currently students. University educators should also be aware that students may lack coping skills, have unique cultural or spiritual beliefs, and/or have a history of trauma, anxiety, depression, or posttraumatic stress disorder.[27] All these results also demonstrate the importance of the students receiving support from an academic advisor.

Limitations

The participants in our study were from a health-related university in Türkiye. The study was a single-center study conducted on second-year students. The sample size was small. Therefore, the results cannot be generalized to other nursing students. Most of the students were female, and the number of male students was insufficient to make gender comparisons. Our study could stimulate higher education institutions and the academic community to conduct similar comparative studies.

Conclusion

Nursing students expressed their views on their experiences during the pandemic, measures they took to protect themselves, first clinical experience anxiety, professional role, and clinical supervision. They said that integrating theory and practice with good clinical supervision made them feel competent to care for patients. We revealed that it is possible to work more closely with solving student problems in clinical practice if the number of students per university educators is appropriate. It was concluded that the positive approach of the nurses working in the hospital and the support of university educators were effective in students accepting the profession and developing themselves accordingly in clinical practice. The outcome of this study showed the importance of designing effective strategies for clinical teaching for educators as well as for hospital–university collaboration. We also believe it will provide a useful tool to learn from the current global health emergency and serve as a reference for possible future pandemics.

Peer-review: Externally peer-reviewed.

Ethics Committee Approval: The Lokman Hekim University Non-Interventional Clinical Research Ethics Committee granted approval for this study (date: 15.06.2021, number: 2021/074).

Authorship Contributions: Concept: BP; Design: BP, HS; Supervision: BP; Fundings: BP, HS; Materials: BP; Data Collection or Processing: BP, HS; Analysis or Interpretation: BP, HS; Literature Search: BP; Writing: BP, HS; Critical Review: BP.

Conflict of Interest: None declared.

Financial Disclosure: The authors declared that this study received no financial support.

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