

ORIGINAL RESEARCH

Student internship experiences during the Covid-19 pandemic

Maarten van Garderen, René van Leeuwen*

Viaa University of Applied Sciences, Zwolle, Netherlands

Received: September 14, 2021

Accepted: November 3, 2021

Online Published: November 30, 2021

DOI: 10.5430/jnep.v12n4p46

URL: <https://doi.org/10.5430/jnep.v12n4p46>

ABSTRACT

This paper reports about what nursing students from a Dutch Christian university experience in this corona period during their internship and how they cope with challenges that come on their way. The aim of this study is to explore insights in student experiences offering input for reflections for all those who are involved in guidance of (Christian) nursing students in stressful situations during internships. This qualitative study was conducted by online semi structured interviews. The data reveals an impact on a professional and personal level en gives insight in the way students cope with this impact. It becomes clear that the impact is significant. Giving personal care, one of the core values of nursing, is being impeded. In general students respond to these challenges with resilience. Support of fellow nurses and personal faith helps them to cope with the challenges they were confronted with.

Key Words: Spirituality, Covid-19, Nursing students, Internship

1. INTRODUCTION

1.1 Background

Corona impacts nurses and nursing students. This paper reports about what nursing students from a Dutch Christian university experience in this corona period during their internship personally, professionally and educationally and how they cope with challenges that come on their way. Nursing students are taught that nursing in its essence is person-centred and integral care. Illness is impacting patients' functioning on a physical, psychological, socio-cultural, developmental and spiritual level.^[1] Nursing is caring for the sick, not only the sickness. From this perspective it is expected that students learn to relate to the patient considering these domains of human functioning in a sensitive and compassionate way. It might be expected that the current corona measures, like social distancing and contamination protec-

tion are impacting patients' functioning and so it also will impact the provision of nursing care. The question is how it impacts nurses and nursing students and how they cope with that. For example, in the first wave of the corona pandemic in Dutch nursing homes social visits were not allowed, which had a negative outcome on patients' wellbeing.^[2] Nurses were in many situations the only direct contact for patients. Communication was not always easy as nurses could not be recognized by patients because they were wearing (mouth) masks and special suits. The question can be asked how nurses and nursing students cope with such situations. Recently published studies report effects of the impact of the COVID-19 pandemic on students' functioning. A Chinese study shows that the COVID-19 outbreak has placed immense emotional pressure on nurses at the frontline and it recommends the provision of psychological support to nurses

*Correspondence: René van Leeuwen; Email: rrvleeuwen@kpnmail.nl; Address: Viaa University of Applied Sciences, Zwolle, Netherlands.

and training in coping strategies.^[3] A Japanese study showed that nursing students showed an increased sense of belonging with society in general and in particular with the improvement and upgrading of the performance of the health care system due to the COVID-19 pandemic.^[4] It was recognized in homebound nursing that stress among nursing students substantially increased during lockdown.^[5] This could be triggered by students personal problems. Physical exercise seems a way to reduce stress. Although specific on nursing students seems limited until now they give a first insight in the impact of COVID-19 on their functioning. These insights can give direction to teachers and supervisors who are guiding nursing students in their professional development to become a graduate nurse. This was the reason for us as teachers and researchers to start a research among students of our Christian nursing school in the Netherlands.

1.2 Research question

How do nursing student perceive the impact of COVID-19 during their internship, how do they cope with that and what is the role of their Christian faith in that?

1.3 Aim

By exploring insights in student experiences during the COVID-19 pandemic offering input for reflections for all those who are involved in guidance of (Christian) nursing students in stressful situations during internships.

2. METHOD

This research was a qualitative study executed by online semi structured interviews. Because of the COVID-19 measures face-to-face interviews were not possible in the period the interviews were planned (April –May 2020). For this purpose Microsoft Teams was used. During the interview the student and the interviewer were visible for each other. The interviews took 20-30 minutes. The interviews were divided between two researchers who both interviewed 10 students. Students were recruited by means of purposive sampling. For that reason student were invited by email with the request to participate. In the email they were informed about the study, the interview procedure and ethical considerations. Participation was fully voluntarily. Students were selected by considering of gender, year of study and internships in different sections of health care (hospital care, home care, nursing home and mental health care). The interviews were executed by use of an interview guide in the form of a topic list that consists the following three open questions: 1) What effects/impact do you as a student face about COVID-19 in practice? 2) What are your personal experiences (thought/feelings) as a student by doing your internship and practice nursing in these circumstances? 3.

What touched you personally by doing your internship in the past weeks? The first question is about the perceived reality. The second question is about how the students experience reality and the third question is about what impacted her/him most. The interviews were taped and fully transcribed and analysed by thematic analysis by means of open coding. All students were committed Christians and made their choice for this university because of its explicit Christian identity. During the interviews the students were not explicitly asked how their Christian faith influenced their perceptions and experiences. It was expected that they might bring this forward spontaneously.

3. RESULTS

3.1 Participants

In total, 20 bachelor nursing students agreed to participate in this study. 14 students were studying fulltime and 6 students were studying part-time. The most important difference between these two groups is that part-time students are more experienced in the field of nursing. They already have an associate degree in nursing and are studying to become a bachelor of science in nursing. At the time of the interviews all students were active during clinical practice. The participants were active in a wide range of healthcare settings. Table 1 shows the participant characteristics.

Table 1. Characteristics of the participants

	n = 20	%
Study type		
Full-time	14	30
Part-time	6	70
Clinical practice setting		
Hospital	6	30
Nursing home + hospice care	6	30
Mental Health Care	3	15
Community nursing	3	15
Prison care	1	5
Youth healthcare	1	5

3.2 Findings

An analysis of the data reveals three main themes regarding the experiences of students during the first wave of the covid pandemic in the Netherlands.

3.3 Perception of healthcare practice by students

Based on their experience during clinical practice students observe three main changes as a consequence of covid-19.

Patient-level. At first they perceive changes at patient-level. Students are noticing more negative emotions by care recipients. These negative emotions are predominantly linked to

the covid-19 measure that restricts visit of family and loved ones.

“Patients display more feelings of anxiety. They fear to get infected by the covid virus. And there is also less contact. Not everyone who is given care to is lonely, but it is making things more difficult for people.” (Interview 16, community care)

Another observation is the often unpredictable clinical course of the coronavirus. Students describe situations where the health of patients deteriorate strongly in a short amount of time.

“Some people are very ill. Their situation can change dramatically in short amount of time. Sometimes that’s very tough, especially because I’m still a student. For me it is very important to work closely with my tutor.” (Interview 9, hospital care)

Organisational aspects of care. Students are noticing that the way care is organised changes due to the coronavirus. In some cases wards were being transformed to special corona-units. The increase in corona patients also had an impact on regular care. For example within hospital care various institutions were necessitated to move non-emergency care to a later time. The consequence noticed by students was that their initial clinical practice setting sometimes dramatically changed.

“During the first wave we were closed for regular care. Because a lot of surgeries were postponed. At that moment our facility was transformed to a corona unit for people who were not able to stay in the hospital and also could not stay at home.” (Interview 19, community care)

Nurse caring behaviours. The third observed change by students is that they are challenged to adjust their act as a caring professional. Due to the restrictive measures students mention that they, in a way, are functioning as a social substitute for family and loved ones of patients.

“Things that are normally done by family you now have to take over. For example holding a hand of a patient for comfort.” (Interview 4, disability care)

They also notice that their communication is complicated due to contamination protection. For instance an important part of the nonverbal communication is lost because of the use of face masks.

“Because of the use of face masks they can’t see you facial expressions. Some people are deaf and are used to reading lips, and now they can’t. I notice in practice that communication is seriously hindered.” (Interview 13, elderly home care)

Students also notice that in a lot of care settings the caring moments were becoming more dense. Because of the increased workload and due to the practice of isolation nursing there had to be done more work in less time. Students appoint that they experience caregiving as more instrumental and less personal.

“Because of the isolation it was hard to give patient centered care. Normally you would touch a patient or give them a hug when they feel down. But that is not an option. I have to concentrate on a specific care moment. . . .” (Interview 6, hospital care)

3.4 Impact at the student level

Students are being touched by the situations they are confronted with on a personal level as well as on a professional level.

Personal level. Students give various examples of clinical situations that have an emotional impact on them. Central theme in these situations is a lack of connectedness that is being experienced. There are situations mentioned where family is not able to say farewell when loved ones are passing away. Students also mention that they experience care as less personal due to an increased workload and the use of personal protective equipment.

“It touches me, that in times like these, people seem more prone to mental disruption and that this sometimes leads to committing suicide. This grabs me.” (Interview 15, mental health care)

There is also an impact on the emotional level. Some students mention a sense of powerlessness. Others experience fear of getting infected with the virus and transmitting the virus in their home environment. There are also students who are worried about study delay.

“It is very difficult that I had to abort my internship and that I don’t know when I’m going to graduate. That’s very tough for me.” (Interview 1, hospital care)

The third aspect of the impact on personal level is the strong drive of students to keep on fulfilling their tasks as nursing students. Several students explicitly mention that it is of great importance for them to keep doing their work in times like these. This strong drive is mainly mentioned by fulltime students.

“When it all started we were given the choice to stop or to go on with our internship. Because of the risks that were involved in caring for covid patients. I immediately thought that I wanted to stay. It almost felt as an obligation to me.” (Interview 6, hospital care)

Professional level. In several interviews students describe feelings of moral distress. Students want to provide good care, but are in some cases restricted by the protective measures. Examples that are being mentioned are primarily focused on the inability to give personal attention to patients. This is a trigger for students to contemplate about what is important in care.

“... the practical way in which care is given is not changed, but still I feel that there is something wrong or missing. But you try to do what you have to do as a caregiver.” (Interview 7, elderly home care)

“I asked myself: is this good care? When you are sending family away when someone is very ill. Is that good care? I understand that there have to be taken measures, but still I wonder...” (Interview 10, hospital care)

A second subtheme is that students are being challenged to be more creative and flexible in their act. They have to adapt to the fast changing environment due to the virus. What stands out is that their adaptive behaviour is mainly focused on finding ways to give personal attention.

“The first weeks of my internship I learned a lot about how to communicate with patients. When we started working in isolation it seems like i had to reinvent the wheel.” (Interview 14, hospice care)

3.5 Resilience of students

Students mention several sources that help them cope with the impact of covid-19 on different levels.

Horizontal sources. Almost all students mention the importance of social support by colleagues. Their shared experience and the ability to talk about their experiences is being highly valued. They also feel that they are being part of a community of nurses that are fulfilling an important role in the battle against the corona virus. Family and friends are also mentioned as sources of resilience. Some students experience lesser support from their home environment. These students mention that it's hard for them to explain what they experience during work.

“We are all in this together, we have to do this together. Everyone is in the same situation so you are inclined to seek support with each other. . . ” (Interview 4, disability care)”

“I think that I talk a lot with my parents and colleagues. Mostly when something is bothering me, because than it is interfering whit carrying out my work.”(Interview 12, elderly home care)

Vertical sources. Personal faith is mentioned as an important source for resilience. Students mention that they experi-

ence divine support en strength that helps them to fulfill their work. Prayer is also mentioned as a form of coping. It gives students the sense that they can cast their worries on to God.

“As a Christian I am not afraid. I dare to say that I believe that God is caring for me and that's why I don't need to be afraid. That helps me to keep calm.” (Interview 17, community care).

“When I came home after a day of work and I was thinking about my patients, it was comforting for me to pray to God. In a sense I could turn the care of these patients over to Him.” (Interview 6, hospital care)

“When I read my bible I realise that there is always hope en that God always has a plan with us. We don't need to be afraid of the virus, because God is greater” (Interview 3, hospital care)

Psychological sources. The third resource has to do with the way they perceive the impact of the corona virus. Several students tell that they actively are trying to have positive expectations of the future. Students try to think positive and are trying to stay hopeful that this crisis will pass.

4. DISCUSSION

The results from this study make clear that students experience a significant impact of the covid pandemic on the way care is perceived, organized and executed. We can distinguish an impact on a professional and a personal level. At both levels the impact on interpersonal functioning is mentioned strongly. Due to the COVID-19 contamination preventive measures the process of communication is being complicated in multiple ways. These complications are about the sense of connectedness between nurse and patient, and patient and their social environment. Students mention that it is more difficult to give person centered care. It appears that this important value of the nursing profession threatens to be suppressed.^[6] This also seems to trigger moral distress upon students. The question arises: ‘Am I doing the right thing?’

Students seemed to respond to these challenges with resilience. It is striking that relatively young students feel such a strong drive and responsibility to give care in such challenging circumstances. In accordance Leigh et al.^[7] found that nursing students who were doing internships during the covid pandemic displayed an immense personal resilience. This study showed that support by colleagues seems an important source of resilience. Sharing their experiences with fellow nurses is helping them to process what they experience. What stands out is that none of the students mention support from their nursing faculty as a source of support. Probably this is not their first source for help or support in

these extra ordinary circumstances.

Christian faith is mentioned by students as a source of support to carry on. Although most students are having a Christian background, the role of their faith is not mentioned very often spontaneously during the interviews. When asked about that role it seems that faith plays a private role in strengthening personal resilience. Cusveller et al.^[8] found that Christian nurses, within the secularized context of Dutch society, are tended to live out their faith in their work less overtly. Their Christian background is more resembled in what they found important qualities of their attitude. In accordance, students within this study implicitly mention Christian values like connectedness and compassion.

This study is limited by its purposive sampling, which makes it not possible to generalize the outcomes.

Recommendations for nursing education

The aim of this current study was to explore insights in students experiences during the COVID-19 pandemic offering

input for reflections for all those who are involved in guidance of (Christian) nursing students in stressful situations during internships. Based on this study we recommend to facilitate peer groups so students can share, validate and acknowledge each other's experiences. It seems also important to approach students actively in stressful situations times like these. Based on this study students are not inclined to seek support by their faculty tutors. Nonetheless there were students reporting feelings of personal distress.

And finally it is also important to be aware that during stressful situations like the COVID pandemic students may learn other things than expected. In this study the consequences of the pandemic triggered for example competences like ethical reasoning and adaptability by students. These learning situations can be utilized and contribute to the development of nursing skills.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

- [1] Neuman B, Fawcett J. *The Neuman Systems Model*, 5th edition. Upper Saddle River, New Jersey; Pearson Education; 2011. 13 p.
- [2] Verbeek H, Gerritsen DL, Backhaus R, et al. Allowing visitors back in the nursing home during the COVID-19 crisis: A Dutch national study into first experiences and impact on well-being. *Journal of the American Medical Directors Association*. 2020; 21(7): 900-904. PMID:32674816 <https://doi.org/10.1016/j.jamda.2020.06.020>
- [3] Huang L, Lei WS, Xu FM, et al. Emotional responses and coping strategies in nurses and nursing students during Covid-19 outbreak: A comparative study. *PLoS ONE*. 2020; 15(8). PMID:32764825 <https://doi.org/10.1371/journal.pone.0237303>
- [4] Dos Santos LM. The Relationship between the COVID-19 Pandemic and Nursing Students' Sense of Belonging: The Experiences and Nursing Education Management of Pre-Service Nursing Professionals. *International Journal of Environmental Research and Public Health*. 2020; 17(16): 58-48. PMID:32806697 <https://doi.org/10.3390/ijerph17165848>
- [5] Callego-Gomez JI, Campillo-Cano M, Carrion-Martinez A, et al. The COVID-19 pandemic and its impact on homebound nursing students. *International Journal of Environmental Research and Public Health*. 2020; 17(20): 73-83. PMID:33050435 <https://doi.org/10.3390/ijerph17207383>
- [6] International Counsel of Nurses. [Internet]. The ICN Code of ethics for nurses. Available from: https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf
- [7] Leigh JA, Bolton M, Cain K, et al. Student experiences of nursing on the front line during the COVID-19 pandemic. *British Journal of Nursing*. 2020; 29(13): 788-789. PMID:32649251 <https://doi.org/10.12968/bjon.2020.29.13.788>
- [8] Cusveller B, Leeuwen R van, Schep-Akkerman A. Being the Minority: Christian Healthcare Professionals in the Netherlands. *Journal of Christian Nursing*. 2015; 32(1): 26-30. <https://doi.org/10.1097/CNJ.000000000000138>