Title	Acknowledging the resilience of student nurses during COVID-19
Authors	Goodwin, John
Publication date	2021-06-17
Original Citation	Goodwin, J. (2021) 'Acknowledging the resilience of student nurses during COVID-19', Teaching and Learning in Nursing. doi: 10.1016/j.teln.2021.05.006
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1016/j.teln.2021.05.006
Rights	© 2021, Organization for Associate Degree Nursing. Published by Elsevier Inc. All rights reserved. This manuscript version is made available under the CC BY-NC-ND 4.0 license. - https://creativecommons.org/licenses/by-nc-nd/4.0/
Download date	2025-06-13 19:52:31
Item downloaded from	https://hdl.handle.net/10468/11544

Acknowledging the Resilience of Student Nurses During COVID-19

Much has been written about the impending mental health crisis our society is currently facing due to the fallout from COVID-19. While we should not minimize the impact COVID-19 had on our society or undervalue the suffering and loss that people have experienced, we also need to highlight our response to the pandemic and recognize our strengths. In doing so, we also need to acknowledge the strength of our student nurse population.

In response to COVID-19, nurses have demonstrated an ability to adapt to unprecedented challenges and have discovered untapped potential and creativity. Nurse academics had to convert traditional classroom activities into virtual learning experiences, enabling students to engage with the theoretical content that will inform their practices in the clinical environment. Similarly, practicing nurses and other healthcare professionals had to upskill and become conversant with the technologies and digital platforms used to deliver healthcare remotely. Such profound change has not been easy, particularly given the speed at which we needed to modify our practices and the paucity of resources often made available to us. Nevertheless, society as a whole – and nursing as a profession – rose to the challenges and demonstrated that we do, indeed, have the capacity to make exceptional adaptations. Such adaptations have not gone unacknowledged. The achievements of both academic nursing staff and clinical staff have been recognized in recent literature (Schroeder, 2020; Castaño et al., 2021; Seah et al., 2021).

When the conversation shifts to student nurses, less attention is given to strength and adaptation. Instead, discourses around student nurses and COVID-19 often focus on the perceived vulnerabilities of this population, emphasizing their "helplessness" in the context of the pandemic (Shaw 2020). Certainly, there is a wealth of evidence regarding the negative impact of the pandemic on the mental health of nursing students (Bradford, 2020; Eweida et al., 2020; Reverté-Villarroya et al., 2021), and the needs of this population should be adequately met. However, we should not underestimate the resilience of student nurses.

In academia, we promote independent thinking, with the aim of enhancing the critical thinking abilities of our students. In doing so, we foster the skills nurses will require for safe, autonomous practice. On the other hand, adopting a more paternalistic approach in third-level education can leave students feeling frustrated (Slavin & Smith, 2019).

Furthermore, paternalism on the part of preceptors can lead to nursing students developing a dependence on clinical staff, meaning they find it difficult to function independently (Quek et al., 2019). Nurses have a duty of care to ensure that no harm comes to others. However, it is important that we consider our philosophies of teaching in the context of the current pandemic, and that we recognize the deleterious effects of paternalistic approaches.

Although it is understandable why nurse educators may be overly paternalistic in response to COVID-19, the conceptualization of students as "helpless" and in need of perpetual support is not an accurate one. Initially, I observed a justifiable fear among our student nurses as they prepared for encounters with the clinical environment – much altered in the face of the pandemic. Fear and trepidation were soon replaced by determination and a commitment to clinical placement; in short, students stepped up to the enormous challenge they faced.

I recall having to speak with one student, identified as a "close contact", who was instructed under national guidelines to self-isolate. I predicted the conversation we would have prior to their return to placement would be fraught with anxiety, perhaps even a reluctance to return to the clinical environment. Instead, the opposite was true: this student felt frustrated because they were in isolation and were unable to fully commit to their clinical placement; they were eager to return to the ward, aware of the risks but dedicated to the cause. Further encounters with others in similar positions revealed that such dedication was evident across our program, with many demonstrating a commitment to their student nursing role. For some, this commitment involved having to make sacrifices, such as having to move out of the family home in order to mitigate the risk of exposing loved ones to COVID-19. We should recognize the maturity and selflessness associated with making these decisions.

Another observation relates to students who completed clinical placements and have since returned to the university (albeit, in virtual format). Unfamiliar terms such as "asynchronous" and "breakout rooms" have been quickly and readily accepted as part of the everyday student vernacular. Relationships and engagement with peers and staff have been maintained, but in a more complex format than what we ever could have managed. Often, students have to devise self-imposed structures so that their asynchronous leaning experiences are not neglected, and they keep abreast of the academic work they need to

complete. Despite all this change, students have not complained and have demonstrated infinite patience. In times where I have suggested extra support sessions for assignments and exams, students have been appreciative, but such offers are politely declined, as these are deemed unnecessary. This level of agency indicates resilience and resourcefulness within student nurses, rather than vulnerability.

The assumption of vulnerability is a disservice to student nurses. Zubin and Spring (1977) proposed the stress-vulnerability model. According to this model, people with predisposing factors (such as a history of trauma) who have not developed effective coping strategies can experience mental distress when faced with challenges. This model was proposed owing to limitations with previous models – specifically, a focus on stressors and a lack of emphasis on vulnerabilities. Zubin and Spring observed that, when faced with extreme difficulties, not every person will experience mental distress because some people display higher levels of resilience than others. Applied to the current context we should refrain from concluding that facing COVID-19-related challenges in the clinical setting is having a profound negative affect on the mental health of all nursing students or take it for granted that they are all "struggling". This generation of students have been pejoratively referred to as "snowflakes" (Wrathall, 2017). This is not what I have observed: the pandemic has showcased the strength and resilience of a generation, our future nurse leaders.

We need to reframe some of our discourses surrounding the student nurse and their role in COVID-19. Instead of entering into "catastrophized thinking", we should celebrate the potential and resilience of student nurses. Of course, it is crucial that we provide appropriate supports for our nursing students, in both the classroom and clinical settings. Indeed, it is paramount that the current cohort of first years are supported, given that, for most, this is their first university experience, and they are unfamiliar with the landscapes they had to navigate virtually. However, provision of support does not need to equate to paternalistic "hand-holding"; to do so would erode resilience and undermine the capabilities of student nurses (Quek et al., 2019).

References

Bradford, N. (2021). Understanding COVID-19's impact on college students. Understanding COVID-19's impact on college students. *Teaching and Learning in Nursing*, [ePub ahead of print]. DOI: 10.1016/j.teln.2020.10.002

Castaño, M., Noeller, C. & Sharma, R. (2021). Implementing remotely proctored testing in nursing education. *Teaching and Learning in Nursing*, 16(2), 156-161. DOI: 10.1016/j.teln.2020.10.008

Eweida, R. S., Desoky, G. M., Khonji, L. M. & Rashwan, Z. I. (2020). Mental strain and changes in psychological health hub among intern-nursing students at pediatric and medical-surgical units amid ambience of COVID-19 pandemic: A comprehensive survey. *Nurse Education in Practice*, 49, 102915. DOI: 10.1016/j.nepr.2020.102915

Quek, G. J., Ho, G. H., Hassan, N. B., Quek, S. E. & Shorey, S. (2019). Perceptions of preceptorship among newly graduated nurses and preceptors: A descriptive qualitative study. *Nurse education in practice*, 37, 62-67. DOI: 10.1016/j.nepr.2019.05.001

Reverté-Villarroya, S., Ortega, L., Lavedán, A., Masot, O., Burjalés-Martí, M. D., Ballester-Ferrando, D., Fuentes-Pumarola, C. & Botigué, T. (2021). The influence of COVID-19 on the mental health of final-year nursing students: Comparing the situation before and during the pandemic. *International Journal of Mental Health Nursing*, doi: 10.1111/inm.12827 [ePub ahead of print]

Schroeder, R. A. (2020). Adaptation or revolution: Telemental health and advanced practice psychiatric nursing during COVID-19. *Journal of the American Psychiatric Nurses Association*, doi:10.1177/1078390320970638 [ePub ahead of print]

Seah, B., Ang, E. N. K., Liaw, S. Y., Lau, S. T. & Wang, W. (2021). Curriculum changes for pre-registration nursing education in times of COVID-19: For the better or worse?. *Nurse Education Today*, 98, 104743. DOI: 10.1016/j.nedt.2020.104743

Shaw, S. C. K. (2020). Hopelessness, helplessness and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic. *Nurse Education in Practice*, 44, 102780. doi:10.1016/j.nepr.2020.102780

Slavin, S. & Smith, G. (2019). Taking students as they should be: restoring Trust in Undergraduate Medical Education. *Academic Medicine*, 94(12), 1847-1850. doi: 10.1097/ACM.0000000000002983

Wrathall, C. (2017). Snowflake slut is offensive. *Nursing Standard*, 32(8), 30. DOI: 10.7748/ns.32.8.30.s30

Zubin, J. & Spring, B. (1977). Vulnerability; a new view of Schizophrenia. *Journal of Abnormal Psychology*, 86, 103-126.

Declaration of competing interest

None.