



Ffe A Thematic Exploration of the Effects of Restricted Face-to-Face Learning on Nursing Students

VIADNES, Genelyn S. ⁽¹⁾

⁽¹⁾ 0009-0009-4471-6012; Jose Rizal Memorial State University. Dapitan City, Zamboanga del Norte, Philippines.
genelynvadnes@jrmsu.edu.ph

The content expressed in this article is the sole responsibility of its authors.

ABSTRACT

Nursing students face numerous challenges during clinical training, including academic, financial, and psychosocial pressures. These pressures often result in stress, anxiety, and low self-esteem, which can negatively affect their academic and clinical performance. The COVID-19 pandemic further exacerbated these difficulties through widespread school closures, disrupting traditional clinical education methods and demanding innovative approaches for remote and hybrid learning. This study aims to explore nursing students' experiences and examine how restricted face-to-face modalities have influenced their learning journey, clinical skill development, and preparedness for practice. Using a qualitative thematic analysis approach, the researchers conducted in-depth interviews with seven nursing students at Jose Rizal Memorial State University—Dapitan Campus during the 2020-2021 academic year. The findings identified three major thematic clusters: (1) **Academic and Clinical Challenges**, including limited hands-on exposure and difficulties adapting to blended learning formats; (2) **Psychosocial Impacts**, highlighting increased anxiety, disrupted sleep, and stress-induced eating habits; and (3) **Coping Mechanisms and Support Systems**, emphasizing the need for understanding, empathy, and institutional support. While blended learning offered some advantages, such as flexibility, students reported challenges with technology access, time management, and course organization. The study underscores the importance of fostering an empathetic and inclusive educational environment that prioritizes students' mental health and readiness for clinical practice. Institutions and instructors are encouraged to collaboratively address these challenges by developing effective, student-centered strategies, particularly during global educational disruptions.

RESUMO

Os estudantes de enfermagem enfrentam inúmeros desafios durante a formação clínica, incluindo pressões acadêmicas, financeiras e psicossociais. Estas pressões resultam frequentemente em stress, ansiedade e baixa autoestima, o que pode afetar negativamente o seu desempenho acadêmico e clínico. A pandemia da COVID-19 agravou ainda mais estas dificuldades através do encerramento generalizado de escolas, perturbando os métodos tradicionais de educação clínica e exigindo abordagens inovadoras para a aprendizagem remota e híbrida. Este estudo teve como objetivo explorar as experiências dos estudantes de enfermagem e examinar como as modalidades presenciais restritas influenciaram a sua jornada de aprendizagem, o desenvolvimento de competências clínicas e a preparação para a prática. Utilizando uma abordagem qualitativa de análise temática, os investigadores realizaram entrevistas em profundidade a sete estudantes de enfermagem da Jose Rizal Memorial State University – Campus Dapitan durante o ano letivo de 2020-2021. As conclusões identificaram três grandes grupos temáticos: (1) Desafios Acadêmicos e Clínicos, incluindo exposição prática limitada e dificuldades de adaptação a formatos de aprendizagem combinados; (2) Impactos psicossociais, destacando o aumento da ansiedade, perturbações do sono e hábitos alimentares induzidos pelo stress; e (3) Mecanismos de Coping e Sistemas de Apoio, enfatizando a necessidade de compreensão, empatia e apoio institucional. Embora a aprendizagem combinada oferecesse algumas vantagens, como a flexibilidade, os alunos relataram desafios com o acesso à tecnologia, a gestão do tempo e a organização do curso. O estudo sublinha a importância de promover um ambiente educativo empático e inclusivo que priorize a saúde mental dos estudantes e a prontidão para a prática clínica. As instituições e os instrutores são encorajados a enfrentar estes desafios de forma colaborativa, desenvolvendo estratégias eficazes e centradas no aluno, especialmente durante as interrupções educacionais globais.

ARTICLE INFORMATION

Article process:

Submitted: 10/16/2024

Approved: 01/09/2024

Published: 01/25/2024



Keywords:

difficulties experienced; emotional distress; psychological resilience; positive contribution; practicing nursing care

Keywords:

dificuldades experimentadas; sofrimento emocional; resiliência psicológica; contribuição positiva; Praticando o cuidado de enfermagem

Introduction

Nursing education is inherently challenging and stressful, as students face a variety of obstacles during clinical training, including academic, professional, financial, and psychosocial issues. These challenges can hinder their academic performance and lead to tension, anxiety, and low self-esteem (Ratanasiripong et al., 2022). Even under normal circumstances, nursing students often experience significant anxiety, which adversely impacts their academic success—a crucial determinant of their overall performance and future professional competence (Vitasari et al., 2010). The COVID-19 pandemic has further exacerbated these challenges, with the temporary closure of schools worldwide affecting millions of students and creating a global learning crisis (Sarmiento et al., 2021). Nursing students, in particular, have faced heightened anxiety due to the abrupt shift to distance education, which restricted their ability to perform clinical practices, attend in-person classes, and take exams (Savitsky et al., 2020).

The limitations of the traditional clinical education approach during this period have significantly influenced nursing students' learning experiences, clinical skill development, and readiness for practice. While some global studies indicate that nursing students adapted well to remote learning and achieved comparable performance in simulations, others report increased stress, anxiety, and a sense of unpreparedness due to the shift to online or hybrid modalities. Despite these insights, limited research has specifically examined the effects of restricted face-to-face learning on nursing students' clinical experiences and skills development.

This study explores the lived experiences and effects of limited face-to-face modalities on nursing students' learning journeys, clinical skill development, and perceived readiness for clinical practice during the COVID-19 pandemic. Specifically, it seeks to identify the academic, psychosocial, and professional challenges faced by nursing students, examine how limited clinical exposure affects their skill development, understand how they adapt to blended learning environments, and provide recommendations for nursing educators and institutions to enhance student support. By addressing these objectives, this study contributes to the broader understanding of the pandemic's global impacts on nursing education and informs strategies for fostering inclusive, empathetic, and effective learning environments during times of crisis.

Development

This study employed a descriptive-qualitative approach, specifically utilizing thematic analysis to identify, analyze, and interpret patterns of meaning or themes. This method was chosen because it provides both an organizational framework and a nuanced understanding of participants' lived experiences, making it particularly well-suited for investigating the effects of limited face-to-face modalities on nursing students. The descriptive-qualitative design is

often employed in studies exploring human experiences in specific contexts, as it facilitates an in-depth examination of phenomena through participants' narratives (Creswell, 2013; Braun & Clarke, 2006).

Thematic analysis, as outlined by Braun and Clarke (2006), was applied as the primary analytical approach. This method involves a systematic process of identifying themes or patterns within qualitative data, providing a detailed and interpretive account of participants' experiences. It allows researchers to go beyond mere description by interpreting the data in relation to the research objectives and questions. Themes were developed inductively from the data, ensuring that the analysis was grounded in participants' responses while maintaining alignment with the study's objectives.

The process began with familiarization with the data, followed by generating initial codes to systematically organize and condense the information. These codes were then analyzed to identify patterns and form preliminary themes, which were reviewed, refined, and finalized through an iterative process. Thematic analysis is recognized for its flexibility and adaptability, enabling researchers to focus on the most salient aspects of the data (Nowell et al., 2017). It also supports the integration of rich contextual details, which is critical for understanding complex phenomena such as the impacts of limited face-to-face learning.

By employing this method, the study was able to provide a comprehensive and interpretive account of nursing students' experiences, uncovering key themes that reflect their challenges, coping mechanisms, and sources of support. This rigorous methodological approach ensures that the findings are both credible and relevant, offering valuable insights to inform nursing education practices during periods of educational disruption.

Research Environment

The research was conducted at Jose Rizal Memorial State University – Main Campus, specifically within the College of Nursing and Allied Health Sciences, located at Gov. Sta. Cruz, Guading Adasa St, Dapitan City, Zamboanga Del Norte. In adherence to the guidelines outlined in Joint Memorandum Circular No. 2021-01, the university implemented a limited face-to-face class format, navigating a paradigm shift prompted by the profound impact of Covid-19 on the way individuals live, work, and learn. This setting served as a crucial backdrop for the study, providing valuable insights into the experiences of nursing students amidst the transformative challenges posed by the pandemic.

Research Participants

In this study, a purposive sampling method was employed to select seven (7) participants from BSN Level 2 and 3 who had firsthand experience with limited face-to-face classes. This sample size was deliberately chosen to ensure the inclusion of individuals with rich and relevant insights pertinent to the research objectives. The experiences and perspectives of these participants were rigorously analyzed using thematic analysis, as outlined by Braun and Clarke (2006), to uncover meaningful themes addressing the research questions.

All participants met the following inclusion criteria: (1) They were enrolled in the College of Nursing and Allied Health Sciences at Jose Rizal Memorial State University during the Academic Year 2021-2022 and had participated in limited face-to-face classes. (2) They willingly volunteered for the research, providing informed consent through digitally signed forms and demonstrating their readiness to share and elaborate on their experiences with limited face-to-face learning and clinical duties.

Interviews were conducted online, ensuring accessibility and convenience for participants while maintaining ethical research practices. This meticulous selection process allowed for a comprehensive exploration of the challenges and transformative experiences encountered by nursing students during the implementation of limited face-to-face learning.

Research Instruments

The researcher meticulously crafted a semi-structured interview schedule to foster in-depth discussions and flexibility in responses for the study. Special emphasis was placed on ensuring the clarity and precision of the research questions, to enhance participants' understanding. Employing semi-structured interviews as the chosen qualitative method of inquiry, the researcher integrated a set of predetermined open questions with the flexibility for interviewers to delve into specific themes or responses. This approach not only empowered participants to address potentially overlooked issues but also facilitated a nuanced exploration of their perspectives. The researcher opted for this method to gain a profound understanding of the effectiveness of interventions and to pinpoint potential areas for improvement. The initial question in the interview schedule gathered participants' demographic data, offering optional details such as name, age, sex, year, block, address, clinical duty, or theoretical class. Subsequent questions were designed to extract nursing students' experiences during their limited face-to-face classes, providing a structured yet adaptable framework that allowed for a rich and insightful exploration of their insights.

Data Gathering Procedure

Before embarking on the thematic analysis, a series of deliberate activities and protocols were carefully planned and implemented. Participants were purposively selected from the pool of nursing students at the College of Nursing and Allied Health Sciences, Jose Rizal Memorial State University Main Campus, Dapitan City. Thematic analysis, as outlined by Braun and Clarke (2006), was chosen as the study's methodological anchor due to its flexibility and compatibility with various epistemologies and research questions. This method effectively identifies, analyzes, organizes, and reports patterns or themes within qualitative datasets, aligning with the research objectives (Nowell et al., 2017).

Following ethical clearance and approval, prospective participants were invited to take part in the study. Informed consent was obtained, ensuring participants fully understood the study's objectives, procedures, and their rights, including the voluntary nature of participation.

Given the constraints posed by the COVID-19 pandemic, data collection was adapted to a virtual format to ensure the safety of all involved while maintaining methodological rigor.

Online interviews were conducted using guide questions in an unstructured format. The interviews were facilitated via secure video conferencing platforms (e.g., Zoom or Google Meet), chosen for their accessibility and ease of use for participants. To create a comfortable and engaging environment, participants were encouraged to choose a quiet and private setting, and interview schedules were arranged at their convenience. During the interviews, rapport was established to foster open and honest sharing of experiences. Technical issues, such as unstable internet connections, were addressed by allowing participants to reconnect, reschedule, or switch to audio-only or asynchronous communication methods (e.g., email or messaging apps), ensuring inclusivity and minimizing disruptions.

All interviews were recorded with participants' consent and subsequently transcribed verbatim. After transcription, the researcher meticulously reviewed the data to identify and cluster themes. To enhance the trustworthiness of the findings, participants were revisited for member-checking through follow-up online interviews. This step allowed participants to verify the accuracy and authenticity of the interpreted themes.

To ensure the credibility and reliability of the findings, the clustered themes underwent a rigorous validation process. This included consultation with experts in qualitative research and nursing education to refine and confirm the final themes. By combining robust data collection procedures with virtual adaptations, the study maintained its methodological integrity and provided rich, contextually grounded insights into the experiences of nursing students during limited face-to-face learning.

Analysis of Data

To ensure precision and objectivity in the study's findings, the researcher employed thematic analysis, a widely recognized approach in qualitative research, particularly in medicine and the social sciences (Braun & Clarke, 2006). This method provided a detailed, nuanced, and purely qualitative account of the data, following a systematic six-phase process.

The first phase involved familiarization with the data through thorough reading and re-reading of interview transcripts, enabling the researcher to immerse themselves in the content and identify initial patterns. During the second phase, initial codes were generated to organize the data systematically. These codes served as concise labels for meaningful data segments, representing ideas relevant to the research questions. Coding methods were selected based on the study's focus on understanding nursing students' experiences with limited face-to-face learning.

In the third phase, the researcher actively searched for themes, defined as patterns capturing significant aspects of the data. Themes were identified by examining relationships among codes and ensuring alignment with the research objectives. During the fourth phase, the preliminary themes were reviewed, modified, and refined by assessing their coherence and

relevance. This step also involved cross-referencing themes against the original data to ensure they accurately represented participants' perspectives.

To enhance the validity and reliability of the themes, the researcher engaged in peer debriefing and conducted member-checking. Peer debriefing involved discussing the themes with colleagues to gain alternative perspectives and ensure the findings' robustness. Member-checking entailed seeking feedback from participants on the preliminary themes to confirm their accuracy and relevance to their experiences.

In the fifth phase, the researcher defined and named the themes, focusing on capturing their essence while maintaining a clear connection to the research questions. Finally, the sixth phase involved writing up the analysis in a structured and comprehensive manner, presenting the themes and supporting them with illustrative quotes from participants. This meticulous process, guided by Braun and Clarke's (2006) framework, ensured methodological rigor, enhancing the study's credibility and the reliability of its qualitative findings.

Ethical Consideration

The researcher prioritized the anonymity of research participants, taking rigorous measures to ensure their privacy and uphold ethical standards. Consent was obtained freely from each participant for the interview and data gathering process. All recorded interviews and information were securely stored or appropriately disposed of to maintain confidentiality. To further safeguard participant identities, the researchers assigned codes representing each individual, and no names were included in the study, eliminating any direct link to specific participants. Prior to the final explication of findings, the researcher returned the data to participants for their review and validation, emphasizing precision and verity of the outcomes while respecting their rights.

In adherence to the Data Privacy Act of 2012, the researcher committed to disposing of data promptly after the conclusion of the study, respecting the privacy rights of the participants. To reinforce confidentiality during the research process, several measures were implemented. Firstly, one-on-one online interviews were scheduled to accommodate participants' availability. Secondly, the researcher discreetly gathered information to protect the confidentiality of participants. Lastly, no recognizable information was entered, and interviews were conducted with utmost secrecy until completion. These stringent processes aimed to ensure the highest level of confidentiality and ethical conduct throughout the study.

Topics

This study explored the lived experiences of nursing students during the implementation of limited face-to-face modalities, focusing on the challenges, coping mechanisms, and support systems they encountered. Seven participants, comprising four females and three males from Misamis Occidental, shared their experiences through semi-

structured interviews. Using Braun and Clarke's six-phase thematic analysis, six key themes emerged, aligning with the study's objectives. Participants faced significant challenges, including financial problems such as the cost of transportation and technological resources, as well as limited access to reliable internet and clinical equipment. These barriers underscored the difficulties nursing students encountered in adapting to hybrid education. Emotional distress was another major theme, as students reported heightened stress, anxiety, and feelings of despair due to the abrupt shift to limited face-to-face learning, which created uncertainty about their academic and clinical progress.

Despite these challenges, participants demonstrated psychological resilience through strategies such as goal setting to stay focused on their aspirations and engaging in recreational activities for stress relief. Some students also recognized positive contributions of blended learning, including increased flexibility in managing their schedules and reduced commuting stress, suggesting areas where hybrid education can be further optimized. However, participants highlighted their limited opportunities to practice nursing care, particularly in developing assessment skills, due to restricted clinical exposure. Social support emerged as a vital coping mechanism, with family bonding and peer companionship helping participants manage stress and stay motivated.

The findings provide valuable insights into the multifaceted experiences of nursing students navigating limited face-to-face modalities. The identified challenges, such as financial constraints and limited clinical opportunities, reflect the broader impact of the pandemic on educational access and equity. Emotional distress and restricted skill development emphasize the need for enhanced institutional support to address students' psychosocial and professional growth. At the same time, the resilience and adaptability demonstrated by students highlight their ability to navigate these challenges, while the convenience and flexibility of blended learning present opportunities for innovation in nursing education. Social support played a critical role in fostering students' well-being and academic persistence, emphasizing the importance of cultivating a collaborative and empathetic educational environment. These findings align closely with the study's objectives, offering a comprehensive understanding of nursing students' experiences and informing strategies to improve nursing education during times of crisis.

Theme Cluster 1: Difficulties Experienced

The challenges faced by students during the pandemic, particularly impacting the quality of learning experience, mental health, finances, interaction, and mobility, have been well-documented (Barrot et al., 2021). Nearly two years after school closures, there has been a cautious reopening of schools for the academic year 2022–2023, albeit with stringent rules in place. The World Health Organization, United Nations Educational Scientific and Cultural

Organization, and United Nations Children's Fund jointly published key measures for school-related public health in the context of COVID-19. These measures include the use of masks, physical distancing, maintaining social bubbles or circles with a prohibition of contacts outside them, frequent space cleaning, ventilation, and other safety protocols (Branquinho et al., 2021).

In the context of this study, the theme cluster "Difficulties Experienced" further unfolds into subthemes such as limited access to school equipment, restricted study time, and financial constraints. This insight adds granularity to the broader challenges students face, offering a nuanced understanding of specific obstacles within the academic environment. The study sheds light on the multifaceted nature of difficulties experienced by students, emphasizing the need for targeted interventions and support to address these distinct issues.

Subtheme 1.1: Financial problem

Financial problems can induce stress when individuals face difficulties in covering daily living expenses and managing debts. The global implementation of lockdowns and restrictive measures in response to the pandemic significantly impacted higher education students, raising concerns about the financial implications and subsequent effects on their mental well-being. Students, grappling with a variety of stressors, including academic pressures, uncertainties about the future, life-stage transitions, and financial worries, are susceptible to experiencing mental health issues (Negash et al., 2021). The intersection of these stressors underscores the need for comprehensive support systems and interventions to address the multifaceted challenges students encounter, fostering both their financial stability and mental well-being.

"It's really hard because the payment becomes double".

– Participant 1

"I was surprised due to a lot of requirements needs to comply before we can go to duty and I got a hard time to meet those payments".

– Participant 2

"Yes, I really struggled because the transportation fee increases".

– Participant 3

"When face-to-face classes resumed it made my expenses tripled because I rented a boarding house to stay, food allowance, transportation expenses and other study related expenses".

– Participant 4

"I know that there will be a lot of expenses in nursing but now expenses becomes tripled".

– Participant 5

"We're struggling, and school expenses really added into it".

– Participant 6

*“When covid arises our business slowed down,
so unlike before my parents now afford it lesser”.*

– Participant 7

All participants uniformly reported facing challenges during the limited face-to-face modality, primarily attributed to financial difficulties arising from the triple expenses. This unanimous acknowledgment highlights a common thread of hardship among the participants, emphasizing the significant impact of the triple expenses on their financial well-being during this particular mode of instruction. This shared experience underscores the importance of understanding and addressing financial burdens as a key component of improving the overall educational experience during limited face-to-face modalities.

Subtheme 1.2: Limited Access to Education

In the realm of education, the concept of access encompasses the efforts made by educational institutions and policies to guarantee, or at least endeavor to guarantee, that all students have fair and equitable opportunities to maximize their educational potential. Limited access to education denotes the absence of opportunities for individuals to acquire knowledge and skills, often stemming from factors such as poverty, geographic location, and the presence of contagious diseases (Zoltán Rónay & Ewelina K Niemczyk, 2021). This term encapsulates the barriers that hinder individuals from fully participating in educational endeavors, highlighting the need for targeted interventions to mitigate disparities and ensure equal access to quality education for all.

*“Sometimes my education in clinical training is
not that good because of the limited access.”*

– Participant 1

*“The most challenging task is that you’re only
given a limited time to perform the return
demonstration. Like we’re only given 15 minutes time to
perform it though the the process was supposed to be
long. So given a limited time they can only provide us a
quick teachings but as a student it should be detailed
and given us an enough time so we can understand their
discussion”.*

– Participant 2

*“For me, the most challenging experience during
the limited face-to-face classes was not hearing clearly
what the instructor is teaching due to face mask used
and he’s far from us because we need to observe social
distancing and most especially the learnings that I
gained was not enough because of a limited time given”.*

– Participant 3

Participants are currently in the process of adapting to their new routine, facing challenges such as restricted access to the school's equipment during return demonstrations, insufficient

time to seek clarification on lessons, limited budgets for essential resources, and the need to adhere to health and safety protocols. These adjustments highlight the multifaceted nature of the difficulties encountered, ranging from educational constraints to financial and health-related considerations. Addressing these challenges necessitates a comprehensive approach that takes into account the various aspects of participants' experiences, emphasizing the importance of providing support and resources to facilitate a smoother transition and learning process.

“When face-to-face classes resumed I got struggled in a limited time for our demonstration and to think we’re dealing with patients”.

– Participant 4

“Since it’s a limited face-to-face I need to look for other resources to learn as a student nurse and the most challenging task is when performing the procedures in the hospital considering that I’m not expert to do the other procedures”.

– Participant 5

“In that moment where we are hurry because of restrictions and protocols that needs to be followed”.

– Participant 6

“Of course it’s really different than before where we can access things for return demo unlike now it should only be 15 minutes”.

– Participant 7

Some participants encountered difficulties as they struggled to clearly hear the teacher due to the presence of face masks and physical barriers. This challenge underscores the impact of safety measures on the communication and learning experience within the educational setting. Addressing such issues may involve implementing alternative communication methods, ensuring technological solutions are accessible, and fostering an environment where participants feel comfortable expressing their concerns to enhance overall learning effectiveness during these unique circumstances.

Theme Cluster 2: Emotional Distress

Arvidsdotter et al. (2016) posit that emotional distress represents a state of emotional suffering linked to challenging stressors and demands in daily life. It manifests as the body's reaction to external influences, such as individuals, groups, objects, or entities. The landscape of clinical training has undergone a significant transformation, shifting towards online and alternative teaching methods due to the COVID-19 pandemic. This paradigm shift has heightened stress levels among medical students during their clinical training. The ongoing crisis is poised to leave a lasting impact on history, demarcating a pre- and post-COVID-19 era for clinical training in the 21st century. Worldwide, medical schools have halted clinical internships and bedside teaching in response to the pandemic, leading to missed learning opportunities. Additionally, medical students grapple with uncertainties about their professional futures, a

factor shown to adversely affect both their physical and mental well-being (Nikendei et al., 2021). This complex interplay of factors emphasizes the need for comprehensive support systems to address the emotional distress and challenges faced by medical students during these unprecedented times.

Subtheme 2.1: Stress

Stress extends beyond a mere physical reaction; it can profoundly impact emotions, behavior, and cognition (Yasmin, 2020). The effects of stress vary among individuals, as different stressors evoke diverse responses. Medical students are grappling with heightened stress levels as COVID-19 gradually takes a toll on their physical, emotional, and mental well-being. Prolonged social distancing measures can exert adverse effects on mental health, exacerbating pre-existing conditions. The current pandemic, marked by escalating death tolls and an inundation of COVID-19 discussions in the media, makes it challenging to remain unaffected. Adapting to the new "normal" of medical student education, characterized by limited on-campus learning, diminished peer interactions, a lack of direct patient care involvement, and increasing barriers in professional identity formation, poses a formidable challenge (Moula et al., 2022). The confluence of these stressors underscores the importance of recognizing and addressing the multifaceted impact of the pandemic on the mental well-being of medical students.

“Academic workload still happened. I need to set my priority due to a lot of things to consider and it’s really stressful knowing that this is a new way of learning that I’m not used to.”

– Participant 1

“So now it’s stressful and can somehow lost our interest. Especially when you’re not allowed to go home when you did not finish your duty hours. It also made you lost your motivation from all these happenings and lost our interest not just as a student but also in life. It’s really frustrating that affects a good mindset”.

– Participant 2

The majority of participants expressed that limited face-to-face classes induced stress, particularly during their return demonstrations. This stress was attributed to the constrained time available for these activities, compounded by the perceived absence of spontaneous interaction with their clinical instructors. The reported challenges underscore the impact of restricted in-person learning on both the practical aspects of education, such as return demonstrations, and the interpersonal dynamics between students and clinical instructors. Addressing these concerns may involve implementing strategies to optimize time management and finding innovative ways to foster meaningful interactions within the limitations of the current learning environment.

“I really get stressed and get annoyed when I think about this situation and it’s also disappointing in

a sense where you encounter a kind of happenings that really affects the learnings of the students”.

– Participant 3

“I’ve been struggling this year because my parents got a problem and it really made me stressed”.

-Participant 4

“Im so stress because our trainings in the field are still lacking to think we’re graduating”.

– Participant 5

“Many things has changed, that’s why I got stressed together with my classmates”.

– Participant 6

“The struggled I got at home and then added by the strict policy at school made me so stress”.

– Participant 7

Subtheme 2.2: Despair and Anxiety

Despair and anxiety can manifest when individuals feel that life or a particular situation is beyond their control. Anxiety, often linked to uncertainties about the future, is closely tied to the biologically based fear response—an inherent defense mechanism against threats to the body's well-being (Grillon, 2008). This emotional state can take various forms, including excessive worry, fear, and avoidance behaviors, ultimately interfering with daily activities and diminishing one's overall quality of life.

The impact of COVID-19 on student education and well-being has been significant, with academic disruptions affecting the delivery of university teaching and leading to psychosocial consequences for the university community. Students, in particular, are grappling with heightened anxiety during the pandemic, resulting in decreased motivation for academic pursuits. This anxiety is closely associated with heightened concerns about academic performance, social interactions, and economic well-being. College students may also contend with feelings of loneliness and isolation, not solely due to severed social connections but also because the abrupt disruption of the semester can halt ongoing research projects and internships, introducing uncertainty regarding graduation and job market availability (Idris et al., 2021). The psychosocial impact of these challenges underscores the need for comprehensive support systems to address the holistic well-being of students during these unprecedented times.

“It gives me anxiety especially there are return demonstration, it’s hard to perform and I preferred that there’s an instructor perform in front of me, before I perform, rather than having module or video to follow that challenge me study on my own”.

– Participant 1

“I got to be depressed because I don’t have anyone to be with during face to face because nag rent kog apartment, and I’m the only one occupying, I got a low score during return demonstration because of the

limited exposure and that increases my anxiety since I don't have my family with me".

– Participant 2

"I'm a bit concerned because during pandemic it's been 2 years of having the modular learning where I just do my activities in my most convenient time and because of that when they announced to have a limited face-to-face classes I was a bit worry because I do not have gained enough learnings in which I could say that the modular learning isn't that effective"

- Participant 3

"It made me sad and disappointed having those expectations that we can save because it's only limited".

-Participant 4

"A lot of emotions that happened to me, I got anxiety during duty because of lack of time to prepare and lacking of knowledge"

- Participant 5

"I almost got to lose my hope thinking this situation to be permanent"

– Participant 6

"I'm also concerned because we are to be exposed in the hospital and there comes a lot of "what ifs" in my mind"

- Participant 7

All participants shared that the limited face-to-face classes brought about anxiety during their return demonstrations due to the constraints of time and the absence of spontaneous interaction with clinical instructors. Feelings of homesickness contributed to a sense of sadness, affecting overall productivity. Consequently, the perception of limited face-to-face modalities is seen as both negative and positive, presenting a mix of challenges and potential benefits.

Theme Cluster 3: Psychological Resilience

Psychological resilience is defined as the capacity to rebound or surmount adversity, thereby manifesting positive outcomes despite encountering aversive events or situations (Sisto et al., 2019). Individuals demonstrating psychological resilience cultivate coping strategies and capabilities that facilitate composure and concentration amidst crises, leading to a resolution without enduring prolonged negative consequences.

Emotion-focused coping strategies involve directing attention towards mitigating the emotional impact of stress-inducing situations through distraction or relaxation procedures. While individuals generally possess an array of coping strategies to navigate stressors, a predominant preference for a specific coping type is often observed (Schoenmakers et al., 2015). Furthermore, coping mechanisms are not solely determined by individual disposition but are also influenced by an individual's appraisal of the demands inherent in a given situation (Berjot & Gillet, 2011).

Subtheme 3.1: Goal Setting

Center & Midwest Comprehensive (2018) assert that goal setting stands as a pivotal strategy in addressing the diverse needs of all students, offering opportunities for challenge and success across varying proficiency levels. The adoption of goal setting, particularly emphasizing student-owned goal setting, emerges as a crucial tactic to foster engagement and instill a sense of ownership in their educational pursuits, thereby sustaining focus and motivation. Given the anticipated repercussions of COVID-19 on student learning, especially as educational institutions persist in virtual formats, the implementation of effective goal-setting strategies becomes paramount.

According to Sam et al. (2022), medical education presents distinct challenges in comparison to disciplines such as law and psychology. The intrinsic nature of the medical curriculum and the rigorous demands of the profession contribute to heightened pressure, resulting in a prevalence of stress and its consequential impact on students' personal and academic spheres. Notably, coping strategies employed by respondents include sharing emotions, engaging in activities, utilizing humor, relying on faith, fostering hope, avoiding negative thought patterns, and implementing problem-solving techniques. Additionally, communication with others, the expression of feelings, maintaining a busy schedule, prayer, and sustaining hope emerged as prevalent coping mechanisms among the respondents (Rahmat et al., 2022).

“And me who has a big dream no matter how hard it is I have the belief that I can do this with the help of the Lord and with persistent”.

– Participant 1

“I did a self- motivation and encourage myself that whatever this pandemic could bring I could still deal with it. I do advance reading and study then during clinical duty since we only have a limited exposure I need to remember and perform the goal, specific activities and questions”.

– Participant 2

“Since it’s now our clinical duty I strived to study and summarized all the things to do like jotting it down on my pocketbook and buying those equipment for duty which is very expensive”.

- Participant 3

“Learning to have a self study because our interactions with our clinical instructors was lessened so it really needs to study in order to understand because not all the topics are discussed during classes due to a very limited time”.

– Participant 4

“What I did was I work harder than the usual and do my best in everything I do to be productive especially in school works”.

– Participant 5

“I always think of our situation and no matter how stressful it is I really strived to go on”.

– Participant 6

“I have no other choice, aside from me no one can help me so I’ve strived to reach my dreams despite from a lot of problems”.

- Participant 7

The data presented suggests that a significant proportion of participants encountered emotional distress across various contexts during face-to-face modalities. Personality traits emerged as influential factors shaping participants' coping strategies, with an emphasis on proactive coping techniques. Rather than merely reacting to challenges, participants demonstrated a preference for actively seeking solutions. By exerting control over their emotions, participants aimed to bolster their sense of purpose and confidence in their capacity to navigate challenging circumstances.

Subtheme 3.2: Recreation Activities

The advent of the COVID-19 pandemic resulted in lockdowns across numerous states, leading to restrictions on recreational activities, including gym and workout studio closures. In response, students adopted coping mechanisms centered around the establishment of new routines, prioritizing social or group activities, and engaging in physical exercise. The implementation of structure in their daily lives involved the incorporation of practices such as meditation, cooking, regular walks, remote participation in extracurricular activities, and modifications to their physical work environments (Christison, 2013). Furthermore, students employed proactive and creative coping strategies, including the establishment of new daily routines, a focus on physical exercise, attention to cooking and nutritional habits, and the maintenance of social or group activities, either remotely or within their households. Many students resorted to diverse forms of physical exercise, utilizing available home equipment as an alternative to gym access (Ejiri et al., 2020).

“Sometimes, together with my classmates we gather for an overnight to discuss the things we didn’t understand and if we have nothing to do we go to somewhere”.

- Participant 1

“Sometimes I watched it for a Kdrama because it’s my stress reliever”.

– Participant 2

“I manage my feelings by taking a deep breath, I always pray to God that hopefully he will be with me and believing that I can do it and whatever the outcome I can overcome it”.

– Participant 3

“Classes are still enjoyed despite a lot of things to do because I’m with my classmates every day and after duty we go to plaza”.

-Participant 4

“Then hanging out to relieve stress”.

–Participant 5

“I’m not fond on hanging out and if I got stress I will read stories from wattpad in order to relax my brain”.

– Participant 6

“Before my parents spoiled me in going to salon but now that we have problem and they know I’m stress with everything so they come to visit me and we go to plaza or even in malls to eat anything they can afford”.

-Participant 7

Participants exhibited the capacity to reflect upon and regulate their emotions through the application of effective time management, engagement in recreational activities such as playing games, and religious practices, including prayer.

Theme Cluster 4: Positive Contribution

Positive contribution denotes an individual's inclination to engage with life and its challenges in a positive manner, aligning with characteristics associated with happiness, such as optimism, extraversion, and success. It transcends being merely a consequence of a content and less stressful life, emerging as an influential factor that can independently contribute to lower stress levels (Fors Connolly & Johansson Sevä, 2021). Contrary to the notion, Alexander et al. (2021) stated that individuals who are optimistic and successful experience positive effects solely due to their existing happiness, positive contribution emerges as a distinct and contributing element that directly mitigates stress.

The convenience and adaptability inherent in limited face-to-face learning cultivate an environment conducive to continuous learning opportunities, particularly beneficial for individuals contending with competing family priorities. According to (Mather & Sarkans, 2018), students shouldering childcare responsibilities or facing substantial commuting distances find value in the flexibility afforded by limited delivery. This is especially pertinent for those juggling family life, employment, and academic pursuits, as blended learning aligns more seamlessly with their schedules, enhancing the overall learning experience.

Subtheme 4.1: Convenient

Convenience, in this context, pertains to suitability for purposes and needs, causing minimal difficulty. Students expressed the view that while blended teaching proved beneficial and complemented their learning, it should ideally function as a contingency plan for face-to-face instruction. The shift to blended teaching amid the COVID-19 pandemic led to the recording of most sessions, allowing students the flexibility to revisit them multiple times and assimilate the lecture content at their own pace (Atwa et al., 2022). Blended learning, employed by both academia and students, is still in its early stages but shows a rising trajectory due to its instructional advantages and the integration of modern technologies, tools, and applications. It serves to augment the learning performance of learners, a proposition supported by various studies indicating that modern technologies contribute positively to students' academic

achievement. The overarching goal of blended learning, as a technology-led approach, is to optimize students' learning outcomes (Hussain et al., 2019).

“It gives me a big difference on complying my academics because before I can focused properly on academics”.

– Participant 1

“Good thing that the discussions are recorded where we can view or replay it”.

– Participant 2

“I’m thankful of technology because the discussion were pre-recorded”.

- Participant 3

“Everytime we have an assignment I can do it right away because there’s no other things to do”.

–Participant 4

“It’s giving me more time to rest and spend time with my family due to blended learning and with sched.”

- Participant 5

“My worry is quite a bit lessen because I don’t have to go to school everyday”.

- Participant 6

“It’s really convenient on me because I can sleep on the right time and if there’s any activity we can manage it because we have our sched”.

- Participant 7

Theme Cluster 5: Practicing Nursing Care

Practice nursing care encompasses a caring-based approach that applies diagnostic and treatment processes to human experiences of health and illness. The American Nurses Association (ANA) delineates three fundamental nursing activities, explicitly addressing environmental and health-related issues, preventive health approaches, and considerations for populations alongside individuals. Restorative practices focus on mitigating the impact of illness and disease, supportive practices aim to modify relationships or the environment to bolster health, and promotive practices strive to mobilize healthy living patterns, foster personal and familial development, and uphold self-defined goals for individuals, families, and communities.

The nursing process, comprising assessment, diagnosis, planning/outcomes, intervention, and evaluation, is hailed as the core and essence of nursing, serving as the linchpin for all nursing actions. It is a purposeful, systematic, and logical problem-solving process that guides nursing practice. The active involvement of patients in the nursing process is encouraged, limited only by physical or emotional constraints. Particularly noteworthy in nursing education is the profoundly emotional aspect associated with the practical component of care. Experiences in this regard vary among student groups, influenced by factors such as the inclusion of practice-based subjects during the education period impacted by the state of alarm, proximity to the

conclusion of their nursing training, or involvement in post-graduate studies for health professionals (Ramos-Morcillo et al., 2020).

Subtheme 5.1: Assessment

One of the primary objectives of bachelor's programs in nursing is to equip graduates with the ability to engage in critical thinking and problem-solving across diverse clinical practice areas, thereby ensuring the development of essential clinical competence (Fukada, 2018). The assessment of nursing students in clinical settings holds paramount significance in achieving this goal. Nursing professionals are expected to execute their professional commitments and activities with meticulous care, demonstrating a high standard of performance and unwavering fidelity towards those they serve. Attributes such as honesty, understanding, gentleness, and patience should permeate all nursing actions, underlining the importance of a nuanced sense of appropriateness. This perspective aligns with the findings of (James et al., 2016), who emphasized the intelligence and quick decision-making capabilities essential for nurses in clinical settings, where such decisions often have life-saving implications (Abu Arra et al., 2023)

“If in clinical duty it’s really challenging because you can encounter patients and you’re learning on the actual field of the profession in other words there’s a lot to consider like from the patients concern down to chartings”.

– Participant 1

“It’s not just you’re only studying but to know that you’re dealing with career and there should be no rooms for mistake because the one we studied is about life”.

– Participant 2

“And as a student nurse in a clinical duty it’s a long process to make an outcome or result for yourself effectively in which you need to study, apply your knowledge, gain experience, evaluate, reflect and more”.

– Participant 3

“During hospital duty it’s quite difficult for you to go to the patient for chance to get infected but I realized that I dreamed to render care for them so I need to stand with it”.

– Participant 4

“I studied to gain more knowledge and practice my skills in performing possible procedures during clinical duty”.

– Participant 5

“As a nursing student I need to gain experience, apply my knowledge during lecture in order to be confident enough to face my patient during duty with the necessary skills and competence. This will help me provide quality care and ensure the safety of my patients while promoting their well-being”.

– Participant 6

“It is indeed difficult due to a lot of changes and it’s different when you’re in the field already, but as a future nurse you need to be automatic to adopt the changes and your mind should always be focused on the patient”.

– Participant 7

As per the information provided, a significant number of participants reached the consensus that despite the sudden shifts in the learning environment brought about by the COVID-19 pandemic and the challenges associated with online learning, their adaptability, effective learning, and psychosocial experiences were enhanced, further solidifying their commitment to pursuing careers in nursing. Notably, they expressed an unpreparedness to provide patient care in a clinical setting and voiced reservations about relying solely on a virtual, simulated clinical environment. The prevailing sentiment among participants was a belief that the virtual simulation environment fell short of providing them with the practical experience necessary for competent patient care.

Theme Cluster 6: Social Support

Social support encompasses both psychological and material resources offered to individuals to aid in coping with stress. This support can manifest in various forms, such as assisting with daily tasks during illness, providing financial aid, offering advice during challenging times, and expressing care, empathy, and concern for loved ones (Liu et al., 2021). In the context of this study, the themed cluster of "Social Support" is further elucidated through themes like communicating with family members and talking with friends.

Studies rooted in support theory underscore the pivotal role of social support as a crucial environmental resource within social dynamics, intimately linked to the management and prevention of negative emotions. Robust social support serves as a protective factor for individuals under stress, exerting a positive influence on their overall health and emotional stability. Conversely, individuals lacking adequate support exhibit lower mental resilience and may experience poorer mental and physical health outcomes. In essence, an individual's social relational background plays a pivotal role in bolstering their resilience, mitigating stressors, and preserving their health and well-being (Mai et al., 2021).

Subtheme 6.1: Family Bonding

Many external factors can influence learning engagement, including the external environment, school support, and family support. Family support refers to environmental support, emotional support, and capability support. In the process of students developing learning potential, their interactions with their proximal social environment are of utmost importance (Gao et al., 2021). Students’ family support, including family socioeconomic status,

parental support, parental expectations, family social and material resources, etc., affects the development of learning competencies and learning motivation (Şengönül, 2022).

“Even how tiring in duty and is it’s quite difficult for you to go home you still have to find a way to communicate your family like through video call just to see them because they used to be your stress reliever”.

– Participant 1

“And sometimes when I got home from duty I got surprised to see my parents and they don’t know how delighted I am like I got an overloaded happiness”.

– Participant 2

“I communicate with my family by sharing my complaints to them about how annoying and ineffective it is for me”.

– Participant 3

“My parents were very strict in me and they always call me for an update in everything but I thank God that they understand my situation where I’m still slowly accepting “.

– Participant 4

“I message my parents and siblings from time to time through chats and video calls because I can barely go home”.

– Participant 5

“I am close with my family so they visited me every time I can’t go home”.

– Participant 6

“My parents love me that much so they almost visited me three times a week, and bring me to malls just to lessen my stress”.

– Participant 7

Subtheme 6.2: Comfort accomplice

Social support, often referred to as a comfort accomplice, encompasses the care and assistance individuals receive from their social networks. From the perspective of interpersonal relationships, social support can be categorized into four distinct forms: emotional support entails offering empathy, warmth, love, and trust to others; instrumental support involves providing tangible aid and services during times of need; informational support entails offering helpful suggestions and information to assist others in problem-solving; and appraisal support entails providing constructive feedback for self-evaluation (Mai et al., 2021).

Social support plays a pivotal role in enhancing an individual's mental resilience by aiding in coping with and recovering from challenging situations and adversity, thereby fostering a positive mental state (Wu et al., 2020). Notably, peer support, characterized by interpersonal connections among individuals of similar age engaged in common activities and mutual cooperation, serves as a significant source of social support for college students (Wang & Hu, 2021; Yang et al., 2022). These peer connections offer moral and material resources that help alleviate stress and mitigate negative emotions induced by stressors, thereby influencing

individuals' adaptation to adverse circumstances. For medical students separated from their families, peers such as schoolmates and friends often serve as the most dependable members of their social networks and crucial sources of social support. Moreover, family support has been shown to effectively assist students in navigating challenging situations, reducing mental stress, and safeguarding mental health, thereby promoting their overall mental well-being (Yang et al., 2022). Additionally, other sources of social support, including relatives and teachers, exert a beneficial influence on students' risk-taking intentions and contribute to improvements in their physical and mental health (Deng et al., 2022).

“Even how tiring in duty you still have your love ones who serves to be your stress reliever”.

– Participant 1

“I am so delighted like having an overloaded happiness every time I’m with my friends and boyfriend”.

– Participant 2

“My friends help me out to be calm and thinking that this will be done”.

– Participant 3

“And I know it’s bad to keep secrets to my parents that I’m in a relationship but my boyfriend helps me with everything he can, just like we study together because like me he is also a student, if we have free time we eat together so it’s like lessened my feelings with regards to this kind of situation”.

– Participant 4

“Together with my friends we go anywhere most especially if we have free time and sometimes right after duty to relieve the tiredness”.

– Participant 5

“It’s really different when your friends are also your classmates because you can share with them and they are willing to listen your rants”.

– Participant 6

“I’m thankful because aside from my friends I also have my cousins, my boyfriend who’s willing to listen and help me”.

–Participant 7

As gleaned from the statements above, a majority of the participants drew support from their family members. This social support proved instrumental in assisting participants in coping with stress, anxiety, and sadness. The participants exhibited a keen ability to discern sources of social support, leading to an increased inclination toward adopting positive coping strategies. The presence of caring and supportive individuals in their social circles contributed to participants viewing themselves as better equipped to navigate life's stresses. Consequently, the likelihood of participants embracing and enhancing their mental health is heightened through this supportive social environment.

Conclusion

This study aimed to explore the lived experiences of nursing students transitioning to limited face-to-face learning modalities amidst the COVID-19 pandemic. The findings reveal significant challenges faced by participants, including difficulties adjusting to new routines, limited access to essential school equipment during practical demonstrations, inadequate time to clarify lessons, and financial constraints for basic resources. These challenges were compounded by anxiety during clinical return demonstrations and homesickness, which adversely affected productivity.

Despite these adversities, participants demonstrated resilience by adopting coping strategies such as time management, engaging in recreational activities, and practicing prayer, which helped them manage their emotions and maintain a sense of purpose. Family support emerged as a vital resource, providing emotional stability and bolstering participants' ability to navigate academic and personal pressures. The findings emphasize the importance of fostering a supportive and empathetic educational environment to sustain student well-being and engagement during periods of disruption.

In comparison to students from other health professions or non-health disciplines, the unique demands of nursing education—particularly the need for hands-on clinical practice—exacerbate the impact of learning disruptions. While many students across disciplines may struggle with limited interaction and access to resources, nursing students face the additional challenge of mastering practical and clinical competencies essential for their future roles. Including comparative perspectives in future studies could provide a richer understanding of how various student groups adapt to educational transitions, offering valuable insights for tailoring interventions across disciplines.

Globally, the findings resonate with experiences shared by nursing students and educators navigating similar transitions to hybrid or remote learning modalities. This study underscores the critical need for nursing education systems to prioritize accessibility, affordability, and quality to ensure equitable learning opportunities during and beyond the pandemic.

Future research should expand its scope to include diverse educational settings, comparative analyses with other student groups, and larger, longitudinal samples. Such studies could investigate the long-term impacts of blended learning on students' clinical skills, mental health, and academic performance while identifying effective strategies to enhance educational resilience. By addressing these gaps, research can contribute to building robust and adaptable educational frameworks capable of meeting the challenges posed by future global crises.

Recommendations

Based on the findings and conclusions of this study, several recommendations are proposed to enhance the educational experience for nursing students and guide future research. Financial support programs, scholarships, and grants tailored for nursing students are essential to alleviate financial constraints, along with institutional and governmental initiatives to provide essential educational tools such as laptops, mobile devices, and reliable internet connectivity, especially for students in underserved areas. Expanding access to both physical and digital resources, including libraries, e-learning platforms, and simulated clinical environments that replicate real-world scenarios, is equally critical. Strengthening partnerships with healthcare institutions can also provide immersive, hands-on learning opportunities. Additionally, mental health resources specifically designed for nursing students, such as counseling services, stress management workshops, and peer-support networks, should be developed and integrated into the curriculum to address their unique challenges.

Improvements to blended learning environments are also recommended, including addressing technological barriers through workshops, training, and technical support for both students and faculty. Adaptive learning models that balance virtual and in-person interactions can help ensure the effective acquisition of clinical skills. Family and social support systems play a vital role, and awareness campaigns targeting families, as well as peer mentorship programs, can foster collaboration, emotional support, and understanding. Faculty development through continuous training on innovative teaching methods, virtual facilitation, and student engagement strategies is another key recommendation. At the institutional and national levels, broader advocacy is needed to ensure equitable access to quality nursing education, particularly during emergencies or disruptions.

Future research should explore the comparative experiences of nursing students alongside those in other health and non-health disciplines to provide a holistic understanding of challenges across fields. Investigating the long-term effects of blended learning on nursing students' clinical competencies, academic performance, and mental health is crucial, as is studying the role of virtual simulation in bridging gaps in clinical education. Further studies should assess the effectiveness of support systems such as financial aid, mental health resources, and peer mentorship programs in improving student outcomes. Moreover, examining the cultural and socioeconomic factors influencing nursing students' adaptability to hybrid learning models, particularly in underserved regions, can offer valuable insights. By addressing these recommendations and broadening the scope of future research, nursing education stakeholders can create a more inclusive, supportive, and resilient learning environment.

REFERENCES

- Abu Arra, A. Y., Ayed, A., Toqan, D., Albashtawy, M., Salameh, B., Sarhan, A. L., & Batran, A. (2023). The Factors Influencing Nurses' Clinical Decision-Making in Emergency Department. *Inquiry (United States)*, *60*. <https://doi.org/10.1177/00469580231152080>
- Alexander, R., Aragón, O. R., Bookwala, J., Cherbuin, N., Gatt, J. M., Kahrilas, I. J., Kästner, N., Lawrence, A., Lowe, L., Morrison, R. G., Mueller, S. C., Nusslock, R., Papadelis, C., Polnaszek, K. L., Helene Richter, S., Silton, R. L., & Styliadis, C. (2021). The neuroscience of positive emotions and affect: Implications for cultivating happiness and wellbeing. *Neuroscience and Biobehavioral Reviews*, *121*, 220–249. <https://doi.org/10.1016/j.neubiorev.2020.12.002>
- Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding persons with psychological distress in primary health care. *Scandinavian Journal of Caring Sciences*, *30*(4), 687–694. <https://doi.org/10.1111/scs.12289>
- Atwa, H., Shehata, M. H., Al-Ansari, A., Kumar, A., Jaradat, A., Ahmed, J., & Deifalla, A. (2022). Online, Face-to-Face, or Blended Learning? Faculty and Medical Students' Perceptions During the COVID-19 Pandemic: A Mixed-Method Study. *Frontiers in Medicine*, *9*. <https://doi.org/10.3389/fmed.2022.791352>
- Barrot, J. S., Llenares, I. I., & del Rosario, L. S. (2021). Students' online learning challenges during the pandemic and how they cope with them: The case of the Philippines. *Education and Information Technologies*, *26*(6), 7321–7338. <https://doi.org/10.1007/s10639-021-10589-x>
- Berjot, S., & Gillet, N. (2011). Stress and coping with discrimination and stigmatization. *Frontiers in Psychology*, *2*(FEB), 1–13. <https://doi.org/10.3389/fpsyg.2011.00033>
- Branquinho, C., Santos, A. C., Ramiro, L., & Gaspar de Matos, M. (2021). #COVID#BACKTOSCHOOL: Qualitative study based on the voice of Portuguese adolescents. *Journal of Community Psychology*, *49*(7), 2209–2220. <https://doi.org/10.1002/jcop.22670>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Center, & Midwest Comprehensive. (2018). Student Goal Setting : An Evidence-Based Practice. *American Institutes for Research*, 1–11.
- Christison, C. (2013). Benefits of participating in EA. *BU Journal of Graduate Studies in Education*, *5*(2), 17–20. <https://eric.ed.gov/?id=EJ1230758>
- Deng, Y., Cherian, J., Khan, N. U. N., Kumari, K., Sial, M. S., Comite, U., Gavurova, B., & Popp, J. (2022). Family and Academic Stress and Their Impact on Students' Depression Level and Academic Performance. *Frontiers in Psychiatry*, *13*(June), 1–13. <https://doi.org/10.3389/fpsyg.2022.869337>
- Ejiri, M., Kawai, H., Kera, T., Ihara, K., & Fujiwara, Y. (2020). *Since January 2020 Elsevier*

- has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information . January.
- Fors Connolly, F., & Johansson Sevä, I. (2021). Agreeableness, extraversion and life satisfaction: Investigating the mediating roles of social inclusion and status. *Scandinavian Journal of Psychology*, 62(5), 752–762.
<https://doi.org/10.1111/sjop.12755>
- Fukada, M. (2018). CNCSS, Clinical Nursing Competence Self-Assess-ment Scale Nursing Competency: Definition, Structure and Development. *Yonago Acta Medica*, 61, 1–007.
- Gao, H., Ou, Y., Zhang, Z., Ni, M., Zhou, X., & Liao, L. (2021). The Relationship Between Family Support and e-Learning Engagement in College Students: The Mediating Role of e-Learning Normative Consciousness and Behaviors and Self-Efficacy. *Frontiers in Psychology*, 12(February). <https://doi.org/10.3389/fpsyg.2021.573779>
- Grillon, C. (2008). Models and mechanisms of anxiety: Evidence from startle studies. *Psychopharmacology*, 199(3), 421–437. <https://doi.org/10.1007/s00213-007-1019-1>
- Hussain, I., Hussain Shahzad, A., Ali, R., & Professor, A. (2019). A Qualitative Study on Practices and Issues of Blended Learning in Higher Education. *Pakistan Journal of Distance and Online Learning*, 5(1), 189–208.
- Idris, F., Zulkipli, I. N., Abdul-Mumin, K. H., Ahmad, S. R., Mitha, S., Rahman, H. A., Rajabalaya, R., David, S. R., & Naing, L. (2021). Academic experiences, physical and mental health impact of COVID-19 pandemic on students and lecturers in health care education. *BMC Medical Education*, 21(1), 1–13. <https://doi.org/10.1186/s12909-021-02968-2>
- James, O. E., E., E. R., Chukwudi, U. E., & Paulina, A. I. (2016). Knowledge Practice and Outcome of Quality Nursing Care Among Nurses in University of Calabar Teaching Hospital (UCTH). *Journal of Education and Training Studies*, 4(11), 179–193.
<https://doi.org/10.11114/jets.v4i11.1926>
- Liu, Y., Zhu, Y., & Xia, Y. (2021). Support-Seeking Strategies and Social Support Provided in Chinese Online Health Communities Related to COVID-19. *Frontiers in Psychology*, 12(November). <https://doi.org/10.3389/fpsyg.2021.783135>
- Mai, Y., Wu, Y. J., & Huang, Y. (2021). What Type of Social Support Is Important for Student Resilience During COVID-19? A Latent Profile Analysis. *Frontiers in Psychology*, 12(June), 1–11. <https://doi.org/10.3389/fpsyg.2021.646145>
- Mather, M., & Sarkans, A. (2018). Student Perceptions of Online and Face-to-Face Learning conditions of the Creative Commons Attribution license (CC BY-NC-ND). *International Journal of Curriculum and Instruction*, 10(2), 61–76.
- Moula, Z., Horsburgh, J., Scott, K., Rozier-Hope, T., & Kumar, S. (2022). The impact of Covid-19 on professional identity formation: an international qualitative study of

- medical students' reflective entries in a Global Creative Competition. *BMC Medical Education*, 22(1), 1–9. <https://doi.org/10.1186/s12909-022-03595-1>
- Negash, S., Kartschmit, N., Mikolajczyk, R. T., Watzke, S., Matos Fialho, P. M., Pischke, C. R., Busse, H., Helmer, S. M., Stock, C., Zeeb, H., Wendt, C., Niephaus, Y., & Schmidt-Pokrzywniak, A. (2021). Worsened Financial Situation During the COVID-19 Pandemic Was Associated With Depressive Symptomatology Among University Students in Germany: Results of the COVID-19 International Student Well-Being Study. *Frontiers in Psychiatry*, 12(December), 1–12. <https://doi.org/10.3389/fpsy.2021.743158>
- Nikendei, C., Dinger-Ehrenthal, U., Schumacher, F., Bugaj, T. J., Cranz, A., Friedrich, H. C., Herpertz, S. C., & Terhoeven, V. (2021). Medical students' mental burden and experiences of voluntary work in COVID-19 patient support and treatment services: A qualitative analysis. *GMS Journal for Medical Education*, 38(7), 1–18. <https://doi.org/10.3205/zma001516>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>
- Rahmat, H., Aris, A., Mohd Miskam, H., Rajendran, K., & Mashudi, R. (2022). Students' attitudes and coping strategies relating to online learning during the COVID-19 pandemic: A cross-sectional study. *F1000Research*, 11, 320. <https://doi.org/10.12688/f1000research.73610.1>
- Ramos-Morcillo, A. J., Leal-Costa, C., Moral-García, J. E., & Ruzafa-Martínez, M. (2020). Experiences-of-nursing-students-during-the-abrupt-change-from-face-to-face-to-elearning-education-during-the-first-month-of-confinement-due-to-COVID19-in-SpainInternational-Journal-of-Environmental-Research-and-Publ.pdf. *International Journal of Environmental Research and Public Health*, 17(5519), 1–15.
- Ratanasiripong, P., Wang, C. D. C., Ratanasiripong, N., Hanklang, S., Kathalae, D., & Chumchai, P. (2022). Impact of psychosocial factors on academic performance of nursing students in Thailand. *Journal of Health Research*, 36(4), 598–606. <https://doi.org/10.1108/JHR-07-2020-0242>
- Sam, C. P., Mamat, N. H., & Nadarajah, V. D. (2022). An exploratory study on the challenges faced and coping strategies used by preclinical medical students during the COVID-19 crisis. *Korean Journal of Medical Education*, 34(2), 95–106. <https://doi.org/10.3946/kjme.2022.222>
- Sarmiento, P. J. D., Sarmiento, C. L. T., & Tolentino, R. L. B. (2021). Face-to-face classes during COVID-19: a call for deliberate and well-planned school health protocols in the Philippine context. *Journal of Public Health (United Kingdom)*, 43(2), E305–E306. <https://doi.org/10.1093/pubmed/fdab006>
- Savitsky, B., Findling, Y., Ereli, A., & Hendel, T. (2020). Since January 2020 Elsevier has

- created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information. *Nurse Education in Practice* \journal Homepage: www.elsevier.com/locate/nepr Original, 46(January), 1–8.
- Schoenmakers, E. C., van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: how are they related? *European Journal of Ageing*, 12(2), 153–161. <https://doi.org/10.1007/s10433-015-0336-1>
- Şengönül, T. (2022). A Review of the Relationship between Parental Involvement and Children's Academic Achievement and the Role of Family Socioeconomic Status in this Relationship. *Pegem Eğitim ve Öğretim Dergisi*, 12(2), 32–57. <https://doi.org/10.47750/pegegog.12.02.04>
- Sisto, A., Vicinanza, F., Campanozzi, L. L., Ricci, G., Tartaglino, D., & Tambone, V. (2019). Towards a transversal definition of psychological resilience: A literature review. *Medicina (Lithuania)*, 55(11), 1–22. <https://doi.org/10.3390/medicina55110745>
- Vitasari, P., Wahab, M. N. A., Othman, A., Herawan, T., & Sinnadurai, S. K. (2010). The relationship between study anxiety and academic performance among engineering students. *Procedia - Social and Behavioral Sciences*, 8(5), 490–497. <https://doi.org/10.1016/j.sbspro.2010.12.067>
- Wang, G., & Hu, W. (2021). Peer Relationships and College Students' Cooperative Tendencies: Roles of Interpersonal Trust and Social Value Orientation. *Frontiers in Psychology*, 12(July). <https://doi.org/10.3389/fpsyg.2021.656412>
- Wu, Y., Yu, W., Wu, X., Wan, H., Wang, Y., & Lu, G. (2020). Psychological resilience and positive coping styles among Chinese undergraduate students: A cross-sectional study. *BMC Psychology*, 8(1), 1–11. <https://doi.org/10.1186/s40359-020-00444-y>
- Yang, C., Gao, H., Li, Y., Wang, E., Wang, N., & Wang, Q. (2022). Analyzing the role of family support, coping strategies and social support in improving the mental health of students: Evidence from post COVID-19. *Frontiers in Psychology*, 13(December), 1–17. <https://doi.org/10.3389/fpsyg.2022.1064898>
- Yasmin, H. (2020). Covid 19: Stress Management among Students and its Impact on Their Effective Learning. *International Technology and Education Journal*, 4(2), 65–74.
- Zoltán Rónay, & Ewelina K Niemczyk. (2021). *New Challenges to Education: Lessons from Around the World*.