

WIL Paused – the Nursing Students Experiences During COVID-19

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Abstract

Introduction: The COVID-19 pandemic has impacted undergraduate student nurses' educational experience both in Australia and internationally. Work-Integrated-Learning (WIL) was particularly affected in nursing with significant variations throughout the world of how WIL was managed by health care and education providers. This created an environment that altered some students' progression through their nursing education and potentially impacts the future workforce. The purpose of the study was to identify why students deferred or withdrew from WIL during the COVID-19 pandemic, identify support mechanisms accessed and what influenced their decision to withdraw.

Method: Statistical data from a survey conducted during 2020 was analysed with SPSS. Free text and interview data were analysed using qualitative content analysis.

Results: The results indicate that students withdrew from WIL experiences due to: personal/family health, family responsibility and work/finances. The majority of students accessed supports; however, some students were not aware of supports available. Themes of the qualitative data were: supports, uncertainty, external influences, and possible solutions.

Discussion: The participants identified that the university offered many supports and often the decision was personal. Possible solutions were having an allocated counsellor, enabling easier access to online classes and a less restrictive process for granting assessment extensions.

Conclusion: The COVID-19 pandemic has created many challenges for vital WIL opportunities. The university responded to this and adapted policy and approaches to support students, however for some students this was inadequate. It is important to consider student experiences to ensure the future workforce is not disrupted during this time of need.

Keywords

COVID-19, pandemic, Work-integrated Learning, clinical placement, student experiences

Introduction

During the COVID-19 pandemic, challenges to Work Integrated Learning (WIL) experiences have been numerous, and as such, government bodies, academic institutions and

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professional organisations urgently adapted policy, education programs and guidelines in response. The provision and continuity of WIL varied significantly throughout the world and was impacted by health care providers and agencies' ability to provide a safe clinical learning environment for students (Rosser et al., 2020). Such uncertainty around an already stressful experience has impacted on some students' progression through their training. The purpose of this paper was to explore the experience of Bachelor of Nursing (BN) students from one, multi-campus Queensland university who elected to defer or withdraw from their allocated WIL experience during the COVID-19 pandemic in an attempt to understand the influences around their decision making.

Background

Students attending university are commonly met with a range of new environmental, social, and intellectual challenges (Barnett et al., 2021), with courses that comprise a WIL component offering further demands such as navigating study, attending a WIL placement, and attempting to achieve a work and life balance. It is due to these additional demands that Walker and Rossi (2021) describe that undergraduate nursing WIL resulted in feelings of inability to cope, self-doubt, feeling overwhelmed, and stressed. With the additional concern of a pandemic, nursing students were confronted with the real possibility of psychological distress (Fitzgerald & Konrad, 2021). Due to the unique requirements for nursing WIL and concerns about dealing with bodily fluids and death, some students experience fear and anxiety prior to or during their education (Alzayyat et al., 2014). WIL placements can contribute to increased anxiety for university students, and this anxiety can impact the quality of students' life and can potentially lead to withdrawal from the program (Ion et al., 2021; Rafati et al., 2017; Sanad, 2019).

As the threat of the COVID-19 pandemic intensified in Australia, there were ongoing, sometimes daily changes of allocation or cancellation of WIL placements which impacted the student experience significantly. Dewart et al. (2020) identified the balance of risk to students while allowing WIL to continue (particularly in the early days of the pandemic when supplies of personal protective equipment were minimal), as well as struggling to reassure students in relation to their academic progress and, for some, their ability to graduate was potentially impacted. Concerns around safety, future careers, uncertainty, health care volunteering opportunities, risks of acquiring the virus or taking it home to family were all valid concerns raised by students and which academic programs had to consider (Dewart et al., 2020). In this everchanging environment, many students progressed with their WIL experiences as planned, while for others, it was a revised or postponed clinical experience.

Universities around the world have had to quickly adapt their approach to teaching, supports offered to students and staff, policies governing assessments, student and staff safety, communication, and WIL opportunities (Christ Dass et al., 2020; Ion et al., 2021). This shifting environment contributed to student feelings of anxiety and uncertainty (Daniel, 2020). Senior leaders involved in nurse education who were directly responsible for student education and well-being, identified feeling underprepared for the complexity of the COVID-19 pandemic (Ion et al., 2021). Information for students which sometimes arrived from multiple sources was suggested as contributing to confusion and anxiety for students, so a key priority of

responsive and consistent communication was identified as a key aspect for support (Alomari et al., 2021; Ion et al., 2021). It is also recognised that the shift to online learning or blended learning also can contribute to students' feeling of isolation and disadvantage (Carolan et al., 2020). Carolan et al. (2020) suggests that universities need to ensure student well-being by fostering emotional resilience into their curriculum and provide regular counsellor access. Supports offered to students during this time included the ability to make changes to a previously allocated placement, obtain extensions for assignments, access to academic consultations, online student service for study and progression support and counselling through a university wellbeing service. Given the increased anxiety related to the pandemic and possible other factors, some students elected to defer or withdraw from their WIL experiences despite the adaptations made. This study explores these student experiences.

Methods

The aim of this study was to explore the experiences of students who deferred or withdrew from a WIL experience during the COVID-19 pandemic. The purpose of the study was to identify supports those students accessed, influences on their decision to defer or withdraw and to identify further strategies that can support students to maintain their usual progression.

A survey design was employed. The survey was administered to explore demographics of the students who deferred or withdrew and identify aspects around support accessed and reasons behind the decisions made. Participants were then given an opportunity to provide further information about their experiences either through a free-text open question or to participate in an interview to provide a richer narrative of their experiences.

The sample consisted of students (n=233) who either deferred or withdrew their enrolment of a subject with a WIL component who were enrolled in a BN Programme in a South-East Queensland multi-campus university in Australia. This included students enrolled in seven courses across all three years of a BN program. All students who either applied for a deferred placement or withdrew from the associated course were emailed the survey link through their university email.

The survey development was guided by DeVellis' (2017) staged model for tool development. Item development evolved from the literature and university system around supports offered to students. These items were reviewed by the research team (n= 6) that consisted of academic staff, administration staff and research staff, to ensure relevance and comprehensibility. The survey was designed to be short and simple to enhance response rates. Participants completed the survey via a secure online survey platform (LimeSurvey) in November 2020 – January 2021. The survey included six demographic items and eight other items. Survey item responses included checklist boxes, including 'not applicable'. A free-text item was used for greater exploration of student experiences. Recruitment using the university email resulted in poor response rates (12%) and it was considered that students who had deferred or withdrawn were less likely to be engaging with their university emails. Permission was sought from ethics committee to contact students via text messaging to reach students who had disengaged from university. This adapted approach to data collection yielded a further 10% response rate. Students at the end of the survey were also offered the opportunity to discuss

their experience in greater detail in an interview however only one participant selected to be involved in an interview.

Ethical approval was obtained from the human research ethics committee (GU-HREC Approval number 2020/725). An information sheet outlining the study background and aims accompanied the survey. The return of a completed survey implied consent. All data were collected anonymously with no possible linking of IP addresses to surveys. All digital data were stored securely with password protection at the university.

Data analysis was performed using the Statistical Package for Social Science (SPSS, version 27). Frequency and summary statistics were used to describe the sample in terms of demographic characteristics and participant responses. The free text item and interview were analysed using qualitative content analysis (Sandelowski, 2000).

Results

233 students met the criteria for the survey. Fifty-three people submitted the on-line survey, giving a response rate of 22.7%. Given the participants were disengaged from the learning environment and were potentially vulnerable due to their COVID-19 experience and lockdown, this response rate was considered appropriate. Of the participants, five were male, 47 female and one did not declare, which is a representative sample of the male to female enrolment ratio. Some participants left some questions blank, which is evident in the results, as responses may be less than 53. Students from all campuses participated in the survey, covering a range of geographical and sociocultural areas. The majority of respondents were in the younger age brackets with fifteen <20 years of age, and twenty between 21-25 years old. Ten respondents were aged 26-40, and only seven were over 41 years old (Table 1). There were six international students; however, predominantly respondents were Australian domestic students (n=47). Forty-one were enrolled full-time, five part-time, and six changed their enrolment status down to part-time over the course of the year. Most students were enrolled in their second year of the Bachelor of Nursing (n=31), with a portion in their third and final year (n=11), and first year (n=10). Of the 53 participants, more than half (n= 28) wrote comments in the free text item. Some responses were detailed exemplars of participant experiences.

Table 1: *Summary of participants' demographic characteristics*

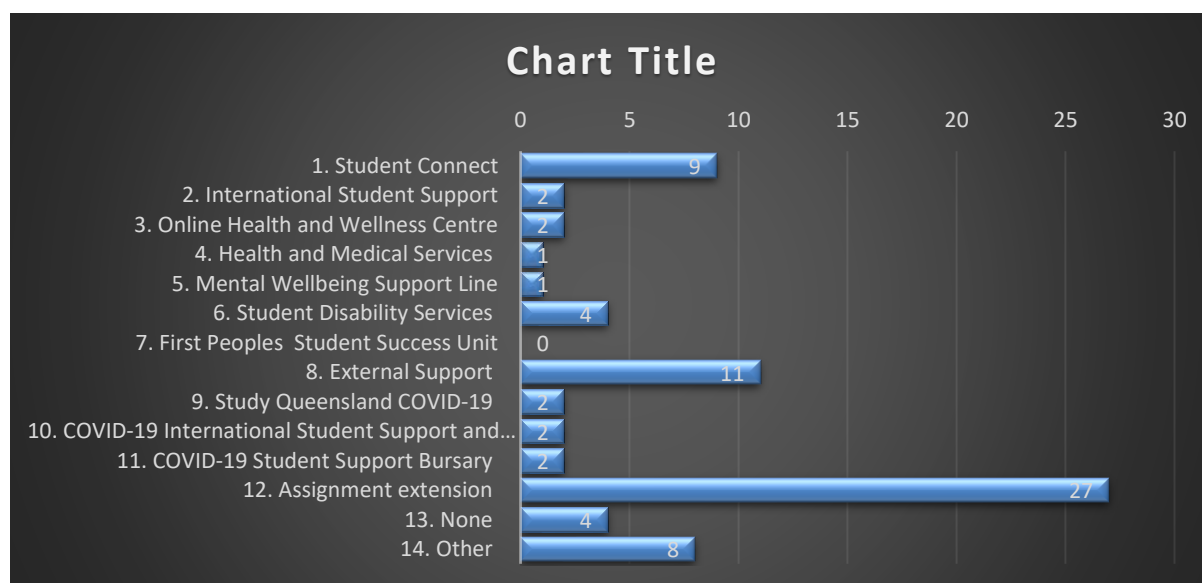
Variable	Count (n)
Gender	
Female	47
Male	5
Age	
<20 years	15
21-25 years	20
26-30 years	6
31-35 years	2
36-40 years	2
41-45 years	4
>50 years	3

Table 1: *Summary of participants' demographic characteristics*

Variable	Count (n)
Campus	
Campus 1	19
Campus 2	14
Campus 3	20
Enrolment status	
Full-time	41
Part-time	6
Changed from full to part-time	6
International student	
Yes	6
No	47
Year of study	
1st	10
2nd	31
3rd	11

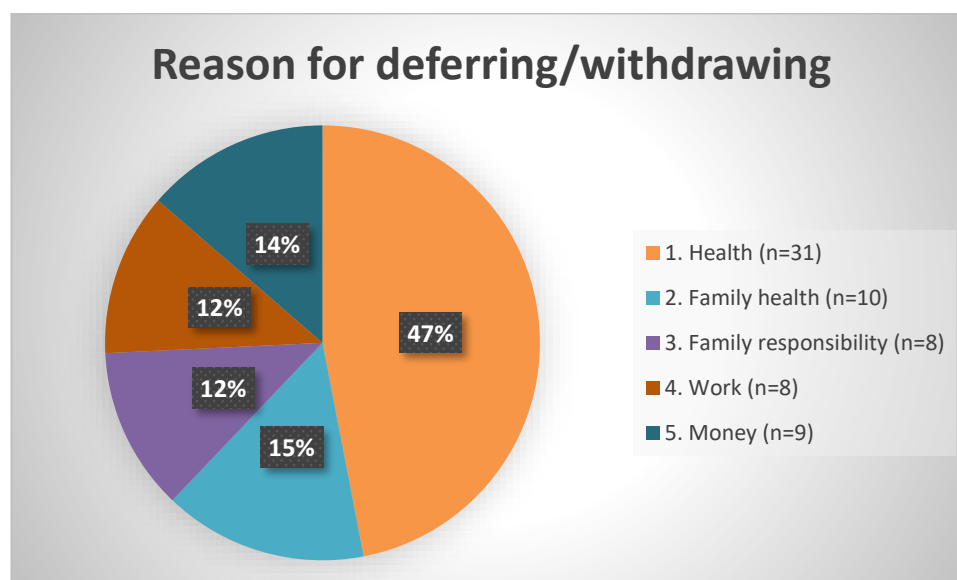
Students commonly accessed a range of support services before making the decision to defer or withdraw. A large number of students opted for the assignment extension (n=27), and student connect (website and connection with administration staff) (n=9), as well as external support (n=11). Students also spoke to a variety of people both internal to the university and externally, commonly the subject coordinator (n=26), clinical liaison academic (n=18) and their General Practitioner (n=17). Four participants did not access any support services prior to making the decision to defer or withdraw. Other supports included: well-being exercises under guidance by psychologist, Centrelink and employer supports. Figure 1 outlines the supports accessed during enrolment prior to deferring or withdrawing.

Figure 1: *Supports accessed by students prior to withdrawal/deferment*



The most common reason for deferring or withdrawing was health (n=31), with just under half (47%) citing personal health as the reason. The other areas were fairly evenly distributed with health of their family (n=10), family responsibility (e.g. at home learning) (n= 8), employment (n = 8) and money (n= 9). Other reasons included border closures and rethinking career choices. Figure 2 indicates the reasons participants expressed for withdrawing or deferring their WIL placement.

Figure 2: Reason's participants elected to withdraw/defer



A qualitative content analysis of the responses within the free text survey and interview suggests four categories: supports, uncertainty, external influences and possible solutions. Many students in the free text section highlighted that they felt well-supported by the university during this challenging time. The following extract outlines this:

I feel that the university supported me in the best way possible. They continued to adjust and push back my placement on my request blocks to allow me to continue working to support myself and my son. I was able to continue with my degree because of this without it impacting heavily on my personal circumstances. The placement office team were particularly supportive and communicated with me consistently throughout the entire situation. I continue to feel supported and assured that come the time to do my final placements in 2021 I will be in a better position personally and financially to complete the placements I am given without needing to make adjustments. (Participant 19)

Whilst the majority felt supported by the organisation, others wanted more support:

Honestly, I was just very overwhelmed with trying to balance my personal issues, work and finance needs and study load. Although there isn't much the university can do to help with my personal issues, there are a few things related to my studies that would have helped...I think a lot of students including myself, felt very lost and did not know what supports they needed during COVID-19. (Participant 30)

Another student highlighted that while the university offered numerous supports, they were not necessarily taken up:

They offer a lot [of supports] already, I just didn't access them. The university tried to call me, and I missed each call, so they did try to reach out even though I didn't access anything. (Participant 63)

The uncertainty related to placements, study, and wellbeing contributed to mental health concerns for some students:

I withdrew because no one could give me certainty on whether I could attend clinical placement. I know that no one knew what would happen during COVID-19, but it would have been better if I could get answers from the university. (Participant 45)

My physical and mental health had deteriorated to the point where I wasn't fit for placement. (Participant 51)

I started having massive anxiety and panic attacks within placement and was unable to continue. (Participant 28)

There were numerous external influences discussed. Some students deferred due to their or a family member's physical health:

I suffer from chronic illnesses which increases my risk of COVID, I don't know if it was the right option [to defer]. I was having an intensively difficult time adjusting to the online self-driven learning environment...My family have a history of a variety of lung and immune issues, so I wasn't able to complete placement to protect them. (Participant 26)

My parents did not want me to attend placement due to risking health of the family. (Participant 38)

Some participants had external responsibilities in terms of looking after children or family commitments. One participant explained that they had to take on carer responsibilities for a grandchild due to their daughter's work commitments and lockdown. Others no longer had childcare options as below:

My childcare could not provide the service I needed during lockdown. (Participant 46)

Work commitments became an issue for a number of students:

I was working in pharmacy at the time with a lot of sick customers and fell sick myself... My immune system was terrible, and I didn't want to sacrifice anybody else's health within the nursing community by attending placement. (Participant 48)

I am a single parent to one child with no other family help or support. I am not eligible for Centrelink services and therefore my only source of income is my income from my employment. I was and continue to work in a GP practice and a COVID testing centre for public health. I was working 7 days a week at one point and only recently have reduced my hours due to burn out. (Participant 19)

Border closures became an issue for a number of students with some students not being able to access their placements due to residing interstate:

Being an interstate resident (even though I live only 10 minutes over the boarder), meant that I was unable to attend placements...I feel the university could have offered me a place over other students who could travel freely...I feel the university could have provided more specific support to students negotiating boarder restrictions. (Participant 50)

Staff were not understanding to my personal circumstances of being stuck interstate due to boarder closures. (Participant 56)

Several areas were highlighted by students that could have made their experience during this challenging time easier. Students asked for more flexibility in their study options, longer extensions or deferrals of assessments items, and better/more communication:

Having the practical classes spaced out over the trimester versus the intensive teaching block would have made the class easier to attend and more structure to support my learning. (Participant 27)

I didn't know that I needed counselling support at the time, so I didn't reach out to the university councillor, but if a councillor had contacted me offering support, I would've definitely spoken to them and gotten the support and help that I needed...With this, I believe that I would've then had the capacity to complete my clinical placement and reduce these impacts that COVID-19 had on my studies. (Participant 30)

I wish I was able to have extended my assignments or deferred them for longer (Participant 72)

Discussion

This study sought to identify supports that students accessed, influences on their decision to defer or withdraw and to identify further strategies that can support students to maintain their usual progression during the COVID-19 pandemic. The rapidly changing COVID-19 situation meant that significant decisions around university education often had to be made quickly and often without the ability to consult with others (Ion et al., 2021). Ensuring the safety of students while partaking in WIL and remaining within the constraints of regulatory bodies was seen as paramount to education leaders, particularly in countries where the death rate was significant in relation to the COVID-19 pandemic (Ion et al., 2021). These rapid changes meant that students were often given limited notice regarding their WIL placement; therefore, if they were already struggling with university as well as work and life commitments, these changes may have contributed to the requests for deferring WIL placements.

The results of this study demonstrated a welcome outcome in relation to many students feeling that the university provided appropriate support, with students describing that they commonly spoke to the subject coordinator and clinical liaison academic. Other supports included consultations with a General Practitioner, well-being exercises under guidance by psychologist, Centrelink (Australian government income support) and employer supports. Students who were aware of supports, commonly accessed a range of support services before

making the decision to defer or withdraw; however, it was suggested by some students that they did not realise they needed any support and therefore did not access or consult anyone before making the decision to withdraw (despite a dedicated COVID-19 webpage on the University website). This may be reflective of the fact that adolescents and young adults will often not seek external help and support but rather prefer to be self-reliant to address their problems (Ennis et al., 2019; Gulliver et al., 2010). Gulliver et al. (2010) furthers this point with mention that self-reliance is often preferred by adolescents in times of difficulty including that of mental health.

In relation to counselling or mental health support it has been suggested by Ennis et al. (2019) that students (even those with existing mental health conditions) will often be unaware of what services are available and are often unwilling to access them. It is therefore suggested that explicit direction should be given to students on how to access appropriate mental health services at the outset of enrolment rather than waiting for a crisis to occur (Barnett et al., 2021). However, given that students are bombarded with information at enrolment and in orientation activities, it is possible that information provided in relation to support is not likely to be retained.

The uncertainty around health risks related to the COVID-19 virus was also a contributing factor for student deferrals and withdrawal from WIL. Ongoing uncertainty resulted in students advising of deteriorations in physical and mental health, along with anxiety and panic attacks, often resulting in withdrawal from WIL placement. This finding is supported by the work of Sveinsdóttir et al. (2021) who suggest that academic burnout and potential withdrawal from programs may be observed in times of crisis, stress and the student's perceived deteriorating mental health. With COVID-19 being an unknown virus that was becoming increasingly infectious, the university was often unable to provide the clarity and certainty of information that students often required. The need for nursing students to be provided with well-structured and unambiguous academic and safety information during the pandemic is however balanced with the understanding that the rapidly changing and uncertain COVID-19 landscape likely made this impossible (Ulenaers et al., 2021).

Although it is understood that Australia has had fewer infections/deaths in relation to the COVID-19 pandemic compared to other countries, media attention related to the disease has helped cultivate fear in the community (Manzoor & Safdar, 2020; Garfin et al., 2020). Moreover, ongoing COVID-19 media exposure has been noted to result in psychological distress, creating help seeking behaviours that are often incommensurate with the actual risk of the disease (Garfin et al., 2020). Such fear and distress are further supported by the saturation of misinformation on social media, further causing anxiety and institutional distrust (Wang et al., 2019). It is speculated that students were impacted by this constant exposure to media and online posts relating to COVID-19 that may have escalated their concerns of uncertainty.

The most common reason for deferring or withdrawing from WIL was health, with just under half of the student respondents citing personal health as the reason. The other reasons included health of their family, family responsibility (e.g., at home schooling), employment and finances, border closures and rethinking career choices. Such student experiences are echoed by Dewart et al. (2020), with increases in anxiety often exhibited by students who had

vulnerable family members, young children or due to their own health concerns. The World Health Organization [WHO] (2020) provides rationale toward the student's personal health concern, as they suggest that health care workers "face higher risks of infection" and "are exposed to hazards such as psychological distress and stigma" while working during the pandemic. It is further suggested that some health workers, especially those who are students or newly graduated may be at greater individual risk due to their unfamiliarity with infection prevention and control (WHO, 2020). Such fear to personal health is exemplified in the study by Ulenaers et al. (2021), although while the majority of nursing students in the study had not been actively involved in the care of patients with COVID-19 there still remained a degree of concern at being exposed with the potential of becoming infected.

A complicating factor for some students in accessing WIL was their geographical location. With some students living in a different State or Territory to where their WIL placement was located, meant that access to their placement could be limited or removed when border closures occurred at short notice. Campbell et al. (2020) reports similar findings in relation to allied health student placements in Northern Australia (Northern Western Australia, Northern Territory and Northern Queensland), where upwards of 40% of student WIL was lost due to biosecurity zones and travel restrictions as a direct result of public health management of COVID-19. Not specific to Australia, nursing WIL in Canada was also reportedly ceased due to concerns of students requiring travel to placement and the fear of infection transmission to the student's home communities (often hundreds of kilometres from their WIL placement) (Dewart et al., 2020).

Students suggested a number of possible solutions to support them to remain enrolled at university, including greater flexibility in how teaching classes were conducted and having an individual counsellor (or similar) to reach out to students in need. Some students suggested that if classes could have been adapted from the intensive teaching period to weekly classes over the semester, it may have helped them to complete their WIL placement and made classes easier to attend. Although this change to class scheduling may have been beneficial for some, a sudden change may have proved to be a disadvantage to others. Wang et al. (2021) identified that for some students a rigid schedule will be developed when commencing a period of learning, which they struggle to adapt if learning is altered (particularly in relation to WIL placements).

In the attempt to improve students' ability to attend class and to ensure better accessibility to course content, a rapid shift to online classes was observed within the university. Similar shifts to online or e-learning can also be observed in other countries such as the United States of America (Fitzgerald & Konrad, 2021), Jordan (Suliman et al, 2021), Philippines (Oducado & Estoque, 2021), and the United Kingdom (Haslam, 2021). Despite the intention behind such a change in information delivery, it is suggested that online learning is often a source of stress for nursing students often due to home internet issues and poor management of online classes compared to those delivered face-to-face (Majrashi et al., 2021). Moreover, issues may also be seen with online learning due to the potential need for students to dedicate some of their learning time to solving any technological problems that may have arisen (Dumford & Miller, 2018). Additional challenges may also be seen for students needing to focus their study time at

home among distractions and interruptions that may not be present when attending on campus face-to-face education sessions (Guo et al., 2021).

Many students requested assignment extensions; however, for some students it was stated that further extensions to assessment submission dates would have been beneficial. The university increased the maximum extension time from 14 days to 21 days and removed supporting documentation requirements. A request for such a significant increase for time extensions for written assignments beyond what was already offered may have alleviated some stress as academic workload and assignments were reported as a considerable form of stress on nursing students during COVID-19 (Majrashi et al., 2021). However, this requires a delicate balance as there may be academic implications to further increasing this timeframe around appropriate and timely feedback and marking of assessments. Providing generosity in relation to assessment extensions is described by Fitzgerald & Konrad (2021) as a strategy likely to decrease university-based stress and anxiety.

Limitations

Limitations existed within the current study, which should therefore be taken into consideration when interpreting the results. Firstly, it was difficult to recruit a large sample, which can be seen in the 22.7 % response rate. This is potentially due to the fact that many of the participants being recruited for this study, had previously withdrawn from their studies and were likely not engaged with the university when the research was conducted. It is also noted that research was conducted within a single State in Australia, that at the time of the research had not had many cases of COVID-19. Lastly, it is unlikely that the study provides a true reflection of the international student cohort within the university, as only six international students participated compared to 47 domestic students.

Conclusion

Generalisability of this study is limited due to the study being conducted in one State in Australia where COVID-19 cases were not highly prevalent. However, media attention related to the disease cultivated a sense of fear in the community impacting on the psychological distress of the students. Students within this study identified that fear and uncertainty did influence their decisions to withdraw from their WIL placements, with these experiences mirroring the global situation. In the age of social media and fast news, access to information may be different to how universities traditionally provide support and information. Therefore, a more comprehensive approach to disseminating vital information may improve student experiences and provide timely information to university supports, which may ultimately lead to student retention. The findings of this study expanded our knowledge of what influenced students' decision to defer or withdraw from a WIL experience, which focussed on the availability and access to supports, uncertainty of the pandemic in relation to academic expectations, and the external influences of health and family. Students did however provide discussion as to what supportive strategies may assist in maintaining retention of future cohorts during challenging situations, with these suggestions providing the possibility for future research.

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Work Integrated Learning

in Practice

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WIL in Practice exists to disseminate good practice and learnings in work integrated learning (WIL), forming a valuable resource for NAFEA members and the broader WIL community. Publishing research and other suitable publications from academics, administrators and others whose interests align with the practice and administration of WIL, the journal will add to, and enhance, the existing body of knowledge that currently exists about WIL in all its various forms.

Early-career and emerging researchers and writers are also encouraged to submit their work. WIL in Practice provides an outlet for professionals to publish in a variety of formats.

WIL in Practice is supported by the National Association of Field Experience Administrators Inc. (NAFEA). WIL in Practice aims to be a high-quality and internationally recognised journal, publishing research and other suitable manuscripts from academics, administrators and the broader community whose interests align with the practice and administration of WIL. The journal will:

- Provide a welcoming, supportive and educative environment for authors at all levels to publish quality work
- Meaningfully contribute to the distribution of knowledge and professional development of WIL practitioners and researchers
- Publish at least once annually
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