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Nursing Student Experiences During a Clinical Re-assignment to Long Term Care in the Omicron Wave of the Pandemic

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The announcement of COVID-19 by the World Health Organization (WHO, 2020) as a global pandemic in March 2020 challenged health care and educational delivery systems far beyond anything they had encountered before. The fourth wave of the COVID-19 pandemic was driven by the highly contagious Omicron variant, which spread through populations swiftly. At the peak of Omicron in winter 2022, a surge of illness affected a significant number of health care resources across Nova Scotia, Canada, creating an abrupt shortage of front-line health care providers in many hospitals and long-term-care (LTC) facilities (Government of Nova Scotia, 2022). Schools of nursing across the country were challenged with unexpected shutdowns of in-person classes and suspension of clinical learning placements (Canadian Association of Schools of Nursing, 2021), which had to be reformatted for online platforms and increased clinical simulation activities to ensure learners' academic progression (Peachey et al., 2021). In response to the Omicron crisis, the Government of Nova Scotia (2022) collaborated with provincial postsecondary institutions that teach nursing to mobilize students to assist in LTC on a short-term basis mid-semester.

The aim of this study was to capture and describe the experiences of bachelor of science in nursing (BScN) students who participated in a clinical reassignment to LTC at the peak of the COVID-19 Omicron wave. The findings have the potential to inform nurse educators, schools of nursing, and provincial health services about critical learner perspectives during an unanticipated shift in clinical placements in response to COVID-19, which can aid in future decision-making. To the authors' knowledge, this is the first study to explore nursing student clinical experiences during COVID-19 that included a change to both the timing and the location of the expected clinical placement.

Background

During the Omicron wave of COVID-19, the Government of Nova Scotia (2022) reached out to postsecondary institutions that taught nursing to seek help with care provision in LTC because of staffing shortages. The provincial health care system was under tremendous pressure during the Omicron wave, as evidenced by unprecedented lengthened wait times, reduced programs and services, and staffing shortages including in LTC (Schneidereit, 2022). Of the 86 LTC facilities across Nova Scotia (Canadian Institute or Health Information, 2021), 26 (31%) were closed to admissions because of workforce shortages during the Omicron wave (Government of Nova Scotia, 2022). This shortage created an even deeper vulnerability for this already-compromised population (Béland & Marier, 2020).

One university's school of nursing answered the call to action, in keeping with entry-level competencies required of newly graduated registered nurses (RNs) (Nova Scotia College of Nursing, 2020). A group of BScN students were offered the opportunity to be reassigned from their traditional clinical placement, which would have happened in March of the academic term, to an earlier February time block. The health care shortages in LTC spanned the province, resulting in some students being asked to relocate temporarily closer to the clinical setting. Students who agreed to a temporary relocation were provided accommodation close to the LTC facility. Any student who volunteered to reschedule their clinical practice to early February was offered a $1000 honorarium by the Government of Nova Scotia (2022) as an acknowledgment of the rapid changes that would be required in the students' academic and personal lives to fill this sudden need.

The nursing school's goals during this reassignment included building on current nursing skills, making network connections, and assisting future LTC colleagues and residents in crisis.

Given the ongoing instability of student placements because of COVID-19 and with acute care placements being prioritized within the province for students who were nearing completion of their education, this reassignment offered the greatest likelihood of ensuring an in-person clinical experience. Nursing students would not work beyond their learned competencies, and the placement would include supervision by a clinical instructor. In a normal semester, students would have completed classroom instruction, simulation/laboratory time, and final testing in weeks one through to ten, finishing the semester with 80 hours of clinical experience in acute care settings. Their clinical practice in the program up to that point had included mostly a hybrid of laboratory clinical skills and simulation learning. In the previous semester, these students had completed a 40-hour LTC placement focused on communication (residents and care team), personal care, and physical assessment. For students who chose not to make the time change in their schedule, they would still complete their clinical in LTC. However, their clinical timeframe would remain unchanged, completing their placement in March as originally scheduled.

The importance of clinical learning cannot be underestimated. Clinical learning provides experiential learning opportunities for nursing students to develop skills and knowledge to prepare them for the realities of nursing practice (Amoo & Ebu Enyan, 2022). The quality of the clinical experience has an impact on students' abilities to develop their competencies and progress through the program. Several factors can influence the quality of the clinical learning experience, including resource availability, clinical supervision, and workload of the care team, to name a few (Amoo & Ebu Enyan, 2022). A qualitative study in the United States captured nursing students' experiences when their clinical placements were abruptly interrupted by COVID-19 (Diaz et al., 2021). The results revealed a breakdown of normal systems, including altered home and academic life for students, as well as recognition of macrolevel changes as systems adapted to changing health care needs during the pandemic (Diaz et al., 2021). These nursing students expressed fears and anxiety related to a lack of practical experiences with the reduction in clinical placement time (Diaz, et al., 2021). Diaz and colleagues (2021) positively reported that students showed evidence of fostering resilience and adaptive behaviours by engaging in self-care measures, such as meditation and physical activity. Ulenaers et al. (2021), in their cross-sectional study of nursing students in a clinical setting during the pandemic, revealed that nursing students expressed the need to be supported and heard. A systematic review by Husebø et al. (2018) examined nursing student experiences during clinical placements in LTC specifically. The review demonstrated that LTC placements contributed to improving nursing students' attitudes, communication abilities, and confidence in working with persons with dementia, and expanded their knowledge and assessment abilities when working with older populations (Husebø et al., 2018).

No studies were found which identified the specific challenges of a clinical reassignment requiring a change of time and change of placement mid-semester, making this research unique. These insights may be useful to inform nurse educators of the impact that sudden changes have on nursing students and identify ways to optimize and navigate clinical education experiences through uncertain times.

Methods

Story theory was the premise for this research as it is based on the knowledge there is value in gathering and analyzing stories, which fosters new meaning (Liehr & Smith, 2019). Storytelling is recognized as a sense-making process that captures the context of lived experiences while simultaneously reflecting and (re)constructing individuals' identities (Liehr & Smith, 2019). Capturing nursing students' stories during this unanticipated reassignment to LTC would

potentially reveal significant reflection and a way to learn about the impact of this experience on their journey to becoming a professional RN. Ethical approval was obtained from the institution's research ethics board #2022-6039.

Recruitment and Consent

The study population included two classes of BScN students (N = 104) enrolled in the fourth semester of an eight-semester program during the winter semester 2022. The nursing students were invited to write accounts of their experiences during the clinical reassignment placement. Participants were recruited through an email invitation circulated through the school's Listserv by the administrative assistant to all students registered in the fourth semester. The subject line of the email was "Your story matters—tell us about it!" to generate interest. The email included an attached information sheet and an electronic link to proceed and consent to the survey. Students were required to answer "yes" at the start of the electronic survey to confirm that they had given informed consent and that they met the inclusion criteria. Participants who completed the survey could enter a random draw to win one of three $100 gift cards from the university bookstore. Inclusion criteria were that students were registered in semester four of their BScN program and had volunteered to complete two weeks of nursing care in LTC as part of the call-to-action reassignment mid-semester. Students were informed that they could withdraw from the survey at any point and that there was a "prefer to not answer" option for each question. No questions in the survey asked for identifying details, and responses would remain anonymous. The raw data was compiled and reviewed by the research assistant to ensure no identifying information was present before the research team received and analyzed the data.

Survey Design

The survey was titled "My Clinical Story During the Omicron Wave of COVID-19." The survey included initial instructional statements encouraging participants to share their story in as much detail as they wanted and to reflect on each question. They were also encouraged to take as much time as they wanted to complete the survey, and word count was not restricted. The survey included initial questions related to age, program entry (advance standing or direct entry from high school), paid employment, and need for temporary geographic relocation. This was followed by a Likert scale asking participants to rate factors that may have influenced their decision to participate in the reassignment (geographic relocation, dependants, employment status, $1000 honorarium) and one question titled "Please list any other factor(s) influencing your decision." These were followed by three open-ended questions and one additional question inviting participants to provide more comments if they wanted (see Table 1).

Table 1

Open-Ended Survey Questions

My Clinical Story During the Omicron Wave of COVID-19
Online Survey Questions

1. Tell us about your ability to respond and adapt to your clinical re-assignment during the Omicron wave of the COVID-19 pandemic when this was not what you had anticipated at the beginning of the semester.
2. Tell us about what it was like completing your semester 4 clinical placement in a long-term care facility.
3. Tell us how you believe this experience will influence your future development as a professional nurse.
4. Is there anything else that you would like to tell us about this specific clinical reassignment?

Data Analysis

Consistent with the study's aim, qualitative data were analyzed using Braun and Clarke's (2006) approach to thematic analysis, as this method provided flexibility when combined with different guiding theories (Braun et al., 2022) and acknowledged theme development as a reflexive and active process (Braun & Clarke, 2022). Similar studies have also combined thematic analysis and storytelling. Steven et al. (2023) employed a descriptive qualitative study using narratives retrieved from an online pedagogical database and thematic analysis to explore factors that influence emotional safety for learning in undergraduate nursing students during clinical placements. Griswold et al. (2020) used an online survey and thematic analysis (Braun & Clarke, 2006) to collect and investigate the narratives of unwanted sexual experiences with a sample of male college students.

In this study, the researchers first carefully and independently read and reread the participant narratives to familiarize themselves and begin to identify initial descriptive codes from the participant stories. The researchers then met to discuss their individual interpretations and generated a collaborative list of semantic codes. Following this, they allowed time and space for further reflection to situate themselves as collaborative interpreters of the participant stories. They met two more times to co-construct latent code categories that aimed to describe the meanings underpinning the participant narratives. Again, the researchers allowed time and space before meeting one last time to refine and name the final themes and subthemes. Throughout the analysis process, the researchers purposely and reflexively acknowledged their potential lens as experienced clinical nurse educators in the interpretation of data (Braun et al., 2022). To support their reflexive interpretations of the participant narratives and the thematic analysis processes, each researcher maintained individual notes that recorded and served to outline the evolving constructed interpretations of the themes and subthemes. To ensure rigour, trustworthiness, and credibility during the analysis, researchers maintained and revisited ongoing researcher notes and engaged in

collective discussions. Inclusion of a variety of direct participant narratives further enhanced the consistency and authenticity of the findings.

Findings

Thirty-one participants opened the survey, with five of them being unanswered surveys. There were 26 participants who answered all or a portion of the survey questions (response rate = 25%). Advanced standing (accelerated) students accounted for 92.31% of participants and 7.69% were direct entry from high school, which was representative of the cohort. Most of the participants were in the 21–30 age range (69%), with the rest under 20 years (15%) and greater than 30 years (12%); 4% chose not to respond. Of the 26 participants, 42% had paid employment while completing the clinical placement, 54% did not work, and 4% chose not to respond. Ninety-two percent of participants did not have any dependants living with them while completing the clinical reassignment, and 8% lived with dependants. Most participants did not have to relocate geographically for the clinical placement (77%), while 23% had to temporarily relocate closer to the clinical placement for the duration of the course.

A five-point Likert scale captured the degree to which factors (temporary geographic relocation, dependants living with them, employment, and $1000 honorarium) influenced the students' decision to participate in the clinical reassignment: 1 (*very negatively*), 2 (*somewhat negatively*), 3 (*neutral*), 4 (*somewhat positively*), or 5 (*very positively*), and "prefer not to answer." For temporary geographic relocation closer to the clinical placement, 30.7% of participants indicated it somewhat negatively or very negatively influenced their decision, 57% indicated neutral, and 11.5% indicated that it somewhat positively or very positively influenced their decision. Regarding dependants living with them, 11.5% of participants indicated it somewhat negatively or very negatively influenced their decision, 80% indicated neutral, there were zero responses for very positive or somewhat positively influenced, and two people preferred not to answer. For employment during the clinical placement, 42.3% of participants indicated it somewhat negatively or very negatively influenced their decision, 50% indicated neutral, there were zero responses for very positive or somewhat positively influenced, and two people preferred not to answer. For the $1000 honorarium, there were zero responses for somewhat negatively or very negatively influenced their decision, 23% were neutral, and 77% indicated that the honorarium somewhat positively or very positively influenced their decision to participate in the clinical reassignment. There was an open text option following the Likert scale for participants to share additional factors that they believed influenced their decision to participate in the reassignment, and these were integrated into the thematic analysis.

Themes

Three major themes were identified in the data: student nurses answer the call, fear of missing out, and wanting a voice. The first theme, student nurses answer the call, included three sub-themes: adaptability in times of change, personal cost to students, and growing as a professional.

Student Nurses Answer the Call

The theme student nurses answer the call is defined as the often-expected self-sacrifice and trusted delivery of care nurses provide to safeguard public health during times of crisis and suffering. Participant narratives shared within this main theme reflected a sense of professional responsibility, altruism, and acknowledgement of the need to be flexible not only as part of the

response to the Omicron variant worsening the state of health care resources but also as an expectation in their evolving role on the way to becoming a professional nurse. This main theme is further characterized by the following three sub-themes.

Adaptability in Times of Change. On a professional level, many participants recognized nursing as a constantly evolving profession in which environmental shifts arise unexpectedly and often. On a personal level, other participants related adaptability directly to the experiences they had while juggling and adapting to the sudden change in their personal, academic, and/or employment lives: "It did give me a real reflection on how flexible I have to be and how many unexpected challenges I would have to face to work as a professional nurse in the future" (Participant #15). Other participants agreed:

> I believe this experience shows us, student nurses, that the field is constantly adapting. Changes occur on a daily basis and we HAVE to be ready for that. Healthcare moves quickly and we have to get comfortable with being uncomfortable. (Participant # 3)
>
> When they announced the change in schedule I didn't really mind, I got a break from worrying about studying and assignments as well I got to help out a community that desperately needed our help, and on top of that we got paid to do so and it technically counted as course work. I know people were upset we didn't get our acute care placements but there's still more than enough time for that. (Participant #6)
>
> I had no trouble mentally responding and adapting to this. My challenges came in that it was very short notice and I was stressed about finding babysitters . . . This presented a barrier to me as it was only about two days before the start of clinical that I found out what my hours were. We were also told that hours would be flexible because of the short notice but this was not the case at all, which was frustrating as a mom. (Participant #17)

Personal Cost to Students. Personal cost to students was defined as the thoughts, feelings, moods, and emotions conveyed by the participant as the affective outcomes they experienced during their clinical reassignment. Expressed feelings of stress, suffering, and burnout were evident:

> Deadlines were kept the same. Some professors and faculty were not empathetic to the situation and did not change due dates which increased the workload of assignments due in short amounts of time. This decreased my time to actually learn material, and I became burnt out very fast. (Participant #10)
>
> If I have to do anymore placements in long-term care, I feel like I am going to lose all of the hair on my head. That would be a reality I could not accept, and I would feel truly cheated by the people responsible for my education. (Participant #30)
>
> Even during the clinical experience, students such as myself were still stressed as we were discovering not all of our due dates were being pushed two weeks as previously promised and it felt as though we were suffering as a result of the decision we made after being urged to make it. (Participant #18)

Growing as a Professional. Growing as a professional was described as the uncovering of fostering attitudes, values, beliefs, and perceived learnings during this portion of students' journey to becoming a professional nurse: "For me, the biggest factor was my willingness to help. We enter this profession because we want to help people, and that is what was needed of us" (Participant #3). Other participants recognized that returning to a familiar clinical environment allowed them

to gain confidence and self-efficacy while continuing to build professional competencies through engagement with their peers and instructors and the residents:

> I felt it was a very valuable experience to go back into long term care. I felt much more confident in my skills and we were trusted with more responsibility than in our first placement. I think nursing students should spend more time in long term care, as it's a huge adjustment for a lot of students. (Participant #2)

Fear of Missing Out

There was a sense of missing out on the chance to apply newly learned skills relevant to acute care nursing. This theme revealed participants' expressions of apprehension, uneasiness, and frustration about missed opportunities by having their clinical placements reassigned to LTC instead of an acute care placement that they expected. Some participants viewed the return to LTC as hindering their professional growth; they felt they were not given learning opportunities that expanded on their present skill sets. This resulted, in some instances, as seeing LTC as "less than" an acute care clinical experience:

> There was one day where I was able to assist with administering medications, but I did not feel like I gained other skills that would have been otherwise achieved with a placement in the paediatric population, especially when this semester is geared towards paediatrics. (Participant #10)

> I have spent 3 weeks in LTC and have no idea what the inside of a hospital looks like. I already knew I did not want to do LTC. Maybe who knows I might not like a hospital either and maybe this [is] a waste of time and this is prolonging it. I have no idea. Also, medication is different without the hospital armband. I feel unready for a transition to hospital or later semesters. I have not worked alongside or even seen doctors and have mostly worked alongside CCAs. I respect the CCA and know their job is important but I want to be mentored by RNs, the profession I am trying to become a part of. (Participant #27)

Wanting a Voice

The theme of wanting a voice identified the participants perceived confusion with communication processes related to the clinical reassignment. Participants felt strongly that their voices were not heard. They wanted to have greater input in the decision-making processes related to the reassignment since it would impact their learning. Information was conveyed from a variety of sources, which may have contributed to students' feelings of powerlessness regarding their clinical expectations:

> I still remember when we heard from outside sources (news channels, social media, etc.) that students agreed to help the government address the crisis. Upon talking to my classmates, it seemed that NOBODY WAS ASKED if we consented to such a request. (Participant #23)

> It would have been so easy for them to include our class representatives in the discussion from the moment (government) contacted (school) to propose this, simply in CC'ing the reps in an email would have prevented a lot of anguish. (Participant #12)

> It was hard to get in contact with any administration while rumours about clinical were circulating. And quite a lot of people were trying to, but for me I try to distance myself from my school email on the weekends so I found out about the decision on that Monday and then more information was clarified Tuesday Wednesday and Thursday. (Participant #6)

> This experience made me realise that I do not have as much control over where my money is being spent by the people controlling my education and losing that control and feeling like I do not have a voice. (Participant #30)

Discussion

The findings bring to light the importance of nurse educators helping students bridge the connections among nursing competencies, clinical practice areas, and professional formation. The findings provide insights into nursing students' experiences when they were confronted with a sudden change in their clinical practice environment that was then further complicated by the pandemic. These findings also add to the existing body of knowledge regarding nursing students' perceptions of LTC.

The authors propose that there is a paradox in this unanticipated situation of a clinical reassignment mid-semester in response to a crisis. Students wanted to be more involved in the decision-making process of this clinical reassignment, yet they may not have been fully prepared or equipped to do so and may not have possessed the insights of the organizational hierarchy needed to understand the full scope of the issue. Ndawo (2022) reported that in the initial stages of learning and developing on their journey to becoming a registered nurse, students may not have yet cultivated the critical thinking abilities or foresight to see the potential for expanded learning and competence. Two studies dedicated to examining the efficacy of student responses to a crisis revealed a positive correlation between nursing students' lack of readiness for an emergent event and their inability to understand their role in assisting in the event (Koca & Arkan, 2020; Yu Hung et al., 2021). This may manifest in an array of physical or psychological reactions, including anxiety, sadness, irritability, anger, sleeplessness, illness, and hopelessness (Forcier, 2023; WHO, 2022). Even still, students stated their desire to have a voice in the decision-making process. Authors of similar studies reported significant findings related to postsecondary students' abilities to cope and adjust during pandemic-related changes. Bisconer and McGill (2023) revealed grave mental health impacts in over 1000 university students resulting from sudden and unexpected changes during the pandemic: 74% reported varying degrees of anxiety; 54%, depression; and 33%, decline in academic performance.

This finding lends itself to a more robust discussion on the nature of student engagement within higher education. On the continuum of student involvement in decision-making, Homer (2021) asserted that it is dependent upon the degree of connectedness, value, and trust among faculty and students. From a social capital perspective, students in higher education have the best vantage point to help make decisions about their learning (Homer, 2021). Strengthening the relationship among faculty and students is key to building trust and connections, opening a pathway for students to have a role as co-creators of their own education (Homer, 2021). Positively, there is room for student engagement during a crisis. A 10-year longitudinal study in New Zealand highlighted the importance of changing perceptions that students are just a resource to be used; rather, there is an opportunity to engage students at multiple levels of the crisis response where possible. "More than simply a 'resource,'" there was a belief that young people care about

and want to help their communities, and that when "put in the deep end," young people "can really pull together and do stuff (Participant 15)" (Carlton et al., 2022, p. 44).

In uncovering the larger context of the participants' experiences, it is crucial to recognize that there is a valuable opportunity to help students to experience deeper learning, build resilience, and develop a professional identity when they are supported in a nurturing and safe environment both in practice and in academia (Sastrawan et al., 2021; Vabo et al., 2022). "Nurse education plays a vital role in the development of nurses' values system" (Sastrawan et al., 2021, p. 1252). In times of unanticipated changes or crisis, it is prudent that students have access to a trusted school-established chain of communication (Nicola et al., 2020). This may help mitigate distracting and inaccurate information from other extraneous sources, such as third-party information or social media, reducing the occurrence of misinformation and mistrust. "It is imperative to promote university students' information literacy in social media environments" (Zhu et al., 2021, p. 1441). Communication must be well established and succinct, particularly in emergent and fluid times. It is a key attribute of successful leadership within an organizational structure to continually update those affected (Nicola et al., 2020).

Clinical settings have considerable influence in forming nursing student's professional identity. A supportive clinical environment is a key contributing factor to students' learning and their growing into reflective and capable practitioners (Ulenaers et al., 2021). Equipped with this understanding, it is essential to promote the value and potential transferability of competencies across clinical practice settings. Clinical placements in LTC early in the program are valuable to support nursing students in building relationships with older people, honing their communication skills, and recognizing that residents in LTC often have multifaceted yet stable needs (Laugaland et al., 2021). LTC clinical experiences offer students real-world application of competencies in which complex interactions allow them to reflect on their experiences towards deepening their sense of self, the culture of nursing, and their professional formation (Lesā et al., 2022; Vabo et al., 2022). Yet some participants in this study expressed that returning to LTC and not going to acute care was undervaluing their learning, even expressing that there was little to gain by returning to LTC. Two studies revealed that nursing students view LTC as "uninteresting, lacking in support, offering a poor work environment, and restricted opportunities for professional development" (Splitgerber et al., 2021, p. 2) and places where they "lose clinical skills" (Watson et al., 2020).

Implications for Nurse Educators

Van der Wath and Wyk (2020) proposed that altruism is characterized by honouring human dignity and is viewed as the heart of nursing. There is a professional expectation that nurses will respond to the needs of public safety through competent, compassionate, and ethical care (Canadian Council of Registered Nurse Regulators, 2022). In striving to meet these professional expectations, it is of utmost importance to take care of oneself and build resilience. We must consider what strategies nursing education can use to help nursing students to improve their resilience while maintaining their own health and well-being. Bisconer and McGill (2023) identified the priority for nurse educators to help students build psychological resilience, emotional intelligence, self-care strategies, and healthy social supports. Nurse educators could consider offering or enhancing current stress management education or resources that can help nursing students explore various modalities to strengthen their resiliency, self-efficacy, self-awareness, and mental wellness. Ulenaers et al. (2021) identified the need for more mental health support, more frequent communication with direct clinical instructors, and recognition of the difficult work environment, and the importance of de-escalating and debriefing. Other examples may include

journaling, meditation, breathing exercises, relaxation techniques, mindfulness, cognitive reframing, and guided imagery (Thuman, 2023). Nursing students may also benefit from the opportunity to debrief in a psychologically safe environment (Thuman, 2023). This debriefing gives them a platform to express their feelings and responses after their participation in an emergency response, with the goal not only of giving them a voice but also of providing additional resources to support their self-care.

The pandemic has unveiled the potential consequences of the spread of misinformation that can generate fear, panic, and anger, making challenging situations even more difficult (Zhu et al., 2020). Information gleaned from social media has the propensity to travel much quicker than established institutional modes of communication (Zhu et al., 2020). Zhu et al. (2021) concluded that university students' proficient and frequent use of social media does not mean that they have attained information literacy. There may be opportunities for nurse educators to activate social media communication platforms in times of crisis to quickly mobilize accurate, trusted, and time-sensitive information. Leadership within nursing education may consider reviewing their communication channels during a crisis or sudden change that directly impacts students' learning, and this would include developing a communication plan, ensuring transparency, and providing a measure of control to those affected by the change (Nicola et al., 2020; Saylor, 2021).

Nurse educators need to consider how to best promote the transferability of nursing competencies with students across a variety of relevant clinical practice areas. These may include assessment, effective communication, leadership, enhanced critical thinking, clinical reasoning, decision-making, and nursing judgement skills. The long-held view that LTC does not enhance student clinical learning or is "less than" acute care experiences needs to be debunked. Targeted work is urgently required to nurture positive placement experiences and enhance students' clinical learning in LTC placements (Laugaland et al., 2021). Lightman and Baay (2021) invited us to evaluate the hierarchal value we place on LTC and the lives of those who reside there. "The COVID-19 crisis has made hyper-visible a longstanding crisis in seniors' care . . . [delivering] only bare-bones care to seniors with increasingly complex care needs" (Molinari & Pratt, 2021, pp. 1–2).

Study Limitations

The use of an open-ended online survey posed limitations, such as participation bias, possible variances in question interpretation, and the inability to follow-up with participants to confirm self-reported data or clarify meanings. Given the brief timeframe of student availability before the completion of their semester, and the historical and extraordinary circumstances surrounding this occasion, the researchers chose the online survey method for its potential to provide a large amount of insightful data in a short time. The researchers acknowledge that this study represents the experiences of participants from one educational institution. However, this unique glimpse into the experiences of one group of students offers important considerations for clinical instructors, nurse educators, and schools of nursing when faced with unexpected changes to clinical practice environments.

Conclusion

Through students telling their stories, this study revealed valuable opportunities for nurse educators to consider in future emergent situations. Students voiced evidence of being in the early stages of developing their professional identities and sense of altruism. Their stories also brought to light the importance of student engagement in decision-making when possible, the need for

timely and trusted succinct communication processes, and the importance of reinforcing the transferability of professional values and skills development regardless of the clinical setting. The authors hope that this study adds to the greater body of knowledge that exists related to nursing students' clinical learning during the pandemic. These findings may very well be the nurse educators' call to action to promote a perceptual equalization to students: all areas of nursing practice are beneficial and valuable experiences on their pathway to becoming a professional nurse.

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