PREPAREDNESS OF STUDENT NURSES IN LIMITED CLINICAL DUTY AMIDST COVID-19: KEY INFLUENCING FACTORS

ERAIZA EUNICE B. ROSARIO, MA. CHRISTINA ORTEGA
ros.eunice01@gmail.com[1], christinaortega20@gmail.com[2]
Virgen Milagrosa University Foundation Inc.
Martin P. Posadas Avenue, San Carlos City, Pangasinan, Philippines

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ABSTRACT

This study employed the research methods of descriptive evaluative surveys. Quantitative research design was used and involved survey questionnaires to determine the preparedness, scholastic challenges, and coping mechanisms of the respondents. This study uses a descriptive design, as Calmorin and Calmorin (2013) define it as a method that focuses on examining present scenarios to establish new perspectives. this design requires. the researchers will implement this study at the Virgen Milagrosa University Foundation, San Carlos City, Pangasinan, Philippines, focusing on the Level Three Nursing Students enrolled in the College of Nursing as the respondents. Respondents strongly agree on the factors that influence their preparedness in relation to their limited clinical duty in the midst of the pandemic. Thus, they may provide the guidelines regarding the limited clinical duty protocols as well as undertake limited face-to-face laboratory classes to practice and enhance the fundamental skills of the nursing students. Additionally, they can help the students with their mental situations through a small group lecture that tackles the potential pressures or stressors during their duty and how to deal with them.

Keywords: Covid-19, Student, Nurses, Clinical Duty

INTRODUCTION

The Covid-19 pandemic has disturbed many aspects of day-to-day life basis whether a developed or a third-world country was affected by this crisis. Hospital or clinical-based experience is an essential element in nursing education. It gives the nursing students insights into the reality of nursing work. Hospital-based experience is an essential part of a nursing career; it's a requirement to become a fully pledged nurse. In fact, it serves as a training ground, able to communicate and participate in patient care, making the students visualize the nursing work environment in real time. Since the Philippines is one of the countries most affected by the virus, not only in Asia, not also in the first wave, but also in the second. Health professionals and nurses in particular, are playing an important role in the control of the pandemic and the management of COVID-19 patients. Nursing students are aware of the heavy workload associated with the job, as well as the high levels of stress and anxiety that nurses are prone to. They will be responsible for this degree's future; thus, mental health and the right training are essential. The administration decided to permit limited in-person instruction in low-risk areas. to ensure the safe resumption of college and university operations. Colleges and universities must conform to health requirements for clinical work and in-person lectures for allied health courses, as well as national and international guidelines for reducing the effects of the Coronavirus disease.

According to Mousazadeh S. (2019), one study in his article students think engaging in face-to-face interactions was too risky.

There were 9.3% student nurses who had the intention of leaving the nursing profession. According to a previous qualitative study, the main barriers in creating a positive professional identity among intensive care nurses were low professional attraction, distrust of knowledge about nursing, unprofessional performance, and neglect of the profession's professional status. These particular variables may enhance the following factors, such as job satisfaction, career advancement, and durability.

A cross-sectional study by Quisao, E. Z. (2020), focused on exploring the knowledge, attitude, and practice of nursing students in the Philippines, specifically in Manila, regarding the COVID-19 pandemic. The study had shown that the majority of the students had shown promising results in having a high level of knowledge about the viral outbreak of the pandemic and having a positive perception towards handling the crisis. According to a citation mentioned in the study by Noreen et al (2021), some respondents have experienced negative feelings and emotions influencing their attitude towards the time of the crisis, such as panic and anxiety.

A systematic review study by Waled A.M Ahmed (2022), on the effects faced by nursing students from various countries, including the Philippines, Saudi Arabia, the United States, United Kingdom, and China during the crisis of covid-19 had put a strain on their nursing education and experiences. Wherein, the level of stress had been the main highlight among these students and determining how flexible and adaptable they with how they develop their own coping mechanisms or strategies while having the perception of fear of exposure from coronavirus and lack of proper and adequate knowledge and skills. Students from these countries had shown significant comparison with regards to how they manage their stresses from moderate to severe and were able to develop the right coping strategies during the crisis of the pandemic.

The researchers had acknowledged that student nurses experienced unusual behavior like anxiety as they begin their clinical practice. Thus, the goal is to determine an effective way in teaching clinical strategy in nursing education. Thus, the objective of this study was to identify the determinants influencing the preparedness of level 3 student nurses in their limited clinical duty while having Covid-19 pandemic in the Philippines. It influenced the performance of online classes and their knowledge and skills, and how it was affected by limited clinical duty.

OBJECTIVES OF THE STUDY

` The primary aim of this research is to identify the determinants that influence the preparedness of level three nursing students with regard to their clinical education and experience despite the pandemic. Specifically, seeking to find for answers to better understand these certain questions: 1- Determining the socio-demographic profile of the participants, such as their age, sex, ethnicity, religion, place of residence, and monthly family income. 2- Determining factors that influence the preparedness of level three nursing students towards their clinical experiences concerning their mental, physical, and social readiness, and the significant correlation between the students' socio-demographic profile and their level of preparedness for clinical duty.

METHODOLOGY

The method of quantitative-descriptive evaluative surveys was utilized for the research study. Researchers employed survey questionnaires to determine the preparedness of student nurses amidst the COVID-19 crisis. The researchers conducted the research study at the College of Nursing and it involves 55 student nurses who are currently engaging in the related learning experiences. For the data gathering, the researchers of the study had secured permission from the Dean of the College of Nursing and from the university research director through a letter of request. The target respondents will be identified through a sampling design before utilizing the instrument in order to make the conduct of surveys more efficient. Consents were documented according to institutional standards for the protection of human subjects. Since individual consent was required, each respondent was asked to sign an Informed Consent Form before

the start of the survey. The data researchers checked that the respondents had understood the form before signing it. The data collected from the respondents was summarized. The data gathered was tallied, tabulated, collated, coded, and utilized with the appropriate statistical tools for data analysis.

RESULTS AND DISCUSSION

1. Demographic Profile

The demographic profile of the participants revealed that the majority were between 18–21 years old (63.6%) and predominantly female (67.3%). Most of the participants identified as Asian/Pacific Islander (90.9%), and a large portion were Roman Catholic (72.2%). Nearly all respondents (96.4%) resided in Pangasinan, and the majority (87.3%) reported an average monthly family income. These characteristics provide a general background of the nursing students who participated in the study

Table 1
Frequency Distribution of Demographic Profile

Age	18 – 21	35	63.6
	22 – 25	12	21.8
	26 – 29	5	9.1
	>30	3	5.5
Sex	Male	18	32.7
	Female	37	67.3
Ethnicity	White/Caucasian	1	1.8
	Black/African American	4	7.3
	Asian/Pacific Islander	50	90.9
Religion	Roman Catholic	40	72.7
	Born Again Christian	6	10.9
	Iglesia Ni Cristo	4	7.3
	Jehovah's Witnesses	1	1.8
	Others	4	7.3
Location	Within the province of Pangasinan	53	96.4
	Outside the province of Pangasinan	2	3.6
Monthly Family Income	Lower on average	4	7.3
	On average	48	87.3
	Higher on average	3	5.5

Table 1 presents the frequency distribution of demographic profile as to age, sex, and status through self-report in the questionnaires distributed and retrieved by the researcher.

The majority of the participants are 18 – 21 years old, making up 35, with a percentage of 63.6 of the entire sample of respondents, while the age group above 30 makes the least number, comprising only 3 (5.5%). As to sex, 67.3% or 37 out of 55 respondents were female, while only 18 (32.7%) were male. Furthermore, the ethnicity presented those respondents who are classified as Asian/Pacific Islander, making up 50 or 90.9% of the participants. On the contrary, only 1 participant was White/Caucasian.

The religion of the respondents was also determined. Based on the results, the largest portion of the respondents are Roman Catholic, with a frequency and percentage of 40 (72.2%). Only a single (1.8%) respondent has Jehovah's Witnesses as their sect. When it comes to the location, 53 (96.4%) of the participants reside within the province of Pangasinan, while only 2 (3.6%) are outside Pangasinan. When it comes to monthly income, 48 (87.3%) or the majority have the average income, whereas only 3 (5.5%) earn higher than the average.

2. Mental Preparedness of Respondents to their Limited Clinical Duty During the COVID-19 Pandemic

About mental preparedness, respondents strongly agreed on the importance of knowing guidelines, handling stressors, applying nursing skills, adhering to professionalism, and utilizing coping mechanisms. The high average weighted mean (4.39) indicated strong mental readiness for limited clinical duty during the COVID-19 pandemic. Similarly, physical preparedness was rated highly (mean = 4.36), with respondents emphasizing the importance of vaccination, proper attire, and body readiness, although some only agreed on aspects such as booster shots and adequate sleep.

Table 2 presented that the participants strongly agree to all the given parameters regarding their mental preparedness such as knowing the guidelines on the implementation of limited face to face classes or clinical duty, dealing with the rigors and worries of clinical duty, recognizing potential pressures or stressors associated with your clinical duty, practicing fundamental nursing skills such as taking vital signs, administering medications, etc., adhering to professionalism and ethical practices of clinical duty, and having coping skills or critical thinking in such emergencies that may arise while on clinical duty Combining the calculated mean, it was

revealed that the participants strongly agree, having an average weighted mean of 4.39.

Table 2
Factors Influencing the Mental Preparedness of Respondents to their Limited Clinical Duty During the COVID-19 Pandemic

Indicators	Mean	Interpretation
Knowing the guidelines on the implementation of limited face to face classes or clinical duty.	4.67	Strongly Agree
Dealing with the rigors and worries of clinical duty.	4.24	Strongly Agree
Recognizing potential pressures or stressors associated with your clinical duty.	4.33	Strongly Agree
Practicing fundamental nursing skills such as taking vital signs, administering medications, etc.	4.55	Strongly Agree
Adhering to professionalism and ethical practices of clinical duty.	4.24	Strongly Agree
Having coping skills or critical thinking in such emergency situations that may arise while on clinical duty	4.33	Strongly Agree
Average Weighted Mean	**4.39**	**Strongly Agree**

As aligned with the study "Factors Affecting Performance in Clinical Practice among Preservice Diploma Nursing Students in Northern Tanzania", by Kalolo A et al (2019), to comprehend the sample's background data and the relationships between variables, descriptive analysis and the chi-square test were used. The majority of respondents, namely the nursing students (84.4%), concurred that clinical placement provides sufficient opportunities for students to gain real clinical experience. 70.1% of the participants identified obstacles to successful clinical learning, which include student issues like absenteeism and low self-esteem, school issues like inadequate supervision, clinical teachers' lack of preparedness, and clinical facility issues. Researchers had found a significant link between the type of barrier and gender (chi-square 0.786, *p=0.020)*. There were more male student nurses (62.1%) who significantly reported an unsupportive environment as a barrier and anxiety, in contrast to female student nurses (48.9%) (p=0.020), who were more common. Research had shown that barriers to effective clinical learning by student nurses from different schools were not significant (P=0.696). Another result had shown that age of participants had no significant correlation with regard to effective clinical practice (p=*0.606).* Clinical students' factors and placement-based factors played an important role in influencing clinical learning experiences. Students' learning experiences in clinical placement may be enhanced by providing preclinical orientation, distributing and explaining clinical learning objectives to students, and regularly visiting and supervising students in the clinical area. In addition, tailoring the interventions to gender may improve learning experiences.

3. Physical Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Table 3
Factors Influencing the Physical Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Indicators	Mean	Interpretation
Fully vaccinated against COVID-19 before clinical duty.	4.82	Strongly Agree
Booster shot/s against COVID-19 before clinical duty.	4.05	Agree
Preparing the body for a day/night shift clinical duty.	4.44	Strongly Agree
Gets an adequate amount of sleep before the start of clinical duty.	4.20	Agree
Wearing of proper uniform attire, protective equipment	4.44	Strongly Agree
Having to complete the needed paraphernalia for vital signs to use on duty.	4.20	Agree
Average Weighted Mean	**4.36**	**Strongly Agree**

Majority of the questions were given an interpretation of strongly agree due to the calculated data. The following indicators that comprise this section were fully vaccinated against COVID-19 before clinical duty, preparing the body for a day/night shift clinical duty, and wearing of proper uniform attire, protective equipment**.** Some of the agree on the factors that influences their physical preparedness including booster shot/s against COVID-19 before clinical duty, gets an adequate amount of sleep before the start of clinical duty, and having to complete the needed paraphernalia for vital signs to use on duty. The average weighted mean, 4.36 revealed that the respondents strongly agree on the factors that influence their physical preparedness in relation to their limited clinical duty in the midst of the pandemic.

4. Social Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Social preparedness received the highest overall rating (mean = 4.59), showing that respondents strongly agreed on measures such as limiting interactions, self-quarantine, maintaining good interpersonal relationships, protecting patient confidentiality, and managing diverse patient cases. Financial preparedness was also perceived positively (mean = 4.19), with students strongly agreeing on having health insurance and covering daily expenses, though some expressed only moderate agreement on their ability to purchase necessary medical supplies.

Table 4

Factors Influencing the Social Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Indicators	Mean	Interpretation
Fully vaccinated against COVID-19 before clinical duty.	4.82	Strongly Agree
Booster shot/s against COVID-19 before clinical duty.	4.05	Agree
Preparing the body for a day/night shift clinical duty.	4.44	Strongly Agree
Gets an adequate amount of sleep before the start of clinical duty.	4.20	Agree
Wearing of proper uniform attire, protective equipment	4.44	Strongly Agree
Having to complete the needed paraphernalia for vital signs to use on duty.	4.20	Agree
Average Weighted Mean	**4.36**	**Strongly Agree**

Using mean as the basis of interpretation on factors influencing the social preparedness of respondents to their limited clinical duty during covid-19 pandemic, it was exhibited that respondents strongly agree on all of the indicators mentioned including avoid social interactions to lessen transmission of the virus, willing to self-quarantine for 1 week after clinical duty, possessing good interpersonal relationships with other nursing students and clinical instructors, ensuring patient's privacy and confidentiality, and willing to deal with different cases and personalities of a patient.

Overall, 4.59 average weighted mean on table 4 presented that the participants strongly agree on the factors mentioned.

5. Financial Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Table 5

Factors Influencing the Financial Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Indicators	Mean	Interpretation
Having enough money that will be required to purchase medical supplies.	4.09	Agree
Having a health insurance card prior to the requirements of the school	4.24	Strongly Agree
Willing to spend on daily expenses during clinical duties.	4.24	Strongly Agree
Average Weighted Mean	**4.19**	**Agree**

When it comes to financial preparedness, the majority of the respondents strongly agree on both having a health insurance card prior to the requirements of the school, and willingness to spend on daily expenses during clinical duties. However, when it comes to having enough money that will be required to purchase medical supplies, answer of the respondents fall under the interpretation agree. Overall, 4.19 average weighted mean on table 5 presented that the participants strongly agree on the factors mentioned regarding the financial preparedness of respondents to their limited clinical duty during covid-19 pandemic.

6. Correlation between the Demographic Profile and the Factors Influencing the Mental Preparedness of Respondents to their Limited Clinical Duty During the COVID-19 Pandemic

The table clearly showed that there were significant statistical findings that were indicated among the pairwise analyses of the two major variables, such as the demographic profile to indicators. Thus, the null hypothesis stating that there is no significant correlation between demographic profile with the motivational factors was rejected at the .05 level of significance.

The table below shows that there is significant association between the demographic profile and the physical preparedness of the respondents to their limited clinical duty. The indicators Fully vaccinated against COVID-19 before clinical duty ($r= .426^{**}$, $p<0.05$), preparing the body for a day/night shift clinical duty ($r= .310^{*}$, $p<0.05$)., and wearing of proper uniform attire, protective equipment ($r= .310^{*}$, $p<0.05$), exhibited significant relationship. It means that females

strongly agree on the factors influencing their preparedness in limited clinical duty as to their physical aspect.

Table 6

Correlation tables between the Demographic Profile and the Factors Influencing the Mental Preparedness of Respondents to their Limited Clinical Duty During the Covid-19 Pandemic

Indicators		Age	Sex	Ethnicity	Religion	Location	Income
Knowing the guidelines on the implementation of limited face-to-face classes or clinical duty.	Pearson Correlation	.005	.199	.085	.123	.105	.057
	Sig. (2-tailed)	.971	.145	.536	.369	.445	.681
Dealing with the rigors and worries of clinical duty.	Pearson Correlation	-.116	-.048	.283*	.057	-.076	.105
	Sig. (2-tailed)	.400	.728	.037	.680	.580	.446
Recognizing potential pressures or stressors associated with your clinical duty.	Pearson Correlation	-.096	.106	.142	.095	.190	.246
	Sig. (2-tailed)	.488	.440	.302	.491	.165	.070
Practicing fundamental nursing skills such as taking vital signs, administering medications, etc.	Pearson Correlation	-.045	.215	.488**	.139	.146	.205
	Sig. (2-tailed)	.745	.114	.000	.313	.287	.133
Adhering to professionalism and ethical practices of clinical duty.	Pearson Correlation	-.116	-.048	.283*	.057	-.076	.105
	Sig. (2-tailed)	.400	.728	.037	.680	.580	.446
Having coping skills or critical thinking in such emergency situations that may arise while on clinical duty.	Pearson Correlation	-.096	.106	.142	.095	.190	.246
	Sig. (2-tailed)	.488	.440	.302	.491	.165	.070

7. Correlation between the Demographic Profile and the Factors Influencing the Physical Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

The table below shows that there is a significant association between the demographic profile and the physical preparedness of the respondents to their limited clinical duty. The indicators Fully vaccinated against COVID-19 before clinical duty (r= .426**, p<0.05), preparing the body for a day/night shift clinical duty (r= .310*, p<0.05)., and wearing of proper uniform attire, protective equipment (r= .310*, p<0.05), exhibited significant relationship. It means that females strongly agree on the factors influencing their preparedness in limited clinical duty as to their physical aspect.

Table 7

Correlation tables between the Demographic Profile and the Factors Influencing the Physical Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

Indicators		Age	Sex	Ethnicity	Religion	Location	Income
Fully vaccinated against COVID-19 before clinical duty.	Pearson Correlation	-.066	.426**	.452**	-.181	.082	.334*
	Sig. (2-tailed)	.630	.001	.001	.187	.551	.013
Booster shots against COVID-19 before clinical duty.	Pearson Correlation	.040	.097	.055	-.062	-.171	-.126
	Sig. (2-tailed)	.770	.483	.689	.651	.212	.361
Preparing the body for a day/night shift clinical duty.	Pearson Correlation	.242	.310*	.042	.183	.017	.030
	Sig. (2-tailed)	.075	.021	.761	.182	.903	.826
Gets an adequate amount of sleep before the start of clinical duty.	Pearson Correlation	.279*	.226	.062	.217	-.141	.223
	Sig. (2-tailed)	.039	.097	.652	.112	.303	.102
Wearing of proper uniform attire, protective equipment	Pearson Correlation	.242	.310*	.042	.183	.017	.030
	Sig. (2-tailed)	.075	.021	.761	.182	.903	.826
Having to complete the needed paraphernalia for vital signs to use on duty	Pearson Correlation	.279*	.226	.062	.217	-.141	.223
	Sig. (2-tailed)	.039	.097	.652	.112	.303	.102

8. Correlation between the Demographic Profile and the Factors Influencing the Social Preparedness of Respondents to their Limited Clinical Duty During the COVID-19 Pandemic

For social preparedness, both sex and ethnicity demonstrated significant relationships with indicators such as willingness to self-quarantine, protecting confidentiality, and fostering good interpersonal relationships. However, no significant relationship was found between demographic factors and financial preparedness. This suggests that financial readiness was relatively consistent across different groups, regardless of age, sex, ethnicity, religion, location, or income. Overall, the findings highlight that while mental, physical, and social preparedness were influenced by certain demographic characteristics, financial preparedness remained independent of these factors.

The demographic profile ethnicity of the respondents showed significant relationship with the parameters avoid social interactions to lessen transmission of the virus (r= .514**, p<0.05), willing to self-quarantine for 1 week after clinical duty (r= .297*, p<0.05), possessing good interpersonal relationships with other nursing students and

clinical instructors (r= .411**, p<0.05), and willing to deal with different cases and personalities of a patient (r= .411**, p<0.05). It means that Asians/Pacific Islanders strongly agree about the factors mentioned that influence their social respondents during their limited clinical duty during this pandemic.

Table 8

Correlation tables between the Demographic Profile and the Factors Influencing the Social Preparedness of Respondents to their Limited Clinical Duty During COVID-19 Pandemic

Indicators		Age	Sex	Ethnicity	Religion	Location	Income
Fully vaccinated against COVID-19 before clinical duty.	Pearson Correlation	-.096	.426**	.452**	-.181	.082	.334*
	Sig. (2-tailed)	.630	.001	.001	.187	.551	.013
Booster shot/s against COVID-19 before clinical duty.	Pearson Correlation	.040	.057	.055	-.062	-.171	-.126
	Sig. (2-tailed)	.770	.483	.689	.651	.212	.361
Preparing the body for a day/night shift clinical duty.	Pearson Correlation	.242	.310*	.042	.183	.017	.030
	Sig. (2-tailed)	.075	.021	.761	.182	.903	.826
Gets an adequate amount of sleep before the start of clinical duty.	Pearson Correlation	.279*	.226	.062	.217	-.141	.223
	Sig. (2-tailed)	.039	.097	.652	.112	.303	.102
Wearing of proper uniform attire, protective equipment	Pearson Correlation	.242	.310*	.042	.183	.017	.030
	Sig. (2-tailed)	.075	.021	.761	.182	.903	.826
Having to complete the needed paraphernalia for vital signs to use on duty	Pearson Correlation	.279*	.226	.062	.217	-.141	.223
	Sig. (2-tailed)	.039	.097	.652	.112	.303	.102

9. Correlation between the Demographic Profile and the Factors Influencing the Financial Preparedness of Respondents to their Limited Clinical Duty During Covid-19 Pandemic

The table revealed that it did not show any sign of correlation between the factors influencing the financial preparedness of respondents to their limited clinical duty during covid-19 pandemic and the demographic profile. Therefore, the respondents, which agree on their financial preparedness did not have any relationship with their age, sex, ethnicity, religion, location, and income.

Table 9

Correlation tables between the Demographic Profile and the Factors Influencing the Financial Preparedness of Respondents to their Limited Clinical Duty During Covid-19

Indicators		Age	Sex	Ethnicity	Religion	Location	Income
Having enough money that will be required to purchase medical supplies	Pearson Correlation	.224	.119	-.026	.181	-.021	.184
	Sig. (2-tailed)	.101	.387	.849	.186	.882	.179
Having a health insurance card prior to the requirements of the school	Pearson Correlation	.148	.191	.032	.240	.078	.250
	Sig. (2-tailed)	.280	.162	.819	.077	.573	.065
Willing to spend on daily expenses during clinical duties.	Pearson Correlation	.148	.191	.032	.240	.078	.250
	Sig. (2-tailed)	.280	.162	.819	.077	.573	.065

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AUTHORS' PROFILE

Eraiza Eunice B. Rosario, a 24-year-old, from San Carlos City, Pangasinan, who had graduated nursing on May 2023 and became a registered nurse after passing the PNLE on November 2023 later that year. She is currently working as an ER-Triage Nurse at a private hospital in her hometown and simultaneously, taking up her post-graduate studies for the degree of Master of Arts in Nursing Service at her alma mater, Virgen Milagrosa University Foundation, for higher education and for career growth. She is a hardworking, devoted, and compassionate nurse towards providing life-saving and quality care for her patients.

Dr. Ma. Christina B. Ortega is the Dean of the College of Midwifery at Virgen Milagrosa University Foundation and an important proponent of the research committee. She is also a professor at the College of Nursing and an adviser of the Graduate School students who are taking up the Masters of Arts in Nursing. Through the years, she took different master degrees such as MAN, MPH, and PhD, nurturing and furthering to achieve personal growth and career development as a student and professor. She's a notable figure at our university, finishing higher education and marking a footprint in the field of research development.

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