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# LIVED EXPERIENCE OF BEING AND BECOMING A NURSE DURING THE COVID 19 PANDEMIC

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*A research component submitted to Auckland  
University of Technology in partial fulfilment of the  
requirements for the degree of Master of  
Philosophy (MPhil)*

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JANUARY 1, 2025

School of Public Health and  
Interdisciplinary Studies

## Table of Contents

Attestation of Authorship.....	4
Acknowledgements.....	5
Abstract.....	6
Key Words.....	7
Chapter One: Introduction.....	8
Researcher Positionality.....	11
Bachelor of Nursing Degrees at MIT.....	12
Chapter Two: Literature Review.....	14
Impact of COVID 19 on Higher Education.....	14
Emergency Transition to Online Learning in Nursing Education.....	15
Changes to Clinical Education in Response to the Pandemic.....	16
Challenges and Enablers Affecting the Effectiveness of the Current Educational System.....	17
Identity Formation.....	18
Nursing Education & Nursing in South Auckland – being & becoming a nurse in South Auckland.....	18
Chapter Three: Methodology.....	20
Research Design.....	20
Descriptive Interpretivist Design Process.....	21
Data Collection.....	22
Focus Groups as a Qualitative Tool.....	22
Focus Group Questions.....	24
Focus Groups.....	24
Target Population.....	25
Context of the Target Population.....	25
Sampling Strategy.....	25
Number of Focus Groups and Participants.....	26
Recruitment Process.....	27
Focus Group Procedure.....	28
Setting and Environment.....	28
Facilitation.....	30
Recording.....	30
Ethical Considerations.....	31
Data Management and Storage.....	31
Transcription.....	31
Data Organisation.....	31

Data Security.....	32
Challenges and Reflections.....	32
Data Analysis.....	33
Stage one: Familiarisation with the data.....	35
Stage Two: Generating initial codes.....	35
Stage three: Searching for Themes.....	37
Stage Four: Reviewing themes.....	38
Stage Five: Defining and naming themes.....	41
Stage Six: Producing the findings.....	43
Ethical Considerations: Avoiding potential conflict of interest and maintaining confidentiality.....	43
Rigor.....	44
Credibility.....	44
Transferability.....	45
Dependability.....	45
Confirmability.....	45
Chapter Four: Findings.....	46
Introduction.....	46
Theme 1: The Role of Relationships, Va and Whanaungatanga in Learning Support.....	47
Sub-Theme 1: Peer Support and Collaboration.....	47
Sub-Theme 2: Connection Through a Shared Goal, Reciprocity and Collective Success.....	51
Sub-Theme 3: Mentorship and Professional Guidance.....	54
Theme 2: Adapting Educational Practices in Clinical and Self-directed Contexts.....	55
Sub-theme 1: Nursing as a Perceived Practical Role.....	55
Sub-Theme 2: Perceived Necessity of Specialised Equipment.....	56
Sub-theme 3: Application of Theory to Practice.....	58
Sub-Theme 4: Uncertainty and Disruption.....	61
Theme 3: Increased Motivation to Pursue Nursing and Developing a Professional Identity in Uncertain Times.....	64
Chapter Five: Discussion and Conclusion.....	67
Implications of Findings.....	74
Limitations of the Study.....	74
Suggestions for Future Research.....	75
Conclusion.....	76
References.....	77
Glossary of Terms.....	84
Appendix A: AUT and MIT Ethics Approval.....	85

Appendix B: Participant Information Sheet, Consent Form, Flyer and Expression of Interest Form .. 87  
Appendix C: Sample Thematic Analysis ..... 90

## Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Amy Waters

## Acknowledgements

I am deeply grateful to all of those who have supported me throughout my journey of completing this thesis. Without their encouragement, expertise and kindness this achievement would not have been possible.

I would like to express my sincere gratitude to my primary supervisor, Dr Julie Trafford, for your expert guidance, patience and invaluable feedback. Your mentorship helped me to overcome many challenges and I have learnt so much under your leadership. I would also like to thank my secondary supervisor Meenal Rai, for providing additional insights and encouragement throughout this process.

My heartfelt thanks go to the participants of this study, your openness and willingness to share your experiences made this research possible. I am inspired by your stories and I hope this thesis honours your contributions. I also extend my sincere appreciation to the focus group facilitator, Dr Louise Rummel, for your professionalism and skill in ensuring that focus group sessions ran smoothly. Your role in creating a safe and welcoming space for the participants was essential to the success of this study.

I acknowledge the AUT and MIT Ethics Committee for granting ethics approval for this research (AUT ethics approval reference # 2277\_14042022). Your guidance on ethical considerations ensured that the study was conducted in accordance with high ethical standards, respecting the privacy and dignity of all participants.

I would also like to thank my colleagues at Manukau Institute of Technology (MIT) for their feedback, advice and camaraderie. I am especially thankful to Dr Deborah Rowe, for your understanding, encouragement and flexibility throughout this journey. Your support gave me the time and space to focus on my research, I truly appreciate your belief in my academic and professional development.

Finally, to my family and friends, thank you for your endless support, understanding and encouragement. To Nick, Hayden, Katelyn, Cheryl and Heath, your belief in me gave me the strength to persevere through difficult moments. I dedicate this thesis to you and all that have stood by me through this journey.

Thank you all.

## Abstract

The COVID 19 pandemic profoundly impacted on nursing education globally, including New Zealand. This crisis, demanded rapid adaptation to virtual programme delivery, to ensure the continuity and efficacy of nursing education. This qualitative descriptive study explores the lived experience of being and becoming a nurse, during the COVID 19 pandemic at MIT, in South Auckland, New Zealand. The focus is on how nursing students navigated the educational and professional challenges while fostering peer connections and developing their professional identity. The study used three focus groups comprised of six participants in each, the focus groups were comprised of students from Bachelor of Nursing, Bachelor of Nursing (Pacific) and Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi (Bachelor of Nursing Maaori) respectively. Braun and Clarke's reflexive thematic analysis was employed to identify three key themes: Theme 1: The role of relationships, whanaungatanga and va in learning support; Theme 2: Adapting educational practices in clinical and self-directed contexts; Theme 3: Increased motivation to pursue nursing and developing a professional identity in uncertain times.

The findings reveal the crucial role that peer support, culturally specific principles such as whanaungatanga and va, and creating an environment of belonging have in fostering resilience and academic success for becoming a nurse. The study found that online learning enabled continuity in the learning of theory, however, participants also faced challenges in adapting to online learning, particularly in the absence of hands-on clinical learning, which they identified as key in developing confidence and the application of theory to practice. Participants clearly experienced uncertainty regarding their skill level once clinical learning resumed. The participants expressed an increased motivation to be a nurse with the visibility of nurses as frontline heroes during the pandemic, strengthening their professional identity and supporting the mobilisation of their intrinsic power. Despite the uncertainty, students expressed a renewed sense of purpose and commitment to their future careers.

The findings of this study emphasise the need for nursing programmes to enhance hybrid learning models by integrating online theory delivery, with in-person clinical training, preceptor guidance and collaborative learning opportunities to ensure comprehensive professional development. This study contributes to the growing body of research in nursing education during times of disruption, highlighting the need for hybrid learning to carefully balance online theory learning with rich in-person clinical and interactive learning opportunities. The findings highlight the interplay between cultural principles, educational adaptations and the development of professional identity. Recommendations are offered for fostering resilient and dynamic nursing students in the face of future disruptions.

## Key Words

Being a nurse, Becoming a nurse, clinical placement, competence anxiety, culturally responsive education, experiential learning, hybrid learning, peer support, professional identity formation, relational learning, transformative learning, va, and whanaungatanga

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<sup>1</sup> Throughout this study I have used double vowels which are reflective of Tainui spelling as Tainui are the guardians of Te Tohu Paetahi Rangatira aa Tapui (Bachelor of Nursing Maaori)

## Chapter One: Introduction

***“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any other painter’s or sculptor’s work”***

- ***Florence Nightingale (1860)***

*Florence Nightingale (1820-1910) was a British nurse, social reformer and a founder of modern nursing. She was renowned for her pioneering work in healthcare sanitation and reform during the Crimean War.*

As the world grappled with COVID 19, student nurses found themselves at the heart of an unprecedented health crisis. Nursing students were not only confronting the realities of the pandemic, but also, a profound transformation in their professional identities and roles. It is during these times that student nurses evolving sense of identity and the mobilisation of intrinsic power became as significant as, the technical and clinical skills they were acquiring.

COVID 19 has modified, the global tertiary education landscape and is likely to continue transforming it for years to come, (Dewart et al., 2020). The disruption to traditional methods of nursing education, which has relied on hands-on clinical practice, as evident in the Nursing Council New Zealand (NCNZ) education standards, requiring every undergraduate nursing student to complete a minimum of 1100 hours of clinical practice over the three years (Nursing Council New Zealand, 2022). Nursing education has undergone the most significant change since the shift from hospital-based training to tertiary institutes. This sudden change to nursing education forced nursing students to adapt to virtual learning while encountering the realities of a global health crisis. This tumultuous time catalysed a transformational journey in which students were not only acquiring new nursing skills, but also reimagining their identities as future nurses. When exploring nursing theoretical frameworks such as Patricia Benner’s Novice to Expert (Benner, 1984) and Jean Watson’s Theory of Human Caring (2008) it is evident that; nursing education is more than just a process of acquiring a specific skillset, it is a transformative journey in which students develop critical thinking, emotional intelligence and a professional identity through reflective practice, experiential learning and the integration of caring theory.

Logistical challenges associated with nursing education globally (Aristovnik, 2020; Chan et al., 2021; Fogg et al., 2020; Leal Filho et al., 2022 & Shorey, et al., 2022) and in Aotearoa New Zealand (Cameron et al., 2022; Omisakin & Kularatne, 2024 & Pather et al., 2020) are well documented. However, exploring the way in which these experiences have facilitated the journey of ‘being and becoming’ a nurse in the context of Aotearoa New Zealand, particularly in South Auckland – which has faced unique

challenges is a notable gap in the existing literature and is crucial. The diverse population of South Auckland requires nursing professionals who are not only highly skilled clinicians, but also have a depth of understanding of cultural nuances and community dynamics. South Auckland is one of the most ethnically diverse regions in Aotearoa New Zealand. According to Lees, Lee and Winnard (2021) the population includes a significant percentage (approx. 28%) Pacific and Maaori (17%), with an increasing number of Asian residents. Nuances such as the Pacific cultural influence (cultural practices, religious and spiritual practices, language and values), Maaori culture (cultural practices, religious and spiritual practices, language and values), socioeconomic context (poverty, unemployment and housing), youth culture (blending of traditional values and modern influence) and community and identity. By focusing on members of this population who study nursing at MIT the largest provider of undergraduate nursing programmes in South Auckland, this research aims to provide insight into the lived experience of student nurses and how nursing education can be tailored to prepare students for the specific healthcare demands within their geographical context.

While a vast array of existing literature (Bdair, 2021; Dewart et al., 2020; Wallace et al., 2021) explores the logistical challenges of transitioning to online learning in nursing education, it is critical that the way in which these experiences have facilitated the journey of ‘being and becoming’ a nurse, in South Auckland (a region that has faced distinctive healthcare challenges) is explored. This thesis seeks to explore the lived experience of student nurses at MIT (located in South Auckland) during the pandemic, within online and clinical environments and the impacts on their transformational educational journey of “being and becoming’ a nurse, their role development and professional identity formation.

This study exploring the transformational process of ‘being and becoming’ a nurse is grounded in several key theoretical frameworks. Nursing education has traditionally been grounded in well-established learning theories, promoting structured learning, experiential practice and professional growth. Frameworks such as Peyton’s (1998) Four-Step Approach (as cited by Arja et al., (2019)) and Gagne’s (1965) Nine Events of Instruction (Kruse, 2009). Gagne’s (1965) framework is a sequential learning design that incorporates elements such as attention, guidance and feedback, which are all essential in the acquisition of theoretical and practical nursing knowledge (Kruse, 2009). Peyton’s (1998) framework as cited by Arja et al. (2019) is a process of steps from demonstration to supervised practice, which ensures that students acquire and consolidate their clinical skills in real-world contexts.

Malcolm Knowles (1968) theory of adult education (andragogy) emphasises self-directed learning and experiential knowledge as crucial components of the adaptation to online learning during the pandemic. Malcolm Knowles’ (1968) theory is particularly relevant in understanding how these nursing students adapted to the changes catalysed by COVID 19, underscoring the significance of self-directed learning and the application of knowledge to the real-life, high stress environment of a global pandemic. Patricia Benner’s (1984) Novice to Expert model provides insight into the development of competency through

stages, demonstrating the transformational process from beginner to confident nurses, assisting in contextualising the professional development of these student nurses. Existing literature by Benner (1984) and Knowles (1968) emphasises the importance of experiential learning in nursing education, relating to the way in which it shapes the development of professional identity and adopting the role of a nurse. Furthermore, Mezirow's (1994) Transformative Learning theory, highlights that transformative learning occurs when a situation challenges the students' existing perspective, requiring them to critically reflect and leads to a change in their worldview and self-concept. The abrupt shift to virtual learning can be understood as a disorientating dilemma for nursing students. In the context of COVID 19, traditional learning modalities and clinical learning were significantly disrupted. Nursing education relies on a scaffolded approach to learning, where theory knowledge is built upon and linked to practice, initially in the controlled environment of the clinical learning suite and progressing to clinical placement with increasing complexity over time. When considering models such as Benner's (1984) Novice to Expert, Gagne's (1965) Nine Events of Instruction and Peyton's (1998) Four Step model a significant gap emerged in the experiential component of nursing student's education.

The disruption to the traditional learning modalities and hands on clinical experiences required sudden unexpected adaptation to a new learning environment. This sudden pivot challenged their perceptions and expectations of nursing education including clinical experience and traditional face to face classroom interactions, prompting them to engage in critical reflection on both their learning process and professional roles. Thus, capturing the profound impact of their experiences on their personal and professional growth. Max Van Manen's (2014) phenomenology focuses on making meaning of the lived experience that shaped this journey, offering a method to deeply explore the lived experience of student nurses. The integration of these theories not only provides a comprehensive framework for understanding the complexities of becoming a nurse during a global health crisis, but provides insight into the transformative potential of such experiences in shaping the future of nursing education.

This study aims to provide insight into the lived experience of being and becoming a nurse during the COVID 19 pandemic, including barriers and facilitators they encountered, their perceptions of nursing and how their overall well-being was impacted. The objectives of this research are to explore the transformative journey that is 'being and becoming' a nurse at MIT in South Auckland while being guided by the theoretical frameworks underpinning this study.

This research provides an opportunity to gain insight into the way in which nursing education can support not only the development of competent clinical skills, but the transformation of nursing students into empowered and resilient professionals. Understanding how these nursing students have experienced and made meaning of their transformational journey through unprecedented disruption in the tertiary education sector, education providers can design curricula and implement support systems

that personal and professional growth, ensuring that our future nursing workforce is well prepared to meet the diverse and complex healthcare needs of the populations they serve.

This thesis is structured into five chapters. Chapter two is a comprehensive review of literature the impact of COVID 19 on higher education, the emergency transition to online learning, challenges to clinical education, challenges and enablers of the current nursing education environment, transformational learning and identity formation. Chapter three details the qualitative methodology applied in exploring the lived experience of being and becoming a nurse during COVID 19. Chapter four presents the findings. The final chapter five discusses the findings in relation to the theoretical frameworks and concludes this thesis with the implications for nursing education and recommendations.

Integrating transformative learning theories and the lived experience of student nurses at MIT during COVID 19, this research aims to provide an understanding of how nursing can be seen as a transformational journey where identity formation and role development are integral to the process of 'being and becoming' a nurse. The following chapter will explore existing literature, establishing the foundation for this study's investigation.

## Researcher Positionality

I bring a unique perspective to this study; with intersecting positionalities as a researcher; a Registered nurse (with eight years clinical experience); a senior academic lecturer and an Academic Lead (with six years teaching experience) within the School of Nursing at Manukau Institute of Technology (MIT).

I gained my registration in 2010 after which I worked in the clinical settings of post anaesthetic care (PACU), general practice, a public health organization and finally neonatal intensive care until 2018, during this time I developed a passion for ongoing nursing education and research. In May 2018 I began my career as an academic lecturer in Nursing at MIT. Moving into an academic role provided me the opportunity to contribute to the future nursing workforce through education and research. Since entering this role, I have become the Academic Lead (student journey) for the School of Nursing. The focus of Academic Lead (student journey) is providing support for students throughout their academic journey from enrolment to graduation. Developing relationships with students and academic staff across the Nursing programmes (Bachelor of Nursing, \*Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi - Bachelor Nursing Maaori and Bachelor of Nursing Pacific and the Diploma of Enrolled Nursing) is central to this role with a focus on student retention and success. Prior to the commencement of my Master of Philosophy I completed postgraduate courses totalling 75 credits towards a Post Graduate Certificate, including an A+ for Integrative Research course.

In my role as an educator and Academic Lead, I have become passionate about exploring the students' lived experiences, within their individual geographic and demographic context. The intention is to

support the development of robust pedagogy to address the disparities within the community that we serve. In my role as an Academic Lead I have been in the fortunate position to work with a wide range of students in nursing within the context of South Auckland both pre and post COVID. This further enhanced my drive to explore the way in which students experience nursing education, the challenges they face, their perceptions of learning and experiences, and the factors that enhance their engagement, supporting their success.

I have become interested in this particular topic recognising the difficulties that many of the students entering the programmes struggle with including but not limited to cultural nuances, responsibilities outside of study, being the first in their family to enter tertiary education, the vast difference between requirements in secondary school and tertiary education, access to resources, digital literacy and financial pressures associated with full time study. Understanding the way nursing students interpret and perceive these experiences provides an opportunity for tertiary education to make meaningful change to meet the needs of the local context. COVID 19 served as a catalyst for an abrupt shift in nursing education, presenting an opportunity for long term development, the implementation of change and the adaptation of nursing education, advancing it into the modern digital era.

My role as an Academic Lecturer and Academic Lead involves teaching, assessing and supporting nursing students through their educational journey, while my clinical experience as a Registered Nurse affords me practical insight into the field of healthcare. This experience influences my approach to the research I am undertaking as well as the interpretation of participants' experiences. Recognising the potential for bias, I have implemented several measures to address the potential influence. I recruited an impartial facilitator who has no teaching or assessment responsibilities related to the participants of this study, hereby ensuring that all data collection is strictly confidential and participants understand that all data will be anonymised prior to the researcher receiving it. I have employed robust qualitative methodology to ensure that a range of perspectives are captured and to minimise the potential impact of my professional background on research findings. Furthermore, I regularly engage in reflexive practice, including reflecting on how my role within nursing education may affect the study and actively seeking feedback from my supervisors to maintain objectivity.

## Bachelor of Nursing Degrees at MIT

There are three Bachelor of Nursing pathways offered at MIT; Bachelor of Nursing, Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi - Bachelor Nursing Maaori and the Bachelor of Nursing Pacific. Each of these programmes enable graduates to sit the Nursing Council New Zealand state final exam and register

as a nurse in New Zealand. The three pathways are unique in their structure, context and delivery with individual philosophies underpinning them.

The Bachelor of Nursing Level 7 (BN) is a challenging programme with a focus on developing practical, social and academic skills. The structure of this programme provides the opportunity for students to embark on hands on practical learning from the first semester, with access to state-of-the-art clinical learning suite, laboratory and simulation facilities. Nursing students engage in a variety of culturally diverse, unique clinical placement experiences in the inpatient, community and mental health setting. The BN is the largest of the three cohorts, however, there is an emphasis on the development of close peer and professional relationships fostering a sense of belonging. (Manukau Institute of Technology (MIT); website=<http://www.manukau.ac.nz>)

Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi – Bachelor of Nursing Maaori Level 7 is designed to integrate Nursing Council New Zealand competencies with Maaori perspectives, including tikanga, kaupapa, rangahau and rongoa Maaori. This programme aims to prepare graduates to make a positive impact on health and well-being of Maaori communities (Manukau Institute of Technology (MIT); website=<http://www.manukau.ac.nz>).

The Bachelor of Nursing Pacific Level 7 is a unique programme that places emphasis on cultural identity and connections to Pacific and Nursing world views. Pacific ways of knowing and learning are embedded in the programme providing students with the opportunities to gain the practical healthcare skills through a variety of hands on clinical experience to meet the needs of their communities. Smaller cohorts in this programme support and encourage a sense of family contributing to life-long connection. MIT works collaboratively with Pacific leaders, communities and organisations to foster the development of relationships with those in the health sector. (Manukau Institute of Technology (MIT); website=<http://www.manukau.ac.nz>)

## Chapter Two: Literature Review

***“The Character of the nurse is as important as the knowledge she possesses”***

- ***Carolyn Jarvis***

*Carolyn Jarvis is a renowned nurse practitioner, educator and author, known for her textbook *Physical Examination and Health Assessment*, which is widely used in nursing education.*

COVID 19 has modified, and will likely continue to transform for years to come, the global tertiary education landscape (Dewart et al., 2020). Students in healthcare education have faced unprecedented challenges which have affected nursing students world-wide. In the context of nursing education in South Auckland – specifically at MIT nursing students have encountered unique obstacles while navigating their disrupted educational journey, with sudden changes being implemented in both the academic and clinical environment. The aim of this literature review is to gain a comprehensive insight into the existing research regarding the impact of COVID 19 on nursing education with a key focus on the lived experience.

Gaining insight into the lived experiences of nursing students within in their specific geographic and demographic context is crucial for developing effective support strategies and improving educational practices. This literature review will be exploring seven key themes: the impact of COVID 19 on higher education, the shift to virtual learning in nursing education, modifications in clinical education due to COVID 19, the emergency transition to online learning, challenges to clinical education, challenges and enablers of the current nursing education environment, and identity formation. Through a comprehensive review of applicable research, the review uncovers gaps in current knowledge and provide a foundation for the qualitative research being undertaken in this thesis.

### Impact of COVID 19 on Higher Education

The impact of COVID 19 on the global tertiary education system has been the most significant in the post war era, affecting as many as 1.6 billion students globally approximately 91% of students worldwide (DeVaney et al., 2020). The abrupt shift from face to face to exclusively online learning was undoubtedly an unprecedented time of stress and uncertainty for students, academic staff and tertiary providers (Aristovnik et al., 2020).

The integration of online learning within higher education is not a new concept as discussed by Lee (2017). However, COVID 19 necessitated the rapid implementation of an exclusively online mode

of delivery without the time for careful design and implementation (Shorey et al., 2022). Traditionally tertiary education providers have choices regarding the most appropriate means of content delivery, however, for the first time this choice was revoked and distance learning was the only option (Cranfield et al., 2021). According to Bozkurt et al. (2020), this transition was not a simple alteration to mode of delivery, rather it necessitated an entirely new approach to pedagogy, course design and student engagement.

Initially emergency remote teaching was a necessity in maintaining continuity for students already enrolled in the education pathway, however, in some capacity online learning is here to stay and potentially presents an opportunity for a permanent shift in higher education (DeVaney et al., 2020). Globally numerous studies have explored the impact of this rapid shift to virtual teaching on students learning. Jansen (2021) expresses that the implications of this shift “face to face” to virtual learning will be extensive and influence all facets of learning from content delivery to assessment and the success of learners. Cranfield et al. (2021) highlighted that the long-term implications and impact of this disruption to the typical tertiary learning experience is not yet clear.

The online learning environment in tertiary education has presented both advantages and challenges for students. Research has shown that students viewed the flexibility and time saving benefit of the accessibility of online learning and the comfort of learning from their home environment positive (Gherhese et al., 2021). Conversely the lack of interaction and socialisation with peers was highlighted as a negative in relation to online learning (Gherhese et al., 2021). Jowsey et. al. (2020) discussed how the changed learning and teaching landscape emphasises the need for innovative virtual teaching strategies that enhance learning experiences for students, meeting their needs to improve student engagement, retention and success. To gain in-depth understanding of students’ needs and to develop innovative and effective pedagogical strategies, exploration of students’ lived experiences is imperative.

### Emergency Transition to Online Learning in Nursing Education

Nursing education has undergone the most significant change since nursing education was moved from hospital-based training to tertiary education providers following Carpenter’s report in 1973 (Carpenter, 1971). The global COVID 19 pandemic has been a catalyst for change forcing a sudden move from the traditional face to face to a completely virtual delivery mode. In the context of nursing education, which ordinarily heavily relies on hands-on, clinical experiences, this transition posed unique challenges (Fogg et al., 2020). Overseas studies have explored the unplanned pivots to online learning in nursing education and the various impacts this has had on nursing students (Bdair, 2021; De Los Santos, 2021; Dewart et al.,2020; Savitski et al., 2020; Wallace et al.,2021).

Bdair (2021) stressed the effectiveness of online learning as not merely involving the assessment of student academic outcomes. Rather, the individual students' perspectives also need to be considered, including challenges, advantages, and socio-cultural context. Savitski et al.'s (2020) study in Israel reported that nursing students intrinsically have elevated levels of stress and anxiety associated with their studies, particularly clinical experiences. These authors identified both stress and anxiety increasing during a pandemic, with educational and clinical stressors, along with heightened personal and financial pressures. Savitski et al. also identified the negative impact these stressors had on academic achievement and the potential for a negative impact on clinical competency, arising from limitations to clinical experiences during periods of lockdown restrictions. Similarly, De Los Santos et al. (2021) discussed the exacerbation of fear, stress, anxiety and depression amongst nursing students, as coinciding with COVID 19. Understanding the health and wellbeing impact of studying during these unprecedented times provides an opportunity for enhancing support, nurturing student nurses, and building resilience into the future workforce.

### Changes to Clinical Education in Response to the Pandemic

Nursing is a practical role that requires competency in vast array of complex practical, technical and theoretical components of care, as well as the ability to provide care that is tailored to individual patient requirements that meet both ethical and moral considerations (Gregersen et al., 2021). Competent nursing practice requires the application of theoretical knowledge and evidence-based practice to the practical clinical environment. The virtual learning environment provides a platform for continuity of theory learning delivery in some areas of the nursing curriculum. The science-based content is usually accompanied by practical dissection laboratory sessions and clinical practice is conducted in the clinical learning suite and simulation suite. This could not be fully replicated in a virtual environment and required the use of scenario-based learning, case studies and newer technology available which teaching staff and students were not familiar with, such as hololens (augmented reality) to meet learning outcomes. A study conducted by Sim (2021) in China found that the students' clinical confidence was negatively impacted when practical clinical face to face practice was paused during COVID 19, the students' level of satisfaction with their learning was also reduced. This is further supported by Gregersen et al. (2021) who emphasises that there is a need for nursing education to focus largely on the practical elements of care and the most effective means of developing practical competency is the provision of varied opportunities to practice these skills on actual patients in the clinical setting.

## Challenges and Enablers Affecting the Effectiveness of the Current Educational System

Overseas studies have found that students faced many challenges caused by the sudden pivot to online learning, these challenges extended from uncertainty, access to technology resources, a reduction in motivation and engagement as well as disappointment in missed opportunities to interact and learn alongside peers (Kobayashi et al., 2023; Radu et al., 2020; Ramos-Morcillo et al., 2020 and Rasmussen et al., 2022). Globally there is an abundance of research which has considered the benefits and challenges faced by students in the virtual learning environment, however, limited research is available in a New Zealand context. It is imperative that the socio-cultural dynamics of the student population served is studied in order to develop a robust curriculum delivered in a manner that meets individual population requirements to ensure success for nursing students within their individual setting.

Nursing education varies significantly across the globe, the curriculum in each country is designed to meet the requirements of the context in which nurses will be practicing. Resources, regulations and scope of practice varies internationally, therefore it is essential that when considering the impact of the changes to nursing education within Aotearoa New Zealand we explore the lived experience of students within this context.

The accessibility and flexibility that online learning provides has been shown to be a positive facilitator in nursing education as discussed by Regmi and Jones (2020) in their systematic review of literature. However, Regmi and Jones (2020) also emphasise that in order for online learning to be successful, interaction between peers and lecturers with effective ongoing embedded feedback is essential. This is further supported by Vygotsky's theory of social constructivism which emphasises that there is a significant socio-cultural influence on thinking, problem solving, learning and the acquisition of knowledge (Jaramillo, 1996). Social constructivism proposes that teaching and learning is largely dependent on social interactions and discussions (Jaramillo, 1996). The online learning environment that was thrust upon the tertiary education sector heavily influenced the way in which students were able to actively participate in social learning interaction and discussion. Currently there is little Aotearoa New Zealand data which focuses on the student voice in relation to an online or hybrid learning approach. The changes that have occurred and continue to occur need to be aligned with the experiences of students who have a lived experience of the abrupt pivot to online learning that was catalysed by COVID 19 and the ongoing hybrid approach to teaching and learning. It is essential to explore the experiences of nursing students within their geographic and cultural contexts as their experiences, challenges and opportunities are likely to vary significantly.

## Identity Formation

The development of nursing identity is a multidimensional, complex process that encompasses the internalisation of professional values, ethical responsibilities and a sense of belonging within the nursing profession (Larson et al., 2013). Johnson et al. (2012) emphasise that nursing identity formation is a lifelong process that commences prior to starting nursing education, continuing through academic and clinical experiences and continuing throughout a nurse's career. They also highlight that nursing education is a key aspect of professional identity formation as this is the time where students acquire knowledge and skills that separate nursing professionals from lay people (Johnson et al., 2012). Walker et al. (2014) further emphasises the nursing professional identity formation that begins in clinical placement, highlighting the importance of positive role models, a sense of belonging, peer support, critical thinking abilities and confidence. Parandeh et al. (2014) discusses the importance of role modelling by educators in the internalisation of nursing values both in the academic and clinical setting. Scully (2011) further emphasises the role of educators and preceptors in the clinical environment in socialising nursing students to the profession. The COVID 19 pandemic disrupted the traditional teaching and learning modalities, particularly relating to in person learning and clinical experience. While existing research highlights the importance of clinical experience, mentorship and peer support, there is a limited understanding of how these factors interact in a hybrid or virtual learning environment. This study seeks to address critical gaps within the literature on nursing professional identity formation, particularly within the context of disrupted learning environments caused by the COVID 19 pandemic.

Gaining an understanding of the student voice and lived experience of being and becoming a nurse in Aotearoa New Zealand during the COVID 19 pandemic and beyond, has the potential to provide critical insight into the intricacies that either facilitate or hinder successful learning. The COVID 19 pandemic initially caused an emergency shift to online learning. However, the pandemic has acted as a catalyst providing a unique opportunity for the revolutionization of nursing education, bringing the nursing curricula into the modern era (Prasanth et al., 2023). There is an opportunity to develop a robust pedagogy that embraces a balance between face to face and online delivery.

## Nursing Education & Nursing in South Auckland – being & becoming a nurse in South Auckland

The location of this research is at Manukau Institute of Technology (MIT), a tertiary education provider located in South Auckland. Ministry of Health (MOH) 2020/2021 District Health Board (DHB) statistics cite a large proportion of the population who reside in this district as living in the highest deprivation index when compared to the national average in Aotearoa New Zealand. In addition, the district has a larger Māori and Pacific population than the national average. The diversity of the South

Auckland population and the deprivation index suggests that there is an imperative to engage with and gain an in-depth understanding of the unique needs of learners in this community. Maaori and Pacific populations are being prioritised within the tertiary education sector due to significant and ongoing education and health disparities. Oritetanga (equity) is one of the Te Tiriti O Waitangi principles, emphasising the right to equitable opportunities for Maaori. In tertiary education this principle requires institutions to address structural inequities, promote culturally responsive practices and foster educational success for Maaori, in ways that reflect the unique needs and aspirations of Maaori learners (Zambas et al., 2023). The Oritetanga - Learner success approach, implemented by the Tertiary Education Commission (TEC), highlights inequities in education experienced by Maaori and Pacific students, and the need for transformational change to reduce these disparities (New Zealand Ministry of Education, 2022).

Furthermore, Oritetanga emphasises the interconnectedness of learner success and the success of education in Aotearoa New Zealand. This requires an education system that acknowledges the barriers that Maaori and Pacific students face, which directly impacts on their engagement and success at a tertiary level. Application of a holistic pedagogical approach to education is essential (New Zealand Ministry of Education, 2022).

To ensure robust online learning opportunities in nursing education, the learner voice is essential in understanding the changing experience of being a nursing student and learning to become a nurse in Aotearoa New Zealand. To understand barriers and develop holistic pedagogies there would be requirement for in-depth understanding of the students' lived experiences. A 'fit for purpose' curriculum needs to consider students' experiences and how this impacts their learning. Specific to this study is consideration of the wider implications for becoming a nurse during disruption, with an emphasis on the local community that the educational institute serves. This research aims to engage the students who are living and studying in South Auckland, with the majority of nursing graduates entering the workforce within the Counties Manukau District Health Board catchment. The research findings are intended to provide insight into the lived experiences of student nurses, in order to enhance understanding and development of holistic pedagogies and robust 'fit-for-purpose' curriculum that is mana enhancing and supports nursing students to thrive. There is potential for this research to also assist in addressing some of the barriers contributing to tertiary education inequities.

## Chapter Three: Methodology

***“The mind is not a vessel to be filled but a fire to be kindled”***

***-Plutarch***

*Plutarch was a Greek historian, biographer and philosopher best known for his work Parallel lives, which compared the lives of famous Greeks and Romans to explore moral character and leadership.*

### Research Design

This research aims to explore the lived experience of being and becoming a nurse during the COVID 19 pandemic. Grounded in a qualitative methodology, taking a descriptive interpretivist research design approach (Putnam & Banghart, 2017). The desired outcome of this approach is to capture the depth and complexity of the participants’ lived experiences in order to develop an understanding of the ways in which students have navigated challenges and opportunities unveiled by the unprecedented pivot to online learning during the pandemic. This research draws on theoretical frameworks, including van Manen’s (1997, 2014) phenomenology, Peyton’s (1998) four step approach, Benner’s (1984) Novice to Expert, Knowles (1968) andragogy and Mezirow’s (1994) transformative learning, to provide a comprehensive lens for understanding the research question.

This study is situated in the interpretivist paradigm, which theorises that reality is subjective, socially constructed and a co-construction of meaning between the researcher and participants (Putnam & Banghart, 2017). This philosophical stance reinforces the importance of interpretation of participant perspectives to uncover the themes and patterns in their experiences. Furthermore, this paradigm recognises that the participants lived experience is influenced by their cultural, relational and educational context which is well aligned with the focus of this study; being and becoming a nurse during COVID 19 with a focus on nursing students at MIT in South Auckland. Utilising a descriptive component in this research ensures that findings remain close to the participants own words providing an authentic representation of their lived experience.

The research draws on the philosophical hermeneutics of Max van Manen (2014). van Manen’s (2014) approach draws attention to the importance of reflective interpretation allowing for deep engagement with the meaning and essence of the lived experience (van Manen, 2014). Furthermore, van Manen (2014), emphasizes language as being the vehicle of expression and the key meaning of thought related to an individual’s lived experiences and understanding. The core focus of this study was to explore the lived experience of nursing students as they navigated disruptions to academic and clinical learning, relationships and the formation of their professional identity. van Manen’s (2014) approach was applied

by prioritising participants first-hand accounts of their lived experience and positioning their narratives within the broader context of nursing education. van Manen's (2014) emphasis on exploring meaning beyond purely observable experiences assisted in shaping the question, how did nursing students experience both the relational and educational challenges caused by the disrupted learning environment during the COVID 19 pandemic? For example, "peer support" was not merely categorised as a theme, rather the analysis examined how students felt about these relationships and the role these relationships played in the development of their professional identity.

van Manen (1997) identifies four existentials, spatiality (lived space), corporeality (lived body), temporality (lived time) and relationality (lived human relation) as fundamental in understanding human experiences. These existentials were used as a lens to provide greater depth in the interpretation of participants' lived experiences. This methodology is well aligned with the exploration of students experiences of rapid change to nursing education and its impact on being and becoming a nurse during the COVID 19 pandemic.

Peyton's (1998) four-step approach provides a framework which traditionally has been applied to the acquisition of practical clinical skills. In this study Peyton's (1998) model provides insight into the challenges associated with the development of competent clinical practice during the COVID 19 pandemic. Gagne's (1965) Nine Events of Instruction provided a framework to support the analysis of how theoretical knowledge was delivered and consolidated in a hybrid learning environment. Benner's (1984) Novice to Expert theory offers a lens with which to understand participants' progression to professional competence, taking into account the importance of clinical exposure.

This research is centred around adult learners engaged in nursing education, therefore understanding andragogy and associated principles as expressed by Knowles (1968) as cited by Pratt (1993); learning is subjective encompassing individual interpretation, integration and even a transformation of knowledge is imperative. This aligns with the work of van Manen (2014) which focuses on understanding the lived experience of learners and teachers, emphasising reflective practice and the importance of understanding that adult learners bring rich, diverse life experiences to the learning environment. Mezirow's (1994) Transformative Learning Theory offers a guide for the interpretation of participants reflection on their nursing identity formation and motivation to pursue nursing during the COVID 19 pandemic.

## Descriptive Interpretivist Design Process

This study is located in qualitative methodology and takes a descriptive-interpretivist research design approach (Elliot & Timulak, 2005). This descriptive methodology was chosen to ensure that a comprehensive account of the participants experiences is captured and described in a manner that

remains closely connected to the data. This approach maintains accessibility while offering in depth insight into the areas of focus. The interpretivist component of the design facilitates a more in-depth exploration of the subjective meaning within these experiences. This is consistent with the overall aim of the study to understand and interpret the participants lived experience of being and becoming a nurse during the COVID 19 pandemic.

This is central to methodology applied in this research as understanding the individual lived experience of each participant provides insight into the subjective experience of nursing education and may inform future pedagogical approaches to nursing education.

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## Data Collection

### Focus Groups as a Qualitative Tool

Focus group interviews were selected as the primary method of data collection in this study which aims to explore the lived experience of being and becoming a nurse during the COVID 19 pandemic, as they are able to facilitate rich in-depth discussions on shared experiences (Morgan, 1996). Focus group interviews offer an interactive environment that enables participants to share insights, reflect on shared experiences and build on each other's perspectives (Gibbs, 1997). This method of data collection was well suited to the objectives of this study, which aimed to understand the way students navigated the challenges, developed meaningful connections and adapted to the disruption to their nursing education journey due to the COVID 19 pandemic.

Focus group interviews are an invaluable qualitative tool that enables rich data collection, from diverse perspectives through dynamic group interactions (Morgan, 1996). This approach to the collection of data is particularly effective when investigating complex experiences. Focus groups were first implemented in research in the early 1940's in an attempt to shift from interviewer – dominated research methodology (Leung & Savithiri, 2009). Focus group interviews have since become widely used within qualitative research in the health and education sector, specifically related to curricula and programme development (Leung &, Savithiri, 2009).

Focus groups are a method primarily utilised in qualitative research to explore attitudes, feelings, experiences, beliefs and reactions in a social setting which enables group interaction and discussion (Gibbs, 1997). This allows for gathering insights and opinions from a select, diverse group of

individuals on a specific topic or issue (Kitzinger (1994) as cited by Lane et al. (2001)). Focus groups align with qualitative methodology and a descriptive interpretivist design as they are able to generate in-depth contextualised data.

Focus group interviews are consistent with qualitative methodology which has a focus on understanding experiences and meanings rather than quantifying parameters. Group interviews offer a space for participants to articulate their views and experiences. Morgan (1996) expresses that focus groups often generate insights which are not easily accessible in individual interactions. Understanding is gained in the context of group dynamics which is essential for gaining insight into the nuances and complexities of participants' lived experiences (Morgan, 1996). Flexibility is central to a qualitative research methodology as it allows for the research to adjust to emerging data. Semi structured focus group interviews are intrinsically flexible as discussions can shift based on the flow of conversation, which allows for the discovery and elaboration of information that is important to the participants, which may not have initially been thought of as pertinent by the researcher (Gill et al., 2008).

Focus group interviews complimented the descriptive interpretivist design of this study, allowing for participants to interact share perspectives and build on the perspectives of others. Focus groups capitalise on the social interaction and the influence group dynamics have on participant responses (Morgan, 1996). In this study the participants in each focus group were in their second year of nursing within the same programme, sharing the experience of learning through the COVID 19 pandemic, pivoting to online learning, missing out on in person and clinical learning. The benefit of focus groups in this research is that each topic could be explored from varying perspectives providing a comprehensive insight into the participants experiences. Within the focus group interviews participants frequently referred to supporting what other participants had discussed or would expand on the contributions of other participants. For example, ***“Yeah, I think I have the same idea with what P3 said, because I think all of us joining the zoom now, we are Pacific students”*** and ***“For me, yeah, same with the previous two. It was missing out on some of the CPR learnings and gaining that practical experience prior to actually going out to placement.”***

The focus group structure aimed to provide a safe and supportive platform for participants to, share their unique experiences, highlights, supports and challenges in the context of their cohorts with peers who shared their educational journey in the same context.

However, this method of data collection is not without challenges and limitations, such as dominant voices, limited depth in individual experiences and potential sample bias. There were a number of strategies put in place to minimise and mitigate these potential challenges. The use of an experienced, skilled focus group facilitator who understands the dynamics, challenges and limitations of focus group interviews assisted in mitigating many of the potential concerns. The facilitator established the expectations of conduct within the focus group prior to the commencement of the interviews. The

facilitator actively encouraged equal participation, seeking input from each of the participants individually following each question posed, also using follow up probes as required to encourage less vocal participants to share their thoughts. This assisted in obtaining a balanced perspective that was inclusive of the views of all focus group participants. Where required the focus group facilitator asked follow up questions to probe further into participants unique insights, which enabled further depth of understanding in the data of unique perspectives. Efforts were made to recruit a diverse range of participants from the three nursing degree pathways in order to reflect the wider student population, however, the limitations to generalisability were acknowledged in the interpretation of the findings due to the contextual and exploratory nature of the study.

### Focus Group Questions

1. What are some of the highlights of your student journey to date?
2. What/who has been your support in your nursing journey to date?
3. What are some of the strategies you have implemented to enhance interpersonal connections in your cohort?
4. How has COVID impacted on being a student nurse and the way you study at MIT?
5. How has your perception of being and becoming a nurse been impacted by the COVID 19 pandemic?
6. What are some of the barriers or challenges you have faced while studying nursing during the COVID 19 pandemic?
7. How has the COVID 19 pandemic impacted on your Hauora?
8. What are some of the strategies you have implemented to maintain your Hauora during the COVID 19 pandemic?

These questions aimed to encourage participants to reflect on how their professional identities were shaped and performed in response to the educational disruptions caused by the COVID 19 pandemic.

### Focus Groups

Semi structured focus group interviews were conducted by an experienced focus group facilitator who is familiar with the context of nursing education, via Zoom. The aim of the focus group interviews was to elicit detailed reflections on participants' lived experience of being and becoming a nurse during COVID 19. The questions were designed to align with the theoretical frameworks underpinning this study, to encourage participants to explore relational, cultural and professional dimensions of their educational journey to date.

## Target Population

The target population is instrumental in moulding the research outcomes, in this study the focus population was student nurses enrolled in one of the three Bachelor of Nursing programmes at MIT situated in South Auckland at the time data was collected. Students in their second year of their nursing education journey were selected as they are at a pivotal time in their nursing education, transitioning from foundational learning to more complex clinical skills and practicum. The students participating in this research are a unique cohort as they began their nursing education during the COVID 19 pandemic. This meant that their introduction to nursing education was significantly influenced by the global pandemic.

The participants of this study navigating the commencement of their nursing education journey during an unprecedented time of change in tertiary education. The traditional face to face mode of delivery was replaced with virtual learning. This group of students faced challenges such as reduced hands on clinical experience, peer interaction and potentially increased socio-economic pressure. These challenges make them a unique group for understanding the wider implications of the educational disruptions caused by the COVID 19 pandemic.

## Context of the Target Population

MIT is situated in the heart of South Auckland which is known for its diverse multicultural population, as shown in the demographic profile presented by Lees, Lee and Winnard (2021). South Auckland also presents a distinct socio-economic context which may impact on the education journey of these students differently when compared to other geographic regions of Aotearoa New Zealand. The diverse nature of this population presents unique challenges and opportunities for nursing education.

Selecting to focus on this group of students in the context of MIT in South Auckland the study aims to understand how these students lived experiences of nursing education during COVID 19 have shaped their perceptions of nursing, their sense of being prepared and their overall well-being. Their experiences provide an opportunity to gain insight into the long-term effects of the COVID 19 pandemic on nursing education and the potentially beneficial long-term changes that could enhance and revolutionise nursing education.

## Sampling Strategy

This study used purposive sampling which allows for intentional selection of participants that have experienced the phenomenon being investigated (Rai & Thapa, 2015; and Etikan et al., 2016). In this case the lived experience of being and becoming a nurse during the COVID 19 pandemic. This sampling method ensured that all participants have specific knowledge about and have directly

experienced commencing their nursing education during the pandemic, making them well suited to providing detailed insight into this experience.

The inclusion criteria for this research were participants must be enrolled in their second year of any of the three Bachelor of nursing programmes (Bachelor of Nursing, Bachelor of Nursing Maaori or Bachelor of Nursing Pacific) offered at MIT. All participants must have commenced their nursing education during the COVID 19 pandemic (starting their qualification in 2020 or 2021). A willingness to participate was imperative and therefore participants needed to be willing to share their experiences and insights in a group environment.

There are three Bachelor of Nursing pathways offered at MIT; Bachelor of Nursing, Bachelor of Nursing Maaori and the Bachelor of Nursing Pacific. Three focus groups were recruited one from each of the Bachelor of Nursing pathways. Homogeneous groups in which participants share similarities that are relevant to the topic being explored in this study (second year nursing students enrolled in one of the three Bachelor of Nursing programmes at MIT) were used. These commonalities support the facilitation of a greater depth of exploration in relation to specific experiences related to the participants educational journey (Morgan, 2012). Each of the three programmes are unique in the underpinning philosophy and facilitation of learning, therefore, keeping the focus groups as such would allow for further in depth understanding of the lived experience within each of these programmes with their individual approach to nursing education. This is supported by Braun and Clarke (2013) who discuss how homogeneous groups can lead to consistency in data, meaning that the themes are more likely to be relevant across the group owing to the shared background of the participants. Using homogeneous groups in this study ensures that the data is consistent with the participants experiences being directly comparable which enhances the reliability of findings.

Krueger (1994) as cited by Rabiee (2004) expressed that rich data can only be produced when all focus group participants are willing to fully participate in discussion and for this reason advocates for the use of a homogenous group based on the research topic. Recruiting individual focus groups for each of the Bachelor of nursing pathways was implemented as participants could relate to each other's comments and experiences and validating information, this is supported by Clarke et al. (1996) who recognizes that homogeneity provides allows for the shared experiences of participants to be brought to the fore. Furthermore, recognizing that pre-existing relationships have a basis of trust which may encourage greater expression. Krueger (1994) as cited by Rabiee (2004) highlights these aforementioned group characteristics as being of benefit to generating rich focus group data.

### Number of Focus Groups and Participants

A focus group size of six to eight participants is considered optimal within the literature to provide an opportunity to gather diverse perspectives and ensure that each participant has an adequate opportunity

to share their experiences (Krueger & Casey, 2015; Morgan, 1997 & Stewart & Shamdasani, 2015). The study was initially designed to accommodate up to ten participants in each group; however, the final number in each group was six, reflecting the number of students who registered interest in participating.

This sample size was selected to foster dynamic and engaging discussion while allowing for in-depth exploration of each participants individual experience. The group size was decided to be manageable and aimed to create an environment where participants would feel comfortable contributing which is essential in eliciting rich qualitative data. By keeping the focus group size small enough to be intimate but large enough to capture a range of viewpoints comprehensive insight into the lived experiences of nursing students could be obtained.

## Recruitment Process

The recruitment process for this study is designed to ensure that confidentiality is maintained and potential bias due to researcher positionality is minimised. This process involved a number of steps in order to meet the desired recruitment outcome while maintaining confidentiality and meeting ethical considerations.

The first step within the recruitment process involved the distribution of an informative flyer via a global announcement on relevant course pages for second year nursing students on the Canvas Learning Management System at MIT. The Canvas flyer contained an overview of the study's purpose, outlining participation criteria and explained the process for expressing interest in participation. The flyer can be reviewed under Appendix B.

The Focus group facilitator, who does not have any teaching or assessment responsibility or other involvement with the participants, created a Microsoft Form using the template provided by the researcher to ensure that the researcher did not have access to participant information. This aligns with maintaining privacy and confidentiality in accordance with the Privacy Act 1993, and (AUTECH and MIT guidelines for ethics approval, 2017). The focus group facilitator collected expressions of interest from the form recipients and contacted each individually via email. Students interested in participating in the study were instructed to complete the Microsoft Form through the link attached to the Canvas flyer. The form collected required information such as the students name, contact details and information confirming eligibility for participation in the study, based on the inclusion criteria.

Maintaining confidentiality to avoid any potential bias is of the utmost importance due to researcher positionality. For this reason, the collection of forms and participant data was exclusively managed by the focus group facilitator. The focus group facilitator was responsible for collecting participant

information, reviewing forms, confirming eligibility, and handling all subsequent communication with participants.

The researcher only had received information pertaining to which of the three Bachelor of Nursing degree programmes at MIT the participants were enrolled in. This aimed to minimise power imbalance and ensured that the researcher's positionality did not influence the study. The researcher did not have access to any participant details such as names and contact information.

Once eligibility was confirmed by the focus group facilitator participants were provided with detailed information about the study (participant information sheet Appendix B), as well as an informed consent form (Appendix B) that needed to be signed and returned prior to participation. Participants were asked about their preference for focus interviews being held face to face on campus at MIT Manukau or online via Zoom. All eligible participants expressed a preference for virtual focus group interviews via Zoom. The focus group facilitator coordinated the scheduling of focus group sessions ensuring the smooth handling of all logistics.

These steps in the recruitment process were able to effectively identify and engage with eligible participants, maintaining ethical considerations and reducing the risk of bias influencing the study outcomes.

## Focus Group Procedure

### Setting and Environment

All participants expressed a preference for focus group interviews to be conducted online via Zoom. In response to this focus group interviews were scheduled to be conducted by the focus group facilitator online. This approach is supported as a valid option by current research on the benefits of online focus groups with healthcare education (Gill & Baillie, 2018; Keemink et al., 2022 & Marques et al., 2021).

Students in their second year of nursing education are balancing a number of demanding responsibilities including but not limited to clinical placements, assessments and personal commitments. The flexibility afforded by conducting the focus group interviews online is highly beneficial. This mode of interaction allows participants to engage in these sessions regardless of their geographical location while removing the time and cost of traveling which is particularly advantageous when considering their time constraints due to personal responsibilities and clinical placement schedules. Furthermore, utilizing an online platform such as Zoom eliminates the need for participants to incur costs associated with travel such as parking and fuel required to commute (Gray et al., 2020). This is favourable for participants who may have limited access to transport or are facing financial challenges that are common for tertiary students.

Focus groups conducted online reduce these barriers which would assist in ensuring higher rates of participation and inclusivity.

Recent studies suggest that online focus group interviews are effective in minimising logistical barriers that impact on the facilitation of participation, especially in populations that have significant time and geographical constraints (Archibald et al., 2019 & Gray et al., 2020). Kite and Phongsavan (2017) investigated the quality of data collected through online focus group interviews, finding that the quality of data was comparable to the data collected during traditional face to face interviews. This study concluded that Zoom provides an effective platform for conducting focus group interviews, highlighting that features such as screen sharing and chat enhance interaction and engagement of participants (Kite & Phongsavan, 2017). A study conducted by Stewart and Shamdasani (2016) further supports this in their discussion pertaining to how synchronous online focus group interviews have the potential to maintain and even enhance group dynamics when compared to face to face interviews. Stewart and Shamdasani (2016) suggest that the presence of visual cues in video conferencing while engaging in real time discussion assists in maintaining a sense of community and connection between participants, which is an integral component in generating meaningful data.

Archibald et al. (2019) studied the participant experiences of online focus group interviews, finding that participants often felt more relaxed engaging from their familiar home environment. However, Archibald et al. (2019) highlighted the need for robust clear guidelines in relation to confidentiality and data security to protect the privacy of participants. The findings of their study support that this mode of focus group facilitation may provide an opportunity to collect more candid and insightful contributions.

To ensure the smooth running of the focus group interviews Zoom was the chosen platform as all nursing students at MIT are familiar with the functionality as course delivery during online learning was via Zoom. The focus group facilitator confirmed that all participants had access to a computer and stable internet connection. Lobe, Morgan & Hoffman (2020) conducted a study which explored the technical requirements and logistical challenges of online focus groups, their findings support that although technical and logistical issues have the potential to pose a challenge adequate support and preparation minimises this. All participants received clear instructions for accessing the focus group and the importance of maintaining confidentiality and privacy. The focus group facilitator was responsible for managing the technical aspects of the interviews including setting up the Zoom meeting, recording the sessions (with participant consent) and addressing any technical issues which arose.

The aim of conducting focus group interviews online via Zoom was to create an accommodating productive environment for participants, to enhance the quality and depth of data collected.

## Facilitation

The facilitation of focus group interviews and data collection was paramount in ensuring that the focus groups ran smoothly and in-depth data would be generated while maintaining a comfortable, safe and respectful environment for participants.

The focus group interviews were conducted in November 2022, by an experienced facilitator who is accomplished and skilful within the nursing educational context. The focus group facilitator was responsible for guiding the discussion, ensuring that all participants were provided with the opportunity to contribute, while keeping the conversation on task. Krueger and Casey (2014) highlight in their practical guide for applied research highlight the importance of an adept moderator facilitating discussion to ensure that no one voice dominates and all participants are encouraged to contribute.

The facilitator established group rules prior to the commencement of focus group interviews to ensure respectful communication, confidentiality and highlighting the importance of each participants contribution. The facilitator was provided with a list of open-ended questions as a guide, aimed at encouraging participants to share their experiences, thoughts and feeling in detail, exploring various elements of the topic being examined. The facilitator used these questions as a starting point but was able to probe further as discussion evolved, ensuring consistently that no one voice was dominating and all participants were provided an opportunity to engage. Throughout the focus group interviews as discussion developed the facilitator asked follow up questions to deepen insight as a means of gathering detailed and nuanced data. The critical role of the facilitator in moderating and guiding discussion is supported by Gibbs (1997) who expresses the importance of probing for further detail, steering the discussion and keeping the group on track, while ensuring that the participants feel ease and willing to engage.

## Recording

The focus group Zoom sessions were recorded with participant consent to ensure that all data was captured for analysis. Access to the recordings of these interviews was restricted to the focus group facilitator and transcriber, this ensured confidentiality was maintained and the identities of the participants remained protected. The recordings were transcribed by a professional transcriber who was bound by a confidentiality agreement to ensure participant privacy. The transcription was verbatim and any identifying information was removed to create an anonymised transcript for analysis. The anonymised transcripts were provided to the researcher, ensuring that the researcher remained unaware of the participants identities, therefore maintaining the integrity of the research process.

## Ethical Considerations

The focus group facilitator ensured that all ethical considerations were upheld during the data collection phase of this study. These measures included obtaining informed written consent prior to participation, maintaining participant confidentiality and addressing any concerns which may have arisen during the interview process. The facilitator does not have any teaching or assessment responsibilities related to the focus group participants positioning them as a neutral party within the data collection process. The facilitator's neutral stance minimised any potential bias influencing discussions which allowed participants to engage freely expressing their ideas and experiences.

At the conclusion of each focus group session the facilitator thanked all participants and provided an opportunity for any final comments or thoughts to be added. The facilitator ensured that participants were fully informed on the future steps and the way in which the data would be used.

## Data Management and Storage

### Transcription

The recordings of the focus group interviews were transcribed verbatim by a professional transcriber who is bound by a confidentiality agreement to protect the privacy of participants. During the transcription process all identifying participant information was redacted (such as names and specific references which could identify an individual) protecting the anonymity of participants. The focus group facilitator reviewed all transcripts to verify them as complete and accurate. The transcripts were formatted consistently for analysis including the labelling of different speakers using P1 through to P6 in each group.

### Data Organisation

The data collected from each of the three focus groups was organised systematically to support structured and efficient analysis. Each transcript was labelled with the course name as the unique identifier. The transcripts were stored in a password protected file within a central MIT database which is not accessible by anyone other than the researcher. The organisation and storage of this data facilitated ease of access and reference during data analysis.

## Data Security

Priority was placed on maintaining the security of data collected during the focus group interviews. Audio recordings were stored electronically under password protection by the focus group facilitator raw data was only accessible by the focus group facilitator and the transcriber. Once the transcripts were completed and anonymised by the transcriber they were provided to the researcher electronically, they were stored in a password protected file within the MIT secure OneDrive which is only accessible by the researcher. Furthermore, all individuals involved in the handling of data provided signed confidentiality agreements to ensure that data is not shared or misused. These measures were put in place to ensure integrity, confidentiality and accuracy of data collected is maintained.

## Challenges and Reflections

There were potential challenges which could have arisen during the focus group interviews, prior to undertaking the study these were explored. In an attempt to pre-empt and mitigate potential challenges a range of strategies were put in place.

There was potential that the online interview environment may hinder participant engagement as they may feel disconnected or find engaging challenging due to the lack of physical presence and non-verbal cues. The facilitator ensured that questions were directed at all participants, while following a format of asking each individual directly for their input in turns. The participants were also encouraged to have their cameras on during the focus group session to enhance the sense of connection, however, it was not mandatory for participants to have their camera active.

Challenges related to group dynamics can also be more difficult to manage in the online environment. For example, if there is an audio lag, participants may speak over each other or discussions may become fragmented. Clear group guidelines that were established at the beginning of the interviews such as taking turns to speak and muting their microphones when not talking which aimed to minimise this type of disruption. The facilitator was actively involved in moderating discussion, ensuring that the conversation stayed on task and all voices were heard.

Participants were also encouraged to find a quiet, private location for the interview to reduce the potential for others to over hear the discussion occurring. The importance of maintaining confidentiality was emphasised throughout the process. Furthermore, participants were advised to minimise distractions by finding an appropriate location within their location. As consideration has to be given to the potential challenges in managing distractions within their home, for example, background noise and interruptions by family members.

Online focus group interviews offer many advantages for participants and the researcher; however, they also present unique challenges. By anticipating these challenges and implementing strategies to

address them, the focus group interviews were able to effectively gather meaningful data while fostering a positive and inclusive environment.

The data collection process of this research was carefully planned and implemented to ensure that rich, meaningful qualitative data was collected. The use of online focus group interviews supported access to a diverse group of participants that were able to share their lived experience of being and becoming a nurse through the COVID 19 pandemic, in a comfortable, convenient environment. Despite the inherent challenges posed by the online environment, the data collection process was successful in drawing out rich, detailed responses from the participants.

Meticulous planning and the use of a skilled, experienced facilitator were crucial to the effectiveness of data collection. Proactively managing potential challenges allowed for smooth and productive virtual focus group sessions. Overall the data collection process provided a robust framework for the subsequent analysis of the data collected.

## Data Analysis

This chapter presents the focus group data analysis using reflexive thematic analysis, a method which is well-suited to exploring the complex and subjective experiences of individuals (Braun & Clarke, 2006, 2019). The detailed process of conducting reflexive thematic analysis aligning with van Manen's (1997) hermeneutic phenomenology is outlined, as well as the justification for the methodological choices made.

Reflexive thematic analysis, as developed by Braun and Clarke (2006, 2019), is a qualitative research method used to identify, analyse and interpret patterns of meaning within data. It is both flexible and iterative, allowing the researcher to engage deeply with the data while consistently reflecting on their own positionality in the process. The data analysis process in this study applied Braun and Clarke's (2006, 2019) six-phase framework iteratively to engage with the data at both a descriptive and interpretative level. Braun and Clarke's (2006, 2019) six-phase framework includes familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. The focus of this analysis was to not only categorising themes that emerged, but to understand the lived meaning behind the participants experiences. This required moving beyond superficial themes and engaging in hermeneutic reduction, continuously revisiting the transcripts to deepen the interpretation of the findings. For example, during the coding and theme identification phases relational themes such as interpersonal relationships, whanaungatanga and va emerged. While Braun and Clarke's (2006, 2019) framework provided the ability to systematically organize these themes, van Manen's (1997) four existentials were applied to interpret their deeper meaning.

Manual thematic analysis was chosen as it provides authenticity to the analysis and maintains a genuine connection to the integrity of data supplied, ensuring that the analysis remains true to the participants experiences, which can sometimes be compromised when using software to assist in data analysis. This approach to data analysis is grounded in the interpretive nature of qualitative research, emphasising the researchers active and reflective engagement with the data. Braun and Clarke (2019) argue that manual thematic analysis facilitates a deeper connection with the data, due to the need for a continuous recurrent process in the development of themes. This process is essential for the maintenance of authenticity in data analysis. Researcher subjectivity in reflexive thematic analysis is not seen as a bias to be minimized but rather an integral component of the data analysis process. Reflexivity requires continuous reflection by the researcher on their own role, assumptions and influences on the data analysis. This self-awareness maintains the authenticity of the analysis by ensuring that themes are accurately reflecting the data, rather than being imposed by external frameworks or tools. Braun and Clarke (2006) highlight that reflexive thematic analysis is a reflexive process in which the researcher's interpretations are central to the analysis. The researcher's manual engagement with the data allows for greater reflection on the way in which their perspectives shape the analysis, therefore maintaining a close connection to the data.

Manual reflexive thematic analysis supports flexibility in the development of themes, as the researcher is able to revisit, revise and refine codes and themes as new insights emerge. Thus, the analysis is organically evolving from the data collected. Braun and Clarke (2013) argue that the flexibility of manual reflexive thematic analysis is imperative in capturing the complexity of qualitative data, which could be constrained by the rigid processes imposed by data analysis software. Furthermore, there is a risk that the use of software has the potential to distance the researcher from the data, this is supported by Braun and Clarke (2013) who acknowledge that software can be beneficial in managing large datasets, but can also create a barrier between the researcher and the data, hindering the depth of qualitative analysis. This study is grounded in a descriptive interpretivist paradigm in which the focus is on understanding the meanings and experiences of participants. Manual thematic analysis is well aligned with this approach as it encourages the researcher to engage closely with the data, allowing for interpretation within the specific cultural and social context. Nowell et al. (2017) highlights that close engagement with the data is imperative in ensuring credibility and trustworthiness of research findings. The combined approach in applying Braun and Clarke (2006, 2009) and van Manen (1997) not only enhanced the credibility of the findings but provided a deeper, more nuanced understanding of the lived experience of being and becoming a nurse during the COVID 19 pandemic.

The process of data analysis has been presented in a linear format, however, in line with the theoretical underpinnings of this study, data analysis was not a linear process but an iterative process that reflected a cycle. Through each stage of the process the focus group data was reviewed to ensure that all themes accurately reflected and was grounded in the data.

### Stage one: Familiarisation with the data

The first stage of reflexive thematic analysis involves becoming thoroughly familiar with the data. In this study I only had access to the written transcripts of the focus group interviews due to confidentiality of participants. I familiarized myself with the data produced by all three focus groups. This entailed reading the full transcripts numerous times to ensure an in-depth familiarity with the students' lived experience as outlined by them in their own words. This approach aligns the work of van Manen (2014), who emphasizes language as being the vehicle of expression and the key meaning of thought related to an individual's lived experiences and understanding.

This process included noting down initial thoughts and any striking phrases that seemed to be significant. For example, in all three of the transcripts a number of participants mentioned the phrase "missed out" when discussing the impact of COVID 19 on being a student. This repeated mention suggested an emerging pattern related to their perception of the impact of the COVID 19 pandemic on their learning journey.

Without access to the recordings it was important to recognize that the transcripts could not communicate nuances such as tone, emphasis or pause that would be present in the recordings of the focus groups. To compensate for this, I ensured that I paid close attention to the language used by participants to express their thoughts in writing. Braun and Clarke (2006) highlight the importance of the researcher immersing themselves in the data as a means of laying the foundation for coding and the development of themes. When relying solely on transcripts this stage is of particular importance because the researcher needs to extract as much meaning as possible from the text, without capturing the nuances and non-verbal communication which captured in face to face interactions and recordings.

### Stage Two: Generating initial codes

The second stage of data analysis involved systematically working through the transcripts to generate initial codes. I used a manual coding approach, for each of the transcripts individually, and then as a collective. I highlighted significant segments of the text containing key words that captured the essence of the data. The key words were friends, support, relationships, whanaungatanga, each other, classmates, cohort, barriers, perceptions, self-directed, missed out, practical, clinical placement, COVID 19, interactions, online, face-to-face, confidence and uncertainty. The grouping of ideas, thoughts or feelings identified by the participants in the transcripts followed this process of identification. These key words were assigned as descriptive labels (codes) for the data collected. The codes were then further grouped together based on their similarities and the way in which they contribute to the larger concept. The codes were organized into four groups.

1. Relationships and support systems

- The codes grouped were friends, supports, networks, relationships, whanaungatanga, each other and classmates.

All of these codes are directly associated with social connections and support systems that exist within cohorts and emphasise the importance of interpersonal connection.

## 2. Educational and professional context

- The codes grouped were self-directed learning, practical, clinical placement, interactions and face to face.

All of these codes relate to educational and professional environment, focusing on self-directed, practical and clinical placement learning experiences.

## 3. Impact of COVID 19

- The codes grouped were barriers, missed out, perceptions, COVID 19 and uncertainty.

These codes are directly connected to the challenges and uncertainties introduced by COVID 19, particularly the way in which it has impacted on learning and professional experiences.

## 4. Personal and professional development

- The codes grouped were confidence, uncertainty and perceptions.

These codes link to internal experiences of students such as self-perceptions, confidence and the way in which factors such as the pandemic and learning environment has impacted.

During the coding phase relevant phrases were extracted to provide context and enable further interpretation and exploration of ideas, thoughts and discussion. The aim was to code as many interesting features as possible across the complete data set.

With transcripts being the only data source, it was crucial that I remained mindful of potential biases that could influence the interpretation of the text. To mitigate this, I regularly undertook reflexive dialogue with my thesis supervisors who were not involved in the collection of data or focus group interviews. Engaging in reflexive dialogue assisted in gaining different perspectives, challenged my assumptions and further refined my coding. This was a key component in maintaining rigor and depth in this qualitative study by ensuring that my interpretation of was well grounded in the data.

Braun and Clarke (2013) emphasize that coding is not merely a technical process, rather it involves reflexive engagement with the data, recognizing that the researchers' perspective shapes the identification of significant features.

### Stage three: Searching for Themes

Once a comprehensive list of codes had been developed, I began to search for the broader themes by exploring how different codes related to each other. This process involved organizing the codes into potential themes and sub-themes that represented patterns of meaning across the data set.

Four overarching themes were identified through this process with a number of related sub-themes in each:

1. Theme 1: The role of relationships and whanaungatanga in learning and support

The above theme was developed relating to the codes, friends, supports, networks, relationships, whanaungatanga, each other and classmates. The data relating to these codes emphasizes the way in which interpersonal relationships including the concept of whanaungatanga (kinship and connection), plays a pivotal role in providing support and are central to fostering of a sense of community among students. The importance of social networks in navigating educational and professional challenges is highlighted within this theme and the data collected. This theme is linked to van Manen's (1997) relationality, as it encompasses the relational experiences of the participants. Peer support, mentorship and collective success were strongly represented in the data. Braun and Clarke's (2006, 2019) framework supported the categorisation of these findings and van Manen's (1997) relationality supported critical reflection on the impact of these relationships on shaping student's professional identity, which reinforces transformative learning.

2. Theme 2: Adapting to educational practices in a clinical and self-directed learning context

This theme is related to the codes, self-directed learning, practical, clinical placement, interactions and face to face. This theme centers around the experiences of students related to their adaptation to a different learning environment, including self-directed learning, practical and clinical placement. The importance of face to face interactions in these contexts are considered and the impact that the pandemic has had on this. Braun and Clarke's (2006, 2019) framework supported the categorisation of these findings and van Manen's (1997) spatiality and the shift to online learning allowed for a deeper interpretation of the way students did not just experience a physical shift to online learning but a disconnection from the traditional immersive learning environment of nursing education.

3. Navigating the challenges of COVID 19 in the professional and educational setting

The codes related to this theme are barriers, perceptions, COVID 19 and uncertainty. The focus within this theme is the impact that COVID 19 has had on student experiences of their nursing education. Highlighting the barriers, it has created and the uncertainty it has placed on their learning journey in the context of theory and practical. Throughout the data participants expressed doubts about their clinical competency due to disrupted clinical hands-on learning. Braun and Clarke's (2006, 2019) framework supported the categorisation of these findings and the application of van Manen's (1997) corporeality enabled critical reflection on how the absence of physical practice influenced the students' self-perception as nurses.

#### 4. Developing confidence, competence and professional identity in uncertain times

The codes related to this theme are confidence, uncertainty and perceptions. This theme explores how student's confidence and professional identity has been shaped by their experiences within the context of the pandemic, taking into consideration how their perceptions of their abilities and roles have evolved. Braun and Clarke's (2006, 2019) framework supported the categorisation of these findings and van Manen's (1997) temporality perspective provided greater depth in illustrating the way students were questioning whether they were progressing at the "right pace" and expressing concerns about competence within the new learning context.

During this process it was important to ensure that the themes were grounded in the data, not influenced by my own expectations. I applied the iterative approach consistently reviewing the original transcripts to check the consistency of the themes and raw data, ensuring that the themes accurately reflected the participants experiences.

According to Braun and Clarke (2006) discovering emerging themes involves moving from a descriptive level to an interpretive analysis where the researcher begins to identify broader patterns of meaning within the data. The interpretive analysis was enhanced by the application of van Manen's (1997, 2014) hermeneutic phenomenology and four existentials, which allowed for a deeper exploration of meaning within the data.

### Stage Four: Reviewing themes

Following the identification of initial themes, I followed step 4 of Braun and Clarke's reflexive thematic analysis (2006). The purpose of reviewing themes in this stage is to ensure that the themes identified accurately represent the data collected, providing a meaningful, coherent story. Braun and Clarke (2006) suggest that this step of reviewing themes involves two levels of review. The first level is micro-level which ensures that the extracted data supports the overarching theme, followed by macro-level which ensures that the themes reflect the overall meaning of the data set (Braun & Clarke, 2006). This

is an iterative process involving back and forth movement between the coded data, the themes and the research question. Braun and Clarke (2006) describe this process as ensuring “internal heterogeneity” meaning that the theme should be coherent with the data in a meaningful way, and “external heterogeneity” meaning that there is a clear distinction between themes.

Reviewing the themes involved re-reading the transcripts and the coded data to ensure that the themes were consistent with the data being analysed. I reviewed the quoted sections of data that were grouped under each of the themes to ensure that they were appropriately grouped and supported the central concept of the theme.

For example, during the review of themes, I refined the first theme, the role of relationships, whanaungatanga and va in learning support. This theme contained codes which related to both peer support and professional guidance. While reviewing this theme in relation to the data collected it became clear that these two elements represented two distinct aspects of relationships and connections. I noted that there were overlapping elements between peer support and professional guidance. This led to the development of two sub-themes: Peer support and collaboration and mentorship and professional guidance rather than separating them into individual themes, as they represent different types of relational support. This micro-level review assisted in ensuring that each theme was supported by robust data and appropriately refining the theme to better capture the nuances of students’ lived experience.

During this phase while reviewing the data extracts and themes, the interconnected nature of theme two theme three and developing confidence and competence (a component of theme four became apparent). These themes all reflected the way the COVID 19 pandemic disrupted traditional learning and professional development while prompting significant changes and adaptations within nursing education, thus impacting on their confidence and perceived competence. Merging these themes offered a more cohesive analysis of the way students experienced the dual impact of the pandemic on their education and professional development. Participants also highlighted in the data how they felt inspired by the opportunity to make a meaningful difference in healthcare during a global health crisis. This revealed a transformational process where the hardships they faced reinforced their desire to contribute to the nursing profession. Additionally, this motivation was tied to the formation of their professional identity. This led to the development of a reviewed theme three: Increased motivation to pursue nursing and developing a professional identity in uncertain times.

Once I was satisfied that the data extracts were accurately represented by the identified and refined themes, I undertook a macro-level review. The macro-level review involved comparing the themes with the entire data set to ensure that the broader narrative was accurately captured. For example, the theme adapting educational practices in clinical and self-directed contexts, which initially had a broad focus including disruptions to clinical placement, the perception that nursing is a practical role, the

perceived need for specialized equipment as well as uncertainty. On reviewing the data set, I discovered that these issues have distinct focuses. Some related to practical challenges such as, limited hands-on practice, limited access to equipment, inability to apply theory to practice and others a focus on emotional and psychological impacts such as dealing with uncertainty. This led to the development of four sub-themes: nursing as a perceived practical role, perceived necessity of specialized equipment, application of theory to practice and uncertainty and disruption.

The macro-level review ensured that the themes were an accurate reflection of the entire data set, rather than isolated components. The identification of themes which were initially too broad or interconnected and needed to be merged, refined and separated into sub-themes was supported by this process. This process is supported by Braun and Clarke (2013) who emphasise that this step caused the researcher to consider whether themes “work” in relation to the overall data set. This ensures that the researcher revisits the broader data set to ensure that themes reflect not only parts of the data but the overall meaning (Braun & Clarke, 2013).

Braun and Clarke (2019) emphasise the importance of naming themes in a way that ensures the essence and meaning is captured, each theme needs to provide a clear, concise description of the data that it represents. Therefore, as part of this process I refined the names and definitions of each theme. This required me to revisit the central concepts of each theme to assess whether the name clearly reflected these concepts. Initially, I named one of the themes powers of connection, however, after reviewing the data and the refined coded extracts, I renamed this theme the role of relationships, whanaungatanga and va in learning support. This name more accurately captured the cultural and interpersonal dimensions of the participants’ lived experiences, particularly the importance of whanaungatanga as a concept of kinship and support.

Renaming this theme made it more relevant to the research question, incorporating both the relational connections between peers and professionals. It was also able to better highlight the unique cultural aspects of support systems within the context of this study which is central to the lived experience of participants.

As expressed by Braun and Clarke (2006) it is imperative to review themes for internal and external homogeneity, meaning that each theme should make sense and not overlap excessively with other themes. During this part of the process I reviewed each of the themes to ensure that all of the data within the theme fit together. Furthermore, ensuring that each theme was distinctive and did not overlap too much with others. For example, initially I found that some of the data under the theme developing confidence and professional identity in uncertain times overlapped with that of the sub theme peer support and collaboration. To ensure that each theme and sub-theme remained distinctive I further refined the theme to focus on how students developed confidence and identity through self-growth and overcoming challenges, while making sure that relational support was discussed under peer support and

collaboration. This final component of the process ensured that themes were meaningful, consistent and distinctive. This made sure that each of the themes captured a unique aspect of the participants lived experience.

In step 4 of Braun and Clarke's (2006) reflexive thematic analysis, reviewing themes involved an in-depth rigorous examination of the coded data as well as the overall data set. This iterative process ensured that a coherent, distinctive, clear, organized structure of themes was developed which accurately reflected the lived experience of participants. By ensuring that each theme worked both individually and collectively, the overall validity and clarity of the analysis was enhanced.

#### Stage Five: Defining and naming themes

Once all of the themes and sub-themes were refined, I defined and named each of them, in order to articulate the essence of each theme and sub-theme and its relevance to the research question: *Lived Experience of Being and Becoming a Nurse During COVID 19*. This is supported by Braun and Clarke (2006), who emphasise that this stage is essential in generating themes that are not only meaningful but also able to provide a coherent narrative of the data in relation to the research question.

During stage five, I refined each theme to ensure that they accurately reflected specific patterns in the data. I also reviewed the relationships between themes to confirm that each theme captured a unique aspect of the data, avoiding excessive overlap, as suggested by Braun and Clarke (2006). This involved at times the reorganization of data within themes and developing sub-themes to more accurately represent the complexity of the data collected.

Throughout this process I revisited the original data extracts to ensure that all themes remained grounded in the data, and confirming that they accurately represented the themes under which they were grouped. This required further review of the data extracts under each theme to gain an understanding of the key messages and insights that the theme represented. Braun and Clarke (2006) highlight that themes need to be clearly linked to the research question, providing insight into the research problem being explored.

For example, the theme adapting educational practices in clinical and self-directed learning contexts was broad in the initial phase, it encompassed various aspects of digital and clinical learning. During the process of refining themes, I turned my focus to specific challenges that participants faced in balancing theory learning and practical experience. This balance was central to their journey of being and becoming a nurse during COVID 19. Focusing specifically on these aspects when refining this theme ensured the theme was not only distinct but also clearly defined. This supported gaining insight and a detailed understanding of the way in which participants adapted their learning in response to the pandemic.

Once the themes were refined, I defined each of the themes in detail, as discussed by Braun and Clarke (2006) this involves explaining what each theme captures, its relation to the research question and the data that supports it. The aim in defining these themes was to produce a clear narrative, grounded in the data that would be understandable to the reader. Part of this process was identifying key extracts from the data that illustrated the essence of each theme, this would support and strengthen the interpretation of data and the findings. Braun and Clarke (2006) emphasise the importance of themes not being vague, ensuring that they clearly encapsulate a significant pattern in the data.

Once the themes were clearly defined, I developed names for each, ensuring that the names chosen were not lengthy or complex and captured the key ideas presented. The goal of naming each theme was to provide a clear understanding of the data that the theme represented while being distinctive and memorable.

The below table identifies each of the three themes and sub themes:

Table 1: Themes and Sub-Themes identified from the data

<b>Theme</b>	<b>Sub themes</b>
<p><b>Theme One: The role of relationships, whanaungatanga and va in learning support</b></p>	<p><b>Sub theme One:</b> Peer support and collaboration</p>
	<p><b>Sub Theme Two:</b> Connection through a shared goal, reciprocity and collective success</p>
	<p><b>Sub Theme Three:</b> Mentorship and professional guidance</p>
<p><b>Theme Two: Adapting educational practices in clinical and self-directed contexts</b></p>	<p><b>Sub Theme One:</b> Nursing perceived as a practical role</p>
	<p><b>Sub Theme Two:</b> Perceived necessity of specialised equipment</p>
	<p><b>Sub Theme Three:</b> Application of theory to practice</p>
	<p><b>Sub Theme Four:</b> Uncertainty and disruption</p>

<b>Theme Three: Increased motivation to pursue nursing and developing a professional identity in uncertain times</b>	
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The process of defining and naming themes and sub-themes revealed insights into the lived experience of being and becoming a nurse during COVID 19. Braun and Clarke's (2006) Reflexive Thematic Analysis allowed the themes that emerged to capture the complexity of participants lived experiences, from the role of relationships to the challenges of online learning and clinical competence. These themes provide an in depth understanding of the way participants navigated their nursing education journey during unprecedented times.

#### Stage Six: Producing the findings

In this stage a final analysis of all the data in the form of themes and subthemes was conducted.

#### Ethical Considerations: Avoiding potential conflict of interest and maintaining confidentiality

Ethics approval for this research was granted by the Auckland University of Technology Ethics Committee (AUTEK) (22/77) and the MIT Ethics Committee. It needs to be acknowledged that there is a risk that due to the researcher's position as a lecturer, and the power which is perceived by students that if the researcher conducted the focus group interviews, that the students' responses could be affected. Therefore, it was necessary that an independent, experienced facilitator conducts these focus groups. Privacy was upheld in accordance with the Privacy Act 1993, and confidentiality maintained (AUTEK and MIT guidelines for ethics approval, 2017). Due to all participants being MIT Nursing students, they are vulnerable to being identified. The aim was to minimise the risk through diligent, careful handling of interviews and information collected. Each participant utilised a pseudonym which only the facilitator is be able to match to that participant. The researcher did not have access to any raw data (audio recordings) only the transcribed interviews with all identifying data removed. To further minimise potential bias and maintain the integrity of the research process a reflexive approach was applied.

## Rigor

Several strategies were employed within this study to ensure rigor, consistent with qualitative research standards. Lincoln and Guba's (1985) criteria of credibility, transferability, dependability and confirmability, provided a framework for establishing rigor within this study.

## Credibility

Credibility ensures that the findings accurately represent the participants experiences, within this study credibility was achieved by:

In depth engagement with the data, as the researcher I immersed myself in the focus group data, repeatedly reading the interview transcripts fully engaging with them during data analysis. The use of multiple theoretical frameworks, such as Benner's (1984) Novice to Expert model, Mezirow's (1994) transformative learning theory and Knowles (1968) theory of andragogy to underpin my data analysis and provide a lens with which to interpret focus group interview data. Furthermore, detailed participant quotes were included throughout the findings to ensure that the voices of the participants remained at the centre of this research.

Member checking, was not conducted in the course of this study due to contextual and logistical constraints. As the researcher within my position as an Academic Lecturer and Academic Lead (Student) within the MIT School of Nursing I was not able to engage directly with the participants of this study. A focus group facilitator was used to maintain objectivity and reduce power imbalances between researcher and participants. Given my position within the School of Nursing direct follow up with the participants could have introduced hierarchical pressures or bias into their feedback (Morse, 2015). Furthermore, many of the participants in this study were undertaking clinical placements, final assessments and examinations when transcription was completed, limiting their availability and capacity to engage in this process. Their academic and clinical responsibilities must take precedence and further participation may have caused undue pressure and stress or disrupted their commitments (Kallos, 2023).

In this study alternative strategies to ensure rigor were applied, including peer debriefing and reflexive thematic analysis to maintain fidelity in the data. Therefore, given the limitations imposed by time, logistics and the need to protect participants from potential stress or pressure, member checking was not conducted. These considerations were made to prioritise ethical research practices, ensuring that alternative methods strengthened the validity of the findings.

## Transferability

Transferability refers to the way in which the findings of this study can be applied in different contexts. While the aim of this research is not generalisation, it does seek to provide insight that may resonate in similar contexts.

Comprehensive descriptions of the research setting, participants, their demographic and cultural context were included to assist readers in determining the applicability of the findings within their own contexts. The focus of this study on nursing students specifically at MIT in South Auckland is highly specific, however, the broader themes such as relational support, educational challenges and the development of professional identity are globally relevant to nursing education.

## Dependability

Dependability ensures that the research process has been logical and consistent. As the researcher I applied reflexive practice throughout the process, by placing emphasis on critically examining my influence as the researcher throughout the process, from data collection to interpretation. Throughout the research process peer reviewing and debriefing was undertaken, I engaged in regular discussions with academic peers and my thesis supervisors to evaluate the study's methodology, coding and thematic analysis.

## Confirmability

Confirmability is the extent to which the findings are shaped by the words of the participants rather than the researcher's biases and assumptions. Active reflection on my positionality as the researcher, acknowledging my role within the interpretivist framework supported ensuring that the findings remained rooted in the data. The inclusion of detailed verbatim participant quotes within the findings ensured all interpretation was directly linked to the data, enhancing transparency and authenticity. Furthermore, the use of an established theoretical framework such as Max van Manen's (1997, 2014) phenomenology, provided a structured lens to interpret participants experiences, reducing subjective bias.

## Chapter Four: Findings

*“Nursing is not for everyone. It takes a strong, intelligent and compassionate person to take on the ills of the world with passion and purpose”*

*-Donna Wilk Cardillo*

*Donna Wilk Cardillo is a registered nurse, motivational speaker and author.*

### Introduction

The COVID 19 pandemic has catalysed unprecedented change and presented unique challenges within the field of nursing education, particularly in the areas that are heavily reliant on practical, hands-on learning. This chapter presents the findings from focus group interviews undertaken with nursing second year nursing students at MIT, based in South Auckland, exploring their lived experience of being and becoming a nurse during the COVID 19 pandemic. Utilising Braun and Clarke’s (2006) Reflexive Thematic Analysis, three key themes were identified, each with sub-themes that provide further depth and shed light on various aspects of the lived experience of student nurses during an unpredictable and disrupted learning environment.

The three overarching themes are:

1. The Role and Relationships and Whanaungatanga in Learning Support
2. Adapting Educational Practices in Clinical and Self-Directed Learning Contexts
3. Increased Motivation to Pursue Nursing and Developing Professional Identity in Uncertain Times

Each theme reflects a critical dimension of the students’ lived experiences, capturing the emotional, educational and professional impacts of the COVID 19 pandemic on their nursing education journey. The first two themes have been further categorised into sub themes. Within theme one there are three sub themes, in theme two there are four sub themes.

Throughout the findings chapter direct participant quotes have been included to maintain a strong connection to the data. The quotes have been labelled as P?F? to identify which participant and which focus group the quote was taken from, P refers to participant and F refers to focus group.

1. F1 – Bachelor of Nursing
2. F2 – Bachelor of Nursing (Pacific)
3. F3 – Te Tohu Paetahi Tikanga aa-Tapuhi (Bachelor of Nursing Maaori)

Within the transcripts there were a small number of participant contributions that were not identified with a participant number, these are reflected in the findings as P?F – followed by the focus group number.

## Theme 1: The Role of Relationships, Va and Whanaungatanga in Learning Support

The first theme highlights the central role of interpersonal relationships in supporting nursing students' educational journey through the COVID 19 pandemic; remote learning, isolation and limited clinical hands-on learning experiences. The concepts of Whanaungatanga (kinship, connection and community) and va (the space between) emerged as a core element in the student's reflections of support networks. The concepts of whanaungatanga and va were central to the way in which students supported each other and found resilience during this challenging period.

### Sub-Theme 1: Peer Support and Collaboration

Peer relationships emerged as an essential component of students' support networks during the pandemic. Highlighting the importance of collaborative, supportive environments within the educational setting, particularly during COVID 19, when in-person interactions were limited. The sense of community and mutual support amongst peers not only provided academic support, but proved to be a vital component in maintaining emotional well-being. Central to this sub-theme are the cultural values of whanaungatanga (kinship and connection) and va (relational space), which both emphasise the importance of relationships, kinship and collective support. These cultural values underpinned the way students approached peer collaboration, influencing not only their academic success but their personal growth.

Within the context of the participants as nursing students whanaungatanga and va we expressed through various forms of peer engagement, such as Facebook group chats, online Zoom activities, end of year get-togethers and cultural performances. These interactions fostered a sense of belonging and supported students to strengthen their connections, developing a family like environment in which they could rely on each other both academically and emotionally.

During these unprecedented times of disruption, students turned to remote means of connection such as Facebook group chats and Zoom sessions. This sub-theme explores the way in which these peer interactions provided not only academic support but emotional resilience. Many participants highlighted how their classmates provided both academic and emotional support, creating a sense of solidarity and shared responsibility for each other's success

Mason Durie (1999) explains whanaungatanga as the process of developing and maintaining relationships. Whanaungatanga is a sense of kinship and belonging which extends beyond immediate family including wider community connections. Mason Durie (1999) emphasises that the concept of

whanaungatanga is grounded in the idea of collective responsibility and shared experiences, where relationships are nurtured to support both individual and collective well-being.

Albert Wendt (1999) describes va as “the space between”, which is full of relational meaning. Va represents the relational space that connects people, environments and even ideas. It is a space that needs to be nurtured and honoured to maintain harmony and balance, highlighting its importance in maintaining social cohesion.

For nursing students, these cultural values were embedded in how they collaborated with their peers. This was articulated by P3F3 who expressed that **“we are all quite passionate about the whole idea of Whanaungatanga and kotahitanga, just being one, with pulling each other through and giving each other a helping hand, not a hand out but a hand up”**. Which reinforces the importance of whanaungatanga, this participants passion for this concept reflects its deep cultural and emotional significance in their educational experience. In this context whanaungatanga is more than just peer support, it encompasses a sense of belonging and collective responsibility. The phrases **“pulling each other through”** and **“giving each other a helping hand”** suggest there is a sense of solidarity and mutual care within the cohort. This sense of shared responsibility emphasises that peer support within the cohort transcends academic collaboration, becoming a source of emotional and psychological strength. The use of the phrase **“not a hand out, but a hand up”** highlights the reciprocal nature of the support, with which the students were helping each other grow and succeed. This suggests a collective and empowering approach to support, with individuals lifting each other up towards achieving shared goals, aligning with the concept of whanaungatanga as a reciprocal relationship. The importance of a culturally responsive learning environment which enables whanaungatanga was highlighted in a study by Zambas et al. (2023), who express that the development of a whanau like atmosphere enables students to experience not only emotional and cultural support, but a sense of belonging.

The reciprocity in these interpersonal connections was further supported by P1F3 who stated **“I like to you know, give people time. So even if, even though I am in a hurry, and stuff like that, and I have got places to go and people to see and big drives home to do. I like to spend 5 or 10 minutes for someone, you know if they need it, because I know that when I am in that situation, you know, I really appreciate the help, you know, so I go and just, checking in with everybody making sure that I give that time”**. Highlighting that caring for each other as a collective, through giving, giving of time, empathy, understanding and practical support was prioritised, while being confident that this will be reciprocated. This participant acknowledges that even during times of personal urgency or inconvenience, they are willing to make the intentional effort to provide support for others. This demonstrates an internalised sense of responsibility and empathy, where they are drawing on their own experiences of needing help to motivate their actions towards others. The willingness to spend **“5 or 10 minutes”** helping others highlights the reciprocal nature of peer support. **“I know when I am in**

*that situation, you know, I really appreciate the help*” indicates that their past experiences have influenced their actions creating a cycle of giving and receiving support. This is reflective of whanaungatanga in that relationships are built and maintained through acts of care and mutual support. The willingness to check in with *“everyone”* and *“give that time”* illustrates the commitment to fostering an environment where support is consistently available regardless of personal circumstances.

Opportunities to connect as a cohort were further fostered by activities such as starting sessions with karakia and students taking turns to lead this as expressed by P1F2 *“encouraging people to, for example, do the karakia in the morning because we always start off with a karakia. It is encouraging students to put their hand up to start with karakia and not just the same people all the time”*. This demonstrates the importance of encouraging peer engagement, karakia is highlighted as a regular, meaningful practice which provides a structured way to start to the day. This reflects the inclusive and supportive environment in which students are motivated to take part in the collective activity of karakia. The emphasis on *“not just the same people all the time”* suggests a desire to involve everyone, encouraging students who are more reserved or less confident to step forward and participate. This peer encouragement further fosters collaboration and ensures that the responsibility of leading karakia is shared, strengthening the groups cohesion and cultural connection. Stepping forward to lead karakia (a culturally significant practice) is supportive of students gaining confidence and leadership experience, which are both key components of their academic journey and future nursing career. Cultural connection within the cohort was further fostered through other culturally significant activities as expressed by P2F3 *“we did cultural performance so we did Tongan dance, Cook Island, Samoan, like I think that helped collectively”*. Which is supportive of cohesion, connection and collective engagement.

Furthermore, participants mentioned attempts during lockdown to further support and develop connections within the cohort through interactive activities. P2F1 discussed how this interaction was fostered during lockdown *“I think our cohort, especially during last year's long lockdown, like the three month one. We were trying to do like interactive things over the Zoom classes, which we ended up doing like a little Zumba night over Zoom, as well as like a karaoke kind of thing. A few people wanted to join, but some people it wasn't their thing, so that's all good. But that was really cool. And then we did little games at the start of every lecture. And then we ended up meeting up at like Mission Bay afterwards, after like the semester had finished and just hanging out.”* This was further supported by P1F2 who stated *“we tried to make an end of year get together, sometimes as a farewell, like last year we had our farewell get together. That is one thing I wanted to implement just to enhance the interpersonal connections between the cohort and keep it going”*.

The importance of this collective support for each other was further solidified in another focus group where participants referenced similarities in values and respecting the values of others to underpin their

relationships and function as a group. P3F2 and P4F2 talked about the importance of knowing each other and building connection and partnership to support their journey through nursing education. ***P3F2 “it is the similarities that we had in terms of values that we brought to the table you know. Being Pacifica and having that, helped us solidify some of the, well solidify the way we actually communicate with each other. Because that’s something that we’re all common with, opening and nurturing the Va, the sacred stuff”*** and ***P5F1 “the classmates in a nice genuinely like family environment, that is part of MIT, makes a big, big difference. You’re not lost in a corner somewhere.”*** Which speaks to the way in which a collective experiences and mutual support assists in reducing the emotional and academic burden of students. Furthermore, the quote highlights the value of a family-like environment within the educational institution, specifically at MIT. The participant is making a clear connection between the familial atmosphere and their ability to be seen and supported. ***“You are not lost in a corner somewhere”*** suggests that in a more isolated or impersonal educational environment students may feel disconnected or unnoticed, which could enhance feelings of disengagement and loneliness, especially with the restriction to in-person learning.

Students created their own Facebook group chats with everyone in their cohort to support and connect with each other. Participants expressed that this was something that provided support and connection despite not being on site in class together. Participants comments reflected that group chats were beneficial in their learning environment to enhance connection.

***P2F1 “most of the time it is really good and if someone’s unsure we can help each other out and it’s really good to have the other students with us”.***

***P3F1 “you know the group chat has been really helpful just knowing that you have, like, people who are going through the same thing as you who might not be sure, just knowing that, when you have a question someone might know the answer to that question”.***

***P4F1 “although we don’t have many opportunities to meet face to face, but we have Facebook groups, so I can get lots of information from them”.***

***P1F2 “we created a Facebook page for our cohort so everyone can access that and put down any questions or anything they want to say or ask”.***

These Facebook group chats fostered a sense of interconnectedness, by allowing students to maintain connections despite physical isolation. These group chats created a virtual community where students could collaborate, provide academic support and emotional encouragement. The quotes highlight the way the group chats functioned as a virtual resource for peer support. ***“we can help each other out”, “when you have a question someone might know the answer to that question”, “we are all going through the same thing”*** and ***“everyone can access that”*** all illustrate the collaborative and reciprocal nature of these interactions. The environment that was created in these groups allowed students to feel

included and comfortable to seek help and contribute to the learning of their peers. The use of these digital platforms assisted in bridging the gap created by the lack of in person learning, ensuring that students were not feeling isolated or unsupported. The Facebook group chats emerged as a key tool for nursing students during the pandemic. The regular communication allowed students to collaborate, offer guidance and stay connected to their education community, providing a vital space for fostering a strong sense of community.

However, despite the strong sense of community fostered by the many efforts' students made to establish connection, many still expressed feelings of isolation, for example P3F3 ***“no, no connection for us for me was really difficult”*** and how challenging it was to develop whanaungatanga. P1F3 expressed ***“It was hard to build whanaunatanga, you know, like, you can't just strike up a conversation when you want to or you can't just have that conversation with the person sitting next to you”*** and P1F3 stated ***“it was just me and I am stuck here and I was just behind a computer screen, so the isolation thing was quite challenging”***. The experiences shared by these participants highlights the significant challenge in building whanaungatanga rooted in kinship and unity, in the virtual environment. While virtual platforms provided a means of staying connected it hindered the depth that comes with physical presence and shared experiences.

The findings reveal a dual reality in students experiences of peer support during the COVID 19 pandemic. This dissonance highlights that while online peer support helped sustain a sense of community it could not fully replicate the in-person learning experience. As a result, many students were left feeling both connected and disconnected, striving to bridge the gap that presented in the virtual environment regarding connection, collaboration and community.

### Sub-Theme 2: Connection Through a Shared Goal, Reciprocity and Collective Success

Deep personal connections were developed as a result of shared goals and experiences, this quote ***P3F3 “meeting all these gorgeous people and how they have enriched my life over time”*** emphasises the enrichment that comes from developing meaningful relationships with fellow students. The words ***“enriched my life”*** conveys connections which extend beyond academic collaboration, contributing to personal growth and well-being. This mutual support created a strong sense of belonging assisting students in navigating the challenges of their education journey. Similarly, ***P1F3 “there's been a whole lot of people that I have met along the way that um, you know, weren't in my life before that have enriched my life and my experiences”*** reflects the broadening of social networks by meeting new people through the pursuit of a shared goal and the way this enriched their life and experience. These connections enhanced experiences both academically and personally. This speaks to the transformative power of building relationships within the nursing education context. The sense of community and

shared experience has developed lasting bonds that have had an academic impact and provided emotional enrichment.

The inclusivity of the nursing student community is highlighted by *P4F3 “yeah making new relationships with my study mates whose here now and it doesn’t matter what age they are”*, as connections that transcend age groups and background are formed. The shared goal of becoming registered nurses bridge generational gaps, creating a supportive and diverse learning environment where all students could contribute and learn from one another. Inclusivity and diversity support fostering a collaborative environment where students are able to share different perspectives and experiences. The shared goal of becoming nurses emerged as a unifying force, transcending individual differences and emphasising the importance of collective success.

The importance of familiarity and frequent interactions played an important role in building trust and comfort within the learning environment. This is evident in the words of *P5F3 “you’re comfortable to be yourself, which is really good. You know people because you see them all the time.”* The phrase *“be yourself”* suggests that the relationships that developed amongst the cohort were not only supportive but allowed students to feel accepted and valued within the group. The ability to be authentic in interactions supported a supportive and open learning environment, which further strengthens the collective effort towards a common goal.

The role of digital communication in maintaining connections and providing support during the pandemic is captured in the words of *P?F1 “everyone was really supportive, checking on the chat, like if anyone needs to talk, just reach out and stuff.”* The use of these online platforms allowed students to remain connected, collaborate and provide support when in-person interactions were not an option. The willingness of students to *“reach out”* speaks to reciprocity and mutual care within the cohort. During times of isolation students maintained the sense of community by using virtual tools to support these connections. This adaptability ensured that the collaborative, supportive dynamic within the cohorts remained intact. The collective mindset adopted by nursing students in their studies is further captured by *F2P4 “working as a team to help everyone’s success for this journey”*. The phrase *“working as a team”* reflects the way students viewed themselves as part of a collective effort, rather than as an individual in a competition. *“Everyone’s success”* highlights a sense of shared responsibility towards helping each other reach their goal, further fostering unity among the student group.

The practical support extending beyond learning was evident in the data among students within cohorts. Some of this support included navigating systems such as Canvas. The guidance provided by student representatives regarding navigating new systems and platforms was instrumental for some of the students. This was supported by *P3F2 “The student reps have really helped to orientate us into how to actually navigate the system of using Canvas, it was all new to me”*. The leadership role of the student representatives played a key role in fostering collective success, helping students to feel

comfortable in the adaptation to a new learning environment. This leadership and reciprocity contribute to a culture of mutual support and was seen as a valuable resource for the cohort.

Practical and logistical support was provided within the nursing student community, the assistance in areas such as transport and study sessions demonstrate the reciprocal nature of the student relationships. A willingness for students to go out of their way to ensure that their peers could access and succeed in their studies is conveyed by *P4F3* “***My fellow students who have helped me with car rides, transport carpooling and just helped us study***”. This further reinforces the collective journey for nursing students, by helping each other, relationships built on trust and mutual care, enriched their experiences and supported the mitigation of stress caused by the pandemic.

The quote by *F1P6* illustrates the importance of peer collaboration and shared experiences amongst nursing students “***It's better to have like-minded people that are studying the same thing, so you can talk about it and like bounce ideas or study related matters off of each other.***” The value of being surrounded by “*like-minded people*” who are going through the same academic challenges was highlighted. This suggests that the shared experience provided a platform for collaboration, emotional support and collective problem-solving. Further supported by *P?F1* who stated “***So, engagement within the cohort was really good. We all kind of realized we were all suffering together. So, we may as well have fun while we are doing it. But everyone was really supportive, checking on the chat, like if anyone needs to talk, just reach out and stuff.***” This quote expresses a sense of camaraderie and mutual understanding with the phrase “*we realised that we are all suffering together, so we may as well have fun doing it*”. The shared challenges of navigating the pandemic and the nursing educational journey created a bond within the cohort, creating an opportunity for collective growth and connection. The use of the word “*fun*” indicates that a positive, supportive environment was cultivated by the students to help cope with the pressures of remote learning and disrupted practical learning.

The importance of building relationships that extend beyond the cohort to students from other cohorts was expressed by *PIF2* “***most of all it is meeting the students in your cohort and other cohorts.***” This broader network offers an opportunity for mentorship, guidance and shared experiences expanding the community across different levels and programmes of study within nursing. These relationships where more experienced students can offer guidance to newer ones further reinforces the collective nature of success.

These connections and their importance were present in the student voice, a number of students referred to their lives being enriched by the connections they had made with members of their cohort and other cohorts within the School of nursing. The shared goal of becoming a nurse fostered a sense of connection, reciprocity and collective success. The formation of meaningful relationships both within and across cohorts, enriched students experiences and helped them navigate their educational journey during COVID 19. Whether it was carpooling, study groups, online chats or leadership roles students

demonstrated a commitment to collective success, emphasising the importance of community and reciprocity in their nursing education journey.

### Sub-Theme 3: Mentorship and Professional Guidance

In addition to peer support, mentorship from academic staff and clinical preceptors provided a critical source of support for nursing students. Many of the participants described how the support provided by teaching staff and preceptors positively impacted on their nursing education journey by offering advice and reassurance during a time of uncertainty. Many of the participants expressed that their lecturers were readily available to answer questions, offer guidance and provide support during a time with limited face to face interaction. Participants also highlighted some of the challenges regarding engaging with academic staff during the pandemic and remote learning. **F1P3 “Our lecturers have been amazing, just being able to like answer our questions whenever we have any questions, it’s been amazing”** The appreciation expressed by this participant highlights how important it was for them to feel that the lecturers were accessible and responsive. This provided a sense of reassurance and security that students felt like they could seek clarification or ask for assistance when they needed it. The participants statement emphasised that the lecturer’s availability made a significant difference in their learning journey. The use of the word **“amazing”** to describe the lecturers and their accessibility suggests that this supported the alleviation of stress and uncertainty associated with the changing nursing educational landscape. A high level of respect and gratitude is evident in this quote, suggesting that the support was a critical factor in the students nursing educational journey during these uncertain times.

Perceived widespread support from lecturers is expressed by **F1P4 “it’s like all the lecturers and the staff from MIT are very supportive for us and other students”**. The reference to **“all the lecturers”** suggests that this participant felt consistently supported by the teaching staff as a collective, indicating that the level of support was institutional rather than dependant on individual lecturers. **“for us and other students”** reflects that the support extended beyond an individual but was accessible to the entire cohort, reinforcing the sense of community and collective care.

F1P5 offered a comparative insight into the level of support they experienced within their educational institution versus those at other institutions **“the lecturers, because I have friends doing nursing at other universities and stuff as well. But just from talking to them, I feel like the support we get, especially here at MIT is maybe a lot better than some other places, which makes a big difference, stress levels, and just having confidence in what you’re doing”**. Their experience is being contrasted with friends studying elsewhere, expressing a sense of gratitude and appreciation for the high level of support they feel they have received. This supports that the institution has created a learning environment in which students have felt cared for and supported beyond the typical academic setting.

The importance of meeting and interacting with preceptors (experienced nurses who provide mentorship for students in the clinical setting) is highlighted by *FIP4* ***“there's a lot of preceptors on the placement, it's very helpful to meet as well”***. The statement ***“lots of preceptors”*** indicates that there was exposure to a range of preceptors, each offering valuable insight and expertise. Meeting a range of preceptors was perceived as ***“very helpful”*** which suggests that these interactions enriched the participants educational journey. Preceptors play a critical role within the education and development of nursing students in bridging the gap between theory and practice.

## Theme 2: Adapting Educational Practices in Clinical and Self-directed Contexts

The second theme focuses on how nursing students adapted their educational practices in response to the disruptions caused by the COVID 19 pandemic, particularly the abrupt shift to online learning and limited practical clinical experience. The transition to remote learning and limited hands-on experiences, students were required to modify their approach in order to continue their academic progress.

### Sub-theme 1: Nursing as a Perceived Practical Role

Nursing is perceived as a practical role which involves a vast range of practical procedural care which requires combining complex technical and theoretical knowledge and skill to meet individual patient care requirements. Participants consistently expressed that nursing is a hands-on, practical profession, where clinical experience and the real-world application of skills is an essential component of their learning and development. This sub-theme reflects the frustrations and challenges that students faced during the COVID 19 pandemic, when practical and in-person learning was severely limited due to restrictions. Clinical learning was profoundly impacted by the COVID 19 pandemic and the impact has persisted for students whose study journey was altered. The participants in this study experienced lockdowns, which in Auckland were longer than those experienced by the remainder of the country. All participants in this study missed early clinical placements and were not able to attend clinical learning suite sessions in their first semesters.

For many of the participants, nursing education is deeply intertwined with practical and experiential learning. *FIP6* expressed ***“Because considering nursing is like a practical role as well, as pretty much 90% of the lectures that I was listening to online, I didn't retain any of it. I just lost motivation, and I would have much preferred if more of them were done in person, and especially going into placements.”*** The inability to engage in clinical learning suite and early clinical placements to practice their skills in real-world environments led to feelings of inadequacy and concerns regarding their preparedness for professional practice. The theory knowledge that was acquired through online

learning, while valuable was often viewed as insufficient to fully develop the competence and confidence to become an effective nurse.

Participants expressed concerns that the lack of practical hands-on experience created a gap in their education. They felt that they were missing crucial aspects of nursing that differentiates it from purely academic subjects. Many emphasised the importance of practical application of skills in the clinical setting. F1P6 highlights the difficulties faced by nursing students in adapting to the shift from in-person to online learning ***“So the online stuff, no not good at all for me personally. I learn by doing and not by all this theory stuff.”*** This participants discussion further highlighted the key issue in nursing education during the pandemic which is the disconnect between theory and its practical application. Nursing students often learn best through a combination of theory and hands-on practice, the lack of in-person interaction and learning posed a challenge in maintaining motivation and retaining theory material. ***“Especially going into placement”*** suggests that the participant felt underprepared for clinical placement as they did not have adequate opportunity to practice the application of theory.

The disconnect between theory and practice in the virtual learning environment is reinforced by ***P4F2 “we want to be there practically, physically so we can touch one on one applying our practical to theory but we can’t do it because of the distance and the policy of the COVID lockdown, but yeah, it’s given us stress sometimes because we are thinking, how can we do this one? But can we do it? We can’t touch the patient to do the vital signs because we do it online. But when we do it on campus we see it everyone and face to face and then making out relationships closer, go to CLS stress free”.*** Suggesting that the heavily theory focused learning was ineffective for this participant who preferred a more tactile approach. Nursing is an inherently practical profession, with the learning of skills is best done through real life application. For this participant the lack of physical practice led to feelings of frustration as they felt disconnected from the core aspects of their education. This suggests that the lack of hands-on learning diminished the effectiveness of the theory learning for this student.

The emotional toll that remote learning took on nursing students is evident in this statement. The desire to ***“be there physically”*** highlights the importance placed on hands-on learning in nursing education, where students must ***“touch”*** and ***“apply”*** what they have learned theoretically. The frustration of not being able to practically apply their theory knowledge due to pandemic restrictions is evident in this statement. The emphasis on ***“we can’t”*** reflects a sense of helplessness felt during the pandemic, leading to heightened levels of stress.

## Sub-Theme 2: Perceived Necessity of Specialised Equipment

The COVID 19 pandemic disrupted access to specialised equipment for nursing students, which is crucial for the development of practical nursing skills. The challenges and frustrations that students faced when they could not access clinical learning suites and equipment are evident in the data collected.

This is supported by the words of *F1P2* ***“I do think there were some things that definitely hindered our learning as previous ones have said. Was that we missed out on some learning in person, for our clinical learning suites.”*** The inability to practice core skills such as CPR and vital signs in the proper setting contributed to feelings of stress and inadequacy as expressed by *F2P3* ***“It was missing out on some of the CPR learnings and gaining that practical experience prior to actually going out to placement.”*** This participant expresses a recognition of how the lack of access to in-person practice in the clinical learning suite hindered their ability to gain practical experience. The compromises that students had to make such as practicing on family members with limited equipment highlight the theory practice gap during the pandemic. The clinical learning suite offers a simulated clinical environment where students are able to practice skills before entering the clinical area. Core skills such as CPR cannot be adequately learned through theory alone, which is highlighted by this participant. CPR is a fundamental skill that requires repeated practice in a controlled environment to build confidence and proficiency. Not being able to engage in the practical learning associated with these skills heightened the sense of inadequacy and uncertainty for students, who are aware of the high stakes’ nature of the clinical environment. This further reinforced the need for specialised equipment in developing core clinical skills.

Students were forced by the pandemic to make significant adjustments to their learning. As expressed by *F2P2* ***“we were about to like practice on the other students who was supposed to come from the other, like from MIT, Otara and the other next-door school, but because of COVID we had to do it in our home in our family. We didn't have everything that we needed, but we had to compromise and like do what we can”*** COVID restrictions prevented them from accessing the clinical learning suite environment, requiring them to practice practical skills at home on family members, often without all necessary equipment. This highlights the significant limitations imposed by the pandemic that impacted on clinical education. Practicing core clinical skills in the home environment on family members with limited equipment impacted on the quality of the students experience of this learning leading to heightened levels of stress. Missing out on these experiences meant that students were not able to fully engage with equipment and clinical simulation. Not having access to specialised equipment caused students to feel that their learning was incomplete, highlighting the way these tools play a role in bridging the theory practice gap.

These limitations are further highlighted by *F2P2* ***“like we have to do weight and to do height, but because some homes they don't have that stuff to use on their family. Yeah, we have to do everything in our family. But like if there was no like restriction, we would do everything at school, with the right equipment”***, the inability to access basic clinical tools emphasises the dependence nursing education has on specialised equipment. In normal circumstances students would have access to the required equipment in the clinical learning suite. This reflects the inherent limitations of remote learning in the context of nursing education.

The anxiety and frustration felt by students unable to practice vital clinical skills like vital signs is captured by *F2P4* ***“it’s given us stress sometimes because we are thinking how can we do this one? But we can do it? We can’t touch the human, we can’t touch the patient to do the vital signs because we do it online, making us confident.”*** The restrictions during the pandemic meant that students were unable to practice on patients or peers which added stress and uncertainty about their competence. The inability to ***“touch a human”*** to practice vital signs reinforces the importance of hands-on experience in nursing education. Vital signs are a key basic clinical skill which cannot be adequately learned or practiced virtually, it requires tactile engagement with patients. The ***“stress free”*** nature of practicing in the clinical learning suite, where students have access to equipment and supervision is in sharp contrast with the stress associated with learning these skills online. Highlighting the importance of equipment-supported learning in reducing stress and building clinical confidence in nursing students.

During the COVID 19 pandemic the perceived necessity for specialised equipment in nursing education was highlighted. The limited access to clinical learning environments not only hindered student’s ability to gain practical experience but increased their anxiety and self-doubt about their readiness for clinical placement. These findings emphasise the critical role of specialised equipment in nursing education, particularly in developing confidence and competence in clinical placement.

### Sub-theme 3: Application of Theory to Practice

The application of knowledge to practical situations is a core aspect of nursing education. Nursing students not only learn the science and theory behind patient care but are also expected to apply this knowledge to real-life clinical settings. Practical clinical skills are acquired through a variety of face to face practical learning experiences composed of simulated learning (clinical learning suite and simulation suite) opportunities and clinical placement. Simulated clinical learning sessions provide an opportunity for students to put into practice some of the key theory learning into practice, in a safe controlled environment under close supervision of their lecturers (Marshall & Honey, 2023). Clinical confidence and competence are developed through the scaffolding of theory learning and a progression in the complexity of practical clinical involvement. In the Bachelor of Nursing programmes students are introduced to the clinical environment first in the clinical learning suite (a simulated clinical learning environment), then through wellness clinics and an introductory two-week inpatient placement, which is mostly observation and basic nursing skills such as communication, documentation, vital signs, medication administration, hygiene care and mobilising patients. Practical learning in the clinical learning suite at MIT is conducted on peers within the cohort, which provides opportunities to practice, make mistakes, ask questions and develop practical nursing skill through the consolidation of theory learning. Simulated clinical learning is integrated in nursing programmes across Aotearoa, facilitated in a variety of ways to meet the learning requirements prior to clinical placement. During the COVID 19 pandemic students were unable to practice simulated clinical learning, meaning that the

consolidation of foundational nursing skills such as taking vital signs, assisting patients with mobilising, hand hygiene, bedmaking, basic life support, medication administration and IV priming and IV medication preparation was not possible in the same capacity. Negotiating the incorporation of the practical application of these foundational skills in the online learning environment posed a significant challenge, not only for educators but for students.

The elimination of face to face learning during the pandemic prompted the inclusion of virtual case studies, simulating medication administration on household members, practicing vital signs on family members and virtual simulation sessions were implemented to enhance the consolidation of these skills in lieu of face to face practical sessions.

This sub-theme explores the challenges students faced when their opportunities to practice the application of theory in the clinical setting was disrupted by the COVID 19 pandemic. The limited access to face-to-face hands-on learning led many students to feel unprepared and disconnected from the practical aspects of nursing, which they viewed as crucial to their educational journey. The disruption caused by the pandemic created a gap between theoretical learning they were receiving online and the practical skills they needed to develop in clinical environments. This resulted in many students feeling inadequately prepared to apply their knowledge in the clinical environment, negatively impacting on their confidence and perceived confidence. At the same time as students were able to once again attend clinical placements, they emphasised the importance of seeing theory learning come to life in practice, describing the excitement and satisfaction of applying their knowledge to patient care.

F1P4 highlights how cancellation of clinical learning suite sessions, clinical placements and fewer opportunities to attend campus meant that students missed out on key practical learning experiences. ***“I just feel like I missed out on quite a lot of practical knowledge from the clinic because of the cancel of the BN2 placement and we have like fewer chances to attend the campus.”*** This disconnection between theory and practice caused significant stress for students, causing them to feel unprepared for the practical demands of nursing, which further impacted on the learning opportunities that they were able to actively engage in during clinical placement due to limited practical proficiency leading to feelings of apprehension and pressure.

This highlights the frustration many students felt due to the lack of practical learning opportunities. The cancellation of clinical placements, particularly the first clinical placement in semester two of the programme (BN2), deprived students of critical practical clinical experiences that are integral to their training. Clinical placement provides an opportunity for students to bridge the gap between theory and practice through the practical engagement with patients in the healthcare setting. Without these experiences' students felt that essential aspects of their education were lost, which limited their ability

to fully develop the skills needed for nursing practice. The limited opportunity to attend campus further exacerbated feelings of disconnection, as students were not able to engage in face-to-face learning or simulated clinical learning. The combination of limited clinical learning and on campus learning left students feeling like their nursing education was incomplete.

A sense of inequality and disadvantage felt by participants who had missed out on practical learning during the COVID 19 pandemic was articulated by *P5F1* ***“as everyone else has said, like less practical experience, than other students who had done it previously than they would have had at our level”***. The comparison to ***“other students who had done it previously”*** highlights the gap between those who gained the traditional learning prior to the pandemic and those who were learning during the pandemic. This disparity created a sense of being unprepared for the challenges of future clinical placement and nursing practice, further reinforcing the importance of hands-on learning in bridging the theory practice gap.

The absence of the early practical experiences left many students feeling unprepared and inadequate compared to their peers. This is supported by the words of *P1F1* ***“It has been a bit difficult, not being in the classes. I do know that we did miss in our first couple semesters, our first placement, which was like an orientation placement of that two weeks, which we kind of carried over into our third semester, where the first two weeks we were kind of just getting orientated, like what is the hospital, what's going on?”*** The sense of falling behind was particularly felt by those who were concerned that their theory knowledge alone was not enough to equip them for their ongoing practice development and clinical placements.

It was evident in the student voice that missing the practical application of these key learning experiences have impacted on their confidence and perceived competence. For example, *F1P6* stated ***“Considering the other people that were on the same level as me in terms of what BN they're in, I just felt like I was way behind. I felt like I wasn't equipped to be there or I didn't know what I was doing and I was pretty much like dead weight, if anything, compared to what someone that's done the practical classes would be at in terms of knowledge level.”*** Participants felt under prepared for their clinical placements which further impacted on the learning opportunities that they were able to actively engage in during clinical placement due to limited practical proficiency leading to feelings of apprehension and pressure. The phrase ***“I felt way behind”*** indicates that this participant perceives a significant gap between themselves and their peers, with a sense of insecurity. The reference to ***“dead-weight”*** highlights the extent to which the lack of practical learning affected the participants confidence, reinforcing the idea that theoretical knowledge is not adequate to prepare them for clinical placement. This sense of inadequacy and self-doubt due to a lack of practical exposure was further reflected in the words of *F1P?* ***“it just puts extra pressure, pressure on us to catch up”***.

At the time of this study COVID 19 restrictions were lifted and many of the participants had attended further clinical placements. Many expressed that these clinical experiences were both rewarding and exciting, emphasising the importance of making clear connections between classroom learning and the practical care of patients. F2P5 expressed ***“I’m in my first placement. So, I learned lots of theory. So now I’m learning how to implement those theories in the practical.”*** This highlights the early stages of transition from theory to practice for nursing students. The reference to “first placement” indicates that the participant is beginning to bridge the gap between theory and practice. ***“learning how to apply it”*** reflects the ongoing process of integrating knowledge with practical experience, demonstrating the importance of clinical placements in supporting the development of practical skills for nursing.

The satisfaction of being able to use their knowledge to make informed decisions and build therapeutic relationships with patients was evident in the words of F1P1 ***“basically taking what we’ve learned in theory, and seeing it in practice, like putting faces or like people to the diagnoses that we’ve kind of been learning about and pathophysiology. And just being able to interact with patients and build relationships, therapeutic relationships, and build rapport with completely different people than we would otherwise in our age stage that we were at.”*** This illustrates the crucial role of clinical placement in bridging the theory-practice gap. The ability to ***“put people to the diagnosis”*** which they had learned in theory provided an opportunity to see their knowledge in action, reinforcing the value of hands-on clinical experience in developing nursing practice. The reference to ***“building therapeutic relationships”*** highlights the interpersonal component of nursing practice, which cannot be fully developed in the theory class setting, rather it requires real-world interactions in the clinical setting.

Feelings of accomplishment and excitement associated with the application of theory to practice is evident in this quote by F1P5 ***“getting to meet and interact with the new patients is really exciting and cool to see different people’s situations. But then for me, also the problem-solving aspect of it, because you can learn it all, but then being able to come into a situation with the patient and their condition and being able to be like, oh, I actually can do something with this, and I have the knowledge and then being able to apply that.”*** The participant describes the process of using their learning to problem solve, emphasising the satisfaction of seeing their learning come to life. ***“I actually can do something with this, and I have the knowledge and then being able to apply that”*** reflects the confidence that develops through this transition and connection between theory and practice, further highlighting the importance of clinical experience reinforcing theory learning.

#### Sub-Theme 4: Uncertainty and Disruption

The COVID 19 pandemic caused widespread uncertainty and disruption to nursing education, students were required to navigate new challenges in their personal and educational environments. Shifting to

online learning, disruptions to practical learning, clinical placements and a general sense of instability led to students feeling unprepared and anxious about their future in the nursing profession.

There were a number of participants who addressed feeling disconnected and uncertain about their progress into the nursing profession. The abrupt shift to online learning and limitations to practical hands on experience impacted negatively on their perception of becoming a registered nurse.

P1F3 captures the uncertainty that many nursing students felt as a result of the disruption to their practical learning in this quote, *“I just I just don't know if I'm where I'm meant to be because we didn't have some of those practical experiences. And you know, for our placement, you know, that was an online module. Yes. So, I just I just worry, I probably worry too much. But, you know, has that impacted? On my learning. Yes. But will it impact on the final result? I don't know. I don't know. Yeah, I'm not that's an interesting question. So, I just don't know whether I'm where I'm meant to be or not. I don't and I don't know how to gauge that.”* The lack of practical experience led to a sense of uncertainty for students. Traditionally clinical placements allow students to gauge their skill level and growth were replaced with online modules, creating a gap in self-assessment. This disconnect caused the participant to worry not only about their current learning but the impact these disruptions may have on their ongoing development and final results. Without the practical elements of learning students were left uncertain about their competence and professional identity.

The words of P2F3 reflect the self-doubt that many nursing students felt during the pandemic *“So yeah, that's just doubting me. Like, am I going to be good enough at the end of this, just like what xxx said, it's very worrying.”* The abrupt transition to digital learning coupled with the limitations to practical and clinical learning left students questioning whether they would be adequately prepared by the conclusion of their programme. The question *“am I going to be good enough”* reveals a deep anxiety about their future as a nurse, demonstrating how the restrictions to clinical learning directly impacted self-confidence. This doubt can be linked to the theory practice gap that was exacerbated during the pandemic.

P1F3 expressed *“That's why COVID Yeah, sort of altered my perceptions because I'm a hands-on learner. And if I wasn't there to do it, hands on, I felt it I felt quite estranged and in fact disconnected.”* The disconnection felt by students is highlighted by this participant, students rely on experiential learning to fully grasp nursing concepts. For tactile learners the inability to engage with patients and equipment led to a feeling of being *“estranged”* from the learning and profession. The emotional and intellectual distance that developed for students who learn best through physically doing is emphasised in the phrase *“I felt quite estranged and in fact disconnected”*. The online learning removed students from their preferred method of learning which contributed to these feelings of disconnection.

There is acknowledgement within the data that there are varied experiences within the nursing cohorts of the virtual learning environment. This is highlighted by the words of *F1P5* ***“And for some people it was probably great, because some people do learn better online or over zoom, but then some people will need the engagement in person. So, a blessing and a curse in a way probably.”*** There are students who thrived in the online learning environment, however, others struggled to adapt, viewing it as both beneficial and problematic. The phrase ***“a blessing and a curse”*** conveys the duality of this experience, online learning provided a level of flexibility and safety during the pandemic, while also creating significant barriers for students who rely on face-to-face engagement. This suggests that online learning was not universally effective and highlights the challenge of accommodating varying learning styles.

Many students were not accustomed to relying on online platforms for their education, with technological challenges increasing their level of stress. This is conveyed by *F2P4* ***“I think I think the barriers with me, it's kind of same with what others say but it was for myself, using the technology during lockdown like the online? I'm not really good with using the technology one. And sometimes it's playing up and then I was stressing out what to do. Where do I find this one? Is there an exam coming? How can I do this one? Rather than face to face at school in the campus. It's not much use of technology because we are sitting in there with the lecturer at the front. And if something that I needed, there is always someone there to help me. But like anything the Va at campus face to face is closer than the Online (24/7) technology right now.”*** Frustration with technology and a preference for on-campus learning, where they feel more supported and less overwhelmed is expressed by some of the participants. ***“I am not really a technology one”*** highlights how this sudden shift to relying on online platforms added to the stress associated with study during the pandemic. These feelings were compounded by not only navigating online learning but technical issues. The comparison of ***“va on campus”*** and the online environment speaks to the disconnection students felt learning in a virtual environment.

Further, the limitations associated with online communication are highlighted by *F2P5* ***“when we do the group work in MIT it's totally different, we can actually easily communicate and we can learn from body language. And we can understand what they really mean. It's not happening when we do the online.”*** There is a particular focus in relation to group work. ***“group work is totally different face-to-face”*** which highlights the loss of important interpersonal communication dynamics that would usually occur in the in-person setting. The virtual environment removes non-verbal cues are often lost, but are essential for effective collaboration and understanding. The lack of ***“body language”*** and other face-to-face elements hindered the ability for students to connect and work effectively with peers. Online interaction limited student's ability to fully engage with one another making group communication more challenging.

The feeling of missing out on key learning in the clinical environment causing frustration and anxiety. Clinical placement is a key component of nursing education and the disruptions in this area are highlighted throughout the focus groups as a concern for students. *F2P1 “I think the way that COVID impacted being a nursing student is that I think back in BN3, we missed out on our placement because of COVID. And I think that was one thing that COVID impacted on being a nursing student, is that we weren't able to complete those placements that we were meant to do.”* The anxiety and self-doubt felt by students as a result of missing out on practical learning opportunities early on in their nursing education is captured by *“just having a feeling of, I feel like I have missed out on this and that, like, do I have the ability to do it, you know, proficiently, or you know, properly in real life.”* The participants contributions have emphasised the direct correlation between missed practical experience and feelings of doubt and inadequacy.

The disruptions to learning due to COVID 19 had a profound impact on nursing student's confidence, learning experiences and perceptions of their future career. The limited clinical practice, reliance on technology and the challenges adapting to this new form of learning all contributed to a sense of doubt and disconnection. Many of the participants questioned their preparedness and ability to succeed as a future registered nurse, as they were unable to fully engage with the hands-on learning that is traditionally a significant component of nursing study. The data collected illustrates the way the pandemic created a sense of uncertainty and self-doubt regarding their future role as a registered nurse.

### Theme 3: Increased Motivation to Pursue Nursing and Developing a Professional Identity in Uncertain Times

The COVID 19 pandemic has had a profound impact on the motivation of nursing students, a sense of passion and motivation to push through and achieve the goal of becoming a registered nurse was palpable within the data. This theme highlights how the pandemic reinforced the students sense of purpose and their commitment to nursing. Many participants indicated that their perceptions of what it is to be a nurse had been impacted by COVID 19. For many their motivation and drive to succeed were enhanced with feelings of being uniquely positioned to make a difference and become part of the solution during a tumultuous, challenging time for the health system.

P3F1 has very succinctly captured the heightened motivation that was instilled by the pandemic *“it has definitely motivated me a bit more”*, demonstrating a shift in perspective. The words *“motivated me a bit more”* indicate that although there was already dedication to their studies, this desire was further intensified by the pandemic. Seeing the impact that nurses had within the COVID 19 pandemic increased many student's determination to continue their education, despite the challenges posed by the pandemic.

A sense of purpose that many students felt in response to the global health crisis is further highlighted by *P2F1* ***“I think it’s definitely pushed me to do it, because it would be awesome if we can help people, especially when you know, there is a literal world pandemic and you can be that one person that may save a life or just make someone’s day that little bit better, just because you were that little bit extra nice to them or something. I don’t know, I just think it has pushed me to do better and want to actually help people.”*** The idea of ***“there is literally a world pandemic and you can be that one person that may save a life or make someone’s day a little bit better”*** resonated with students, giving students a realisation of the way their skills as future nurses could directly contribute to saving lives and helping people. This highlights the intrinsic motivation that arises from the desire to help others. The pandemic provided a real-world example of the way they as future nurses could make a tangible difference in the lives of others. The pandemic shifted nursing from a theoretical career path to one with real-world relevance which motivated students to pursue their goal of becoming a registered nurse.

Furthermore, this increased motivation and dedication is expressed as a collective by *PIF1* ***“We’re a cohort who is going to be coming in together to be part of the solution to that, to create a more populated workforce. So, in a way, it’s kind of scary, but also very empowering to know that we’re making a difference, even if it is just one more person, you know.”*** ***“coming in together to be part of the solution”*** speaks to the sense of solidarity and shared responsibility within the cohort. There is an expression of contrasting feelings of fear and empowerment, which suggests that although the current and future challenges are daunting, they are invigorated by the opportunity to make a tangible difference. This is further supported by the words of *P5F1* ***“So it also it does, as everyone said, gives you more of a sense of purpose. And it gives you more of a chance to feel like you’re actually making a difference as a student.”*** ***“A sense of purpose”*** and ***“making a difference”*** have emerged as a central motivating factor for participants, suggesting that the global pandemic assisted in solidifying the sense of purpose. The pandemic reinforced the significance of their chosen career, providing a deeper sense of motivation to persevere in unprecedented times. These participant quotes indicate that nursing became more than just a career choice, but rather a pathway to contribute meaningfully to society, inspiring students to commit even further to their study.

Confidence and a sense of commitment and motivation is further expressed by *P5F3* ***“I feel like I can become a nurse.”*** Despite all the challenges and disruptions, the participant is expressing a feeling of empowerment and confidence in their ability to meet their goal. This simple yet powerful statement reflects increased motivation and self-belief as a result of their experience. These challenging times have led to the mobilisation of intrinsic power, solidifying their determination and confidence, allowing them to overcome doubts and recognise their potential.

Furthermore, the pandemic is being acknowledged as a challenging situation, however, a positive impact on motivation to pursue nursing has emerged. This is evident in the words of *P1F2* ***“So for***

*me, I can see that and it's impacted me in a good way, because I can actually see what the reality of becoming a registered nurse.”* The pandemic has provided a unique opportunity to see the “*reality*” of what it means to be a nurse, offering a grounded perspective of both the demands of nursing and the rewards it provides. The reality of nursing although sometimes difficult did not deter them but rather solidified their motivation and commitment. The pandemic allowed students to confront the complexities of nursing, clarifying their commitment to the profession.

Alongside this increased motivation and commitment, a deep admiration for nurses emerged further validating their career choice as expressed in the words of *P2F2 “I know I'm on the right career path and I see nurses as heroes.”* The phrase “*I know I am on the right career path*” reflects the confidence in their decision to pursue nursing, bolstered by the recognition of nurses as “*heroes*”. The pandemic elevated the status of nurses, increasing their visibility which is a source of validation. This further reflects the motivation, commitment and meaningful nature of nursing conveyed by participants.

An increased motivation to pursue nursing during the COVID 19 pandemic emerged as students expressed recognition of the importance of their future role as registered nurses. The global health crisis was a powerful reminder of the “*meaningful*” difference that nurses make, which served as inspiration for many. The pandemic has reaffirmed a commitment to nursing for many of the participants, deepening their sense of purpose and bolstering their confidence that they are on the right path. The motivation to “*make a difference*” and contribute to the nursing profession became a driving force, pushing students to access their intrinsic power and overcome barriers and continue their journey to become a registered nurse.

## Chapter Five: Discussion and Conclusion

*“Learning to care for others is a journey that requires both knowledge and deep reflection”*

*-Jean Watson’s theory of human caring*

*Jean Watson is an American nurse theorist and educator best known for her Theory of Human Caring.*

The aim of this research was to explore the lived experience of being and becoming a nurse during the COVID 19 pandemic. Three core themes emerged within the findings of this study, Theme One: The Role of Relationships, Whanaungatanga, Va in Learning Support which relates to the **“being”** a nurse; Theme Two: Adapting Educational Practices in Clinical and Self-Directed Contexts, which relates to the **“becoming”** a nurse and Theme Three: Increased Motivation to Pursue Nursing and Developing a Professional Identity in Uncertain Times which relates to both **“being”** and **“becoming”** a nurse.

The findings of this study demonstrate how the COVID 19 pandemic and subsequent abrupt shift to online learning disrupted fundamental aspects of nursing education, leading to a transformation in the way that nursing students developed and sustained relationships with peers, lecturers and preceptors. The findings revealed that these nursing students experienced both positive and negative aspects of their educational journey during and beyond the COVID 19 pandemic, many expressed uncertainties about the long-term implications of these experiences. Their sense of **“being”** which is grounded in relational support and identity formation and their sense of **“becoming”** a nurse which centres around the acquisition of skills, competence and readiness to practice were significantly affected by this duality. Balancing these contradictory experiences emerged as a significant challenge for these students, leaving many unsure about their future confidence and competence as nursing students and later as registered nurses.

The **“being”** a nurse at its core is relational emphasising collective care and internalising the professional values through interactions with peers, educators and preceptors in the clinical environment. One of the most prominent findings from this study is the critical role of connection and peer relationships within the cohorts. Existing literature strongly supports that peer connections are an integral component in nursing education, especially in fostering collaborative learning, emotional support and the development of professional identity. Studies highlight that peer relationships play an important role in mitigating the challenges of academic demands and clinical placements, providing a foundation for shared learning and resilience (Burke, 2019; Ebert et al., 2019; Kahu, 2013 and Zambas et al., 2023). However, the findings in this study extend beyond the connectedness of peers within purely a nursing education environment, but a culturally responsive environment. The findings of this

study contribute to the knowledge in nursing education by highlighting how reciprocity in peer relationships, grounded in cultural values served as a vital source of strength and connection for these nursing students during the COVID 19 pandemic. Although the participants did not explicitly discuss their programme pathway, the cultural variations between pathways (Maaori, Pacific or general) were highlighted within descriptions of collaboration and support. Zambas et al. (2023) emphasises that cultural identity and connection are strong protective factors in times of stress, supporting individuals to maintain well-being and a sense of belonging. Within the Te Tohu Paetahi Tikanga aa-Tapuhi (Bachelor of Nursing Maaori) participants emphasised their passion for *“the whole idea of whanaungatanga and kotahitanga, just being one”* describing the support that was fostered within their cohort as offering each other a *“helping hand”* and a *“hand up”*. Participants also expressed the way developing relationships within their cohort *“enriched”* both their lives and experiences. In the Bachelor of Nursing (Pacific) participants highlighted the similarities they shared as Pacific students with a collective understanding and value related to *“nurturing the Va, the sacred stuff”*. In the Bachelor of Nursing participants referred to their cohort as *“family”* and referred to the *“family like”* environment of MIT. Drawing on cultural identity and engaging with peers whose cultural values align with their own reaffirmed their values and motivations, which in turn strengthened their commitment to nursing.

These cultural dimensions provided a shared cultural and relational foundation that reinforced not just academic collaboration but also a collective identity tied to *“being”* a nurse. In this context *“being”* a nurse is more than just acquiring the knowledge and clinical skills, it is a relational process of becoming part of a community that values care, reciprocity, collective growth and success. This study has uncovered a further layer of depth to peer connectedness highlighted within this culturally responsive environment, in creating a space where relational values and cultural principles could thrive.

Participants often emphasised reciprocity and shared goals, especially in relation to the support they provided for each other academically and emotionally. This mutual support reflected the importance of collective success which is a value deeply embedded in both whanaungatanga and va. Participants described how they *“worked as a team”* to help everyone succeed on their educational journey. This collective approach to learning and support provided reassurance that students were not alone in the challenges they faced. Offering to help others and receiving help in return, students sustained a sense of purpose and responsibility that mirrors the communal values in their cultural traditions. This illustrates the development of a sense of community and solidarity through the shared goal of completing their nursing education. Which reinforces the importance of peer support and collaborative learning in fostering a sense of belonging and the formation of professional identity. Furthermore, this highlights that culturally grounded peer support provided a space where students could begin to *“perform”* and embody the ethical values and behaviours associated nursing, while still developing their professional identities, in the absence of clinical hands on experience.

The organic development of peer relationships and whanaungatanga within cohorts through spontaneous interactions on campus, in learning spaces and the socialisation to the profession that occurs in clinical placement was disrupted in the online environment during the pandemic. Although many of the in-person rituals were disrupted, students found ways to adapt their practices to meet the virtual learning environment. Practices such as opening and closing online sessions with karakia and informal virtual discussions reflected traditional practices, while these adaptations were not perfect, they still allowed for symbolic continuity of cultural traditions. Participants shared that even in the online space *“starting with karakia sets the tone and makes us feel grounded”* Students also demonstrated adaptability in building virtual support networks by using Facebook group chats which they described as being *“helpful”* in the absence of in person interaction and Zoom activities such as virtual *“Zumba”* and *“karaoke”*. These adaptations reinforced relational norms, supporting students to feel connected to not only their peers but their cultural foundation. This continuity provided reassurance during a time of unprecedented change and disruption in nursing education. By maintaining culturally responsive support networks, students continued to practice relational skills such as empathy, reciprocity and active listening, which are all essential in *“being”* a nurse. Through the engagement with peers who shared their cultural values, students were able to strengthen their relational skills, which are fundamental in professional practice and identity formation.

However, these positive relational experiences were often countered with feelings of isolation and uncertainty due to the shift to virtual learning and lack of clinical experience later in the focus group discussion when questions surrounding challenges and barriers were addressed. In traditional nursing education, peer collaboration supports students to reinforce their theoretical knowledge and learn from each other’s experiences. These collaborative opportunities were limited in the online environment, which led many participants to feel disconnected. Although many of the students formed virtual support networks such as group chats and study groups, many of the participants expressions conveyed doubts as to whether these efforts could fully replicate the deep connections typically formed in nursing education. Participants described a lack of *“real connection”* and *“building whanaungatanga”* being really difficult, as well as the sense of isolation that being alone *“stuck here behind a computer screen”* created. Not being able to engage in informal interactions with peers and lecturers at the conclusion of or during class caused a deeper sense of isolation and disconnection for some of the participants. Virtual collaboration provided some reassurance for students, vital components for effective communication such as body language, non-verbal cues and spontaneous interaction were missing, diminishing the depth and richness of collaborative experiences.

The reflections of the participants suggest that while they demonstrated adaptability and resilience in developing virtual support networks, significant gaps remained. Students were not able to experience full immersion in the traditional nursing education environment which encompasses not only learning in an academic setting but hands on in the real-world clinical environment. The disruption to these

fundamental in person experiences perpetuated uncertainties about their professional identity. Kolb's (2014) experiential learning cycle emphasises that learning is an active process of participation and reflection on concrete experiences. The lack of direct peer collaboration in the virtual learning environment meant students missed out on key opportunities for reflection and practical reinforcement.

The findings of this study have revealed that relationships and social integration in the context of nursing education are not just simply supportive mechanisms, they are central to the formation of professional identity and **“being”** a nurse. This was emphasised in the words of participants for example *“there’s been a whole lot of people that I have met along the way that um, you know, weren’t in my life before that have enriched my life and my experiences”* demonstrating how relational learning enhances not only professional development but personal growth. When relational development is disrupted as it was in the context of COVID 19, students may struggle to internalise core nursing values such as empathy, collaboration and nursing ethics which all form key components of **“being”** a nurse.

Literature has emphasised that a sense of belonging is integral in nursing education and the development of professional identity (Dunbar & Carter, 2017 & Levett-Jones & Lathlean, 2008). Zambas, Dewar and McGregor (2023) further emphasise that a lack of belonging in culturally diverse cohorts leads to disengagement and reduced academic outcomes. This study’s findings reveal that relational disconnection can in a similar way hinder the **“being”** a nurse, especially in contexts such as the COVID 19 pandemic where peer and mentor relationships are limited.

The findings of this study related to **“being”** a nurse contributes to the body of existing literature by highlighting the way that cultural responsiveness and relational dynamics play a crucial role in developing a sense of belonging and professional identity. In nursing education relational learning is recognised as a crucial to fostering empathy, teamwork and communication (Konrad & Browning, 2012). Studies such as Ebert et al. (2019) emphasise that peer support and collaborative learning enhance student resilience and motivation. This study reinforces these findings but provides a culturally specific lens, highlighting that whanaungatanga and va were key in guiding students’ ability to maintain peer support and collaboration during unprecedented times of disruption, isolation and uncertainty. Furthermore, the findings of this study expand on the literature by illustrating that relational learning cannot be fully separated from cultural identity. For Maaori and Pacific students the culturally embedded values such as reciprocity and collective success were essential for creating emotional and social safety as well as fostering professional identity formation. Zambas et al. (2023) expresses that culturally responsive approaches enhance students sense of belonging, this study builds on these findings by uncovering how these approaches assisted in mitigating some of the emotional isolation caused by the online learning environment during the COVID 19 pandemic.

Research such as that by Carolan et al. (2020) acknowledged that the virtual learning environment disrupted peer support and mentorship, this study further reveals that cultural practices provided

symbolic continuity in the absence of physical connection. Practices such as karakia supported sustaining relational values, reflecting the significance of relational rituals despite the virtual environment. Literature such as that by Zambas et al. (2023) and Burke (2019) emphasises the importance of relational support within diverse cohorts and their impact on student success. This study adds that culturally specific relational values such as whanaungatanga provide a foundation for personal growth and professional development in the context of nursing education.

The findings of this study highlight that the process of “**becoming**” a nurse involves the development of practical skills and the formation of professional identity, both of which were significantly disrupted during the COVID 19 pandemic. “**Becoming**” a nurse requires the integration of theory knowledge, clinical skills, confidence and professional competence. The findings in this study reveal some important insights for nursing education and the future nursing workforce. Illustrating that despite adaptations within the nursing education framework such as online clinical modules, virtual simulation and practicing skills such as vital signs at home which students readily engaged with and adaptations on the students’ behalf such as group chats and virtual study groups, student doubts about their competence and readiness to practice persisted, highlighting significant implications for nursing education and professional development.

A key finding in this study is the disconnect between theory learning and practical application that students experienced. Many participants expressed uncertainty in their ability to apply their theoretical knowledge in real world environments. Participants highlighted their concerns as to whether they would be “*good enough*” when they complete their studies, questioning whether they were progressing at the appropriate pace through statements such as “*I just I just don't know if I'm where I'm meant to be because we didn't have some of those practical experiences*” and “*do I have the ability to do it, you know, proficiently, or you know, properly in real life.*” Participants also questioned whether these disruptions to practical hands on learning would “*impact on the final result*”. Without adequate opportunities to apply theory knowledge to practice, students may struggle to bridge the theory practice gap, which could ultimately impact on patient safety and performance in the clinical setting. The lack of hands on practice may also lead to a prolonged novice stage, as described by Benner’s (1984) Novice to Expert model, that emphasises nursing competence is developed through repeated exposure to a range of clinical scenarios under the guidance of experienced mentors.

Many participants expressed frustration centred around not having access to specialised equipment and the clinical learning suite environment. Nursing education relies on tools such as manikins, medical devices and clinical simulation environments to replicate real world experiences. However, because of the COVID 19 restrictions imposed, students were often required to practice skills such as vital signs, medication administration and holistic assessment on family members or rely on inadequate resources at home. Participants shared “*because of COVID we had to do it in our home in our family. We didn't*

*have everything that we needed, but we had to compromise and like do what we can”, “like we have to do weight and to do height, but because some homes they don't have that stuff to use on their family. Yeah, we have to do everything in our family” and “it’s given us stress sometimes because we are thinking how can we do this one?”* This study extends on research such as Carolan et al. (2023) by demonstrating that the lack of access to specialised equipment not only impeded the acquisition of skills but heightened the stress and self-doubt felt by students. Without access to the appropriate equipment students were not able to complete the cycle of active experimentation and concrete experience, leaving theoretical concepts untested and abstract (Kolb, 2014).

Participants emphasised the inherently practical nature of nursing, making online learning a poor substitute for in person clinical training. Students described struggling to retain theory knowledge without the opportunity to apply it, some stating *“I learn by doing”* and *“I’m a hands-on learner”* rather than through theory alone. These findings add to the literature by illustrating how the lack of practical opportunities led students to question the effectiveness of their learning, further reinforcing the practical nature of nursing. The findings reveal that the limited hands on practice interrupted the progression of learning leaving students in the early stages of skill development (Benner, 1984).

Studies such as Carolan et al. (2023) have shown that the limited access to clinical experiences lead to heightened anxiety and doubts about student readiness to practice, however, this study adds a further nuance in illustrating how students sought alternative strategies to maintain their development. Although these virtual adaptations (clinical learning modules, informal practice of vital signs at home and virtual simulation) were partially effective they could not completely substitute in person learning. It also highlights that competence related anxiety persisted even amongst students who adapted well to theory learning, reinforcing the importance of early clinical engagement.

In this study many of the participants discussed how missing foundational practical learning experiences due to the COVID 19 pandemic left them feeling unprepared and uncertain about their competence. Missing these fundamental early opportunities to apply theory to practice in a practical setting impacted on their confidence when they later resumed clinical placements. This experience created a sense of disorientation and caused comparisons to peers who had completed their foundational training in person. Participants described themselves as feeling like “dead weight” in placement, feeling “way behind” and not sure if they are where they are meant to be in comparison to others that would be at their level. Clinical learning suite, simulation and introductory clinical placements in the early stages of nursing education are critical in building core clinical skills and professional identity. According to Benner’s (1984) Novice to Expert model, novice nurses gain hands-on experience under the guidance of experienced mentors, which assists in developing confidence and competence through real world learning. Missing these early clinical experiences disrupted this progression, leaving many feeling underprepared when clinical placements resumed.

Studies such as Carolan et al. (2023) and Ravik et al. (2023) have highlighted the negative impacts of cancelled, delayed or shortened clinical placements on student's confidence and ability to meet professional competency. These studies emphasise that clinical practice is an essential aspect for developing critical thinking, decision making and practical skills. This study extends on these findings by revealing how missing foundational clinical experiences creates long lasting gaps in competence that persisted after clinical placements resumed. Students were forced to **"catch up"** in later clinical placements describing themselves as **"dead weight"** and struggling to match the competence level of peers whose nursing education consisted of uninterrupted in person learning. The findings emphasise that the experience of being left behind negatively impacts on not only short-term performance but long-term professional readiness to practice.

Participants within this study demonstrated a heightened sense of purpose and motivation to pursue nursing especially in response to the impact of the pandemic on healthcare. The challenges caused by COVID 19 and an elevated level of visibility of nurses in the public domain made students more aware of their role in contributing as nurses to the healthcare system. Despite the absence of foundational clinical experiences participants articulated an increased motivation to pursue nursing, fuelled by a desire to contribute in a meaningful way to healthcare during the COVID 19 pandemic. Participants expressed that **"it motivated"** them more, while also reflecting on their "why" for choosing nursing as a profession. This was evident in powerful statements such as **"there is literally a world pandemic and you can be that one person that may save a life or make someone's day a little bit better"**, **"we're a cohort who is going to be coming in together to be part of the solution to that, to create a more populated workforce. So, in a way, it's kind of scary, but also very empowering to know that we're making a difference, even if it is just one more person, you know"** and **"So it also it does, as everyone said, gives you more of a sense of purpose. And it gives you more of a chance to feel like you're actually making a difference as a student."** Existing research acknowledges that external crises can reinforce student's commitment by highlighting the profession's social and ethical significance (Zambas et al., 2023). This study contributes to the knowledge in nursing education by illustrating how cultural values such as collective responsibility and reciprocity reinforced motivation for students viewed nursing as both a personal and communal responsibility. However, the findings also reveal that this increased motivation did not fully mitigate competence related anxiety, reinforcing the need to balance emotional resilience and skill acquisition in nursing education.

The findings of this study reinforce that the processes of **"being"** and **"becoming"** a nurse deeply interconnected. While **"being"** a nurse encompasses relational engagement and the formation of a professional identity, **"becoming"** a nurse is centred around the acquisition of skills, competency and the application of theory to practice. The findings of this study contribute to the body of literature by demonstrating that **"being"** and **"becoming"** a nurse are inextricably linked, with disruptions to one aspect affecting the other. The dual impact of relational and practical disruptions on professional

identity formation and the development of competence are highlighted within the findings of this study. While culturally responsive practices assisted in maintaining emotional resilience, the study emphasises that nursing education must integrate both experiential and relational learning to fully support students' growth. The COVID 19 pandemic disrupted the processes of *“being”* and *“becoming”* a nurse leaving gaps in professional identity formation and competence. This study highlights the need for a careful balance between relational and experiential learning, to ensure that students can progress confidently through their nursing education journey despite external disruptions.

### Implications of Findings

The findings of this study provide insight into the relational, practical and cultural dimensions of nursing education with the context of MIT during the COVID 19 pandemic. The implications of the findings in this study apply to curriculum design, educational practices and student support systems to ensure that competence and professional identity development are achieved in hybrid or disrupted learning environments. The findings of this study have significant implications for nursing education within a post pandemic world, particularly with the continuation of hybrid learning models. The experiences of students who navigated their nursing education journey through the disrupted times of COVID 19, provide valuable insights for developing more resilient educational frameworks that balance theoretical instruction, the acquisition of practical skills and relational learning.

The findings have highlighted the importance of curricula that strikes a balance between theoretical learning, practical application and relational engagement to support the formation of professional identity and competence. While online learning proved adequate for the delivery of theory content, it failed to replicate key hands-on experiences and relational interactive opportunities that are essential in building confidence. Therefore, it is important that future hybrid learning models in the context of nursing education integrate high fidelity simulation, hands on clinical practice and structured mentorship programmes to ensure that students are able to bridge the gap between theory and practice. Additionally, culturally responsive practices such as those rooted in whanaungatanga and va should be embedded within curricula to promote a sense of belonging, peer support and resilience particularly within diverse cohorts. Addressing these needs can better prepare nursing students to meet competency requirements, reduce uncertainty about their readiness to practice and foster long term professional growth, ensuring that they are equipped to handle the complexities of modern healthcare environments.

### Limitations of the Study

While this study provides valuable insights into experiences of nursing students at MIT during the COVID 19 pandemic, there are several limitations which need to be acknowledged. The study was conducted within the specific context of MIT and the three Bachelor of nursing pathways available

within the institute. The sample size was limited with six participants in each of the three focus groups. The findings may not be completely generalisable to other nursing programmes or regions, particularly without similar culturally responsive frameworks. Further research across diverse nursing institutions could provide a broader understanding of these issues.

The use of focus group interviews facilitated rich in-depth discussion however, the group environment may have influenced participants willingness to share negative or sensitive experiences. Some participants may have withheld critical insights due to concerns about peer judgement or social desirability bias.

The study also relied on self-reported perceptions of their experiences, the accuracy of these accounts may be influenced by their ability to reflect on their learning experiences or current feelings of competence. The study also did not fully explore how disparities in access to technology may have impacted on the experiences of students with online learning. Students with limited access or home-based support may have faced additional challenges that were not explored.

The data in this study was collected while participants were still navigating their disrupted educational journey. This may not capture the full long-term impacts of missed clinical placements on their career development.

### Suggestions for Future Research

Building on the findings of this study, there are a number of areas which warrant further exploration to enhance nursing education and support student development in hybrid learning environments in the post pandemic world. Future longitudinal research would be beneficial to track nursing graduates who experienced disruptions to their clinical learning, to assess the long-term impacts this has had on clinical competence, confidence and professional identity. This could provide insights into how the gaps in early experiential learning affect the transition to practice. Additionally, studies should examine the effectiveness of hybrid learning models in nursing education that incorporate high fidelity simulation, hands-on clinical learning and virtual mentorship in addressing competence gaps. Research should further explore the role of culturally responsive practices in enhancing resilience, belonging and peer support in diverse cohorts. Further inquiry into strategies that promote reflective practice and relational learning in a hybrid learning environment is critical in supporting the practical and emotional development of nursing students. Expanding this research to incorporate various nursing programmes across various regions will provide further generalisability to improve hybrid learning models.

## Conclusion

This study explored the lived experience of being and becoming a nurse during the COVID 19 pandemic, highlighting the significant challenges and adaptations students faced during a time of disruption within their nursing education. The findings revealed that “**being**” a nurse was closely tied to relational identity, interpersonal connections and cultural values such as whanaungatanga and va. The “**being**” a nurse was significantly impacted by isolation and the lack of face to face interaction during the pandemic. Simultaneously the process of “**becoming**” a nurse centred around the acquisition of practical skills and the application of theory to practice. The “**becoming**” a nurse was impacted by the cancellation of clinical placements, reduced access to essential equipment and specialised learning environments such as the clinical learning suite.

Despite these challenges’ participants emphasised an enhanced motivation to pursue nursing, demonstrating resilience and adaptability. Students formed virtual peer support networks and maintained motivation through shared goals and culturally responsive practices. However, these adaptations could not fully compensate for the gaps in experiential and relational learning, resulting in persisting competence related anxiety and uncertainty about their readiness to practice. These disruptions highlighted the interdependence of relational and practical learning in the development of their professional identity and clinical competence.

This study contributes to the existing body of research by emphasising the importance of hybrid learning models that prioritise not only experiential learning opportunities but culturally responsive relational frameworks. As nursing education continues to evolve in the post pandemic world, future research should further explore the long-term implications of disrupted learning, culturally grounded support systems and the role of hybrid learning models in developing dynamic, competent and confident registered nurses. Through these efforts nursing programmes can better prepare students to navigate the complexities of modern healthcare while maintaining strong professional identities and relationships.

***“We have a responsibility to prepare nurses not just for competence but for confidence and compassion”***

***-Patricia Benner (1984)***

*Patricia Benner is an American nurse theorist, educator and author, best known for her Novice to Expert Model*

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## Glossary of Terms

1. **Competence anxiety** – feelings of self-doubt and uncertainty about one's ability to perform clinical tasks
2. **Hybrid learning** – An educational framework that incorporates both online and in-person learning. Often integrating virtual tools and face to face practical learning experiences
3. **Kotahitanga** – Maaori cultural concept referring to unity, solidarity and collective action towards shared goals
4. **Professional identity formation** – the development of a sense of self, one's role as a nurse and the internalisation of core ethics and values associated with nursing
5. **Oritetanga** – Te Tiriti O Waitangi principle of equity
6. **Relational learning** – A process in which students form professional identity and acquire skills through interpersonal connections with peers
7. **Va** – Pacific cultural concept referring to the relational space and balance between individuals and groups fostering respect, reciprocity and collective well-being
8. **Whanaungatanga** – A Maaori cultural concept referring to connection, kinship and relationships built on shared experiences and mutual support.

## Appendix A: AUT and MIT Ethics Approval



### Auckland University of Technology Ethics Committee (AUTEK)

Auckland University of Technology  
D-88, Private Bag 92006, Auckland 1142, NZ  
T: +64 9 921 9999 ext. 8316  
E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)

14 April 2022

Julie Trafford  
Faculty of Health and Environmental Sciences

Dear Julie

Re Ethics Application: **22/77 Lived experiences of being and becoming a nurse during the COVID 19 pandemic**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEK).

Your ethics application has been approved for three years until 14 April 2025.

#### Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEK in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEK prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEK Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEK Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
8. AUTEK grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz). The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEK Secretariat  
Auckland University of Technology Ethics Committee

Cc: [Amy.waters@manukau.ac.nz](mailto:Amy.waters@manukau.ac.nz); Ailsa Haxell

## Amy Waters

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**From:** Martin Carroll  
**Sent:** Tuesday, 9 August 2022 1:24 pm  
**To:** Amy Waters  
**Cc:** Deborah Rowe; Daud Ahmed  
**Subject:** FW: Request for data collection  
**Attachments:** Ethics application - final 0789055 Amy Waters.pdf; Application Template for External Researcher Consent for Research Data Collection at MIT.docx; Trafford2277\_14042022.docx; Appendix A - HES PGR1 Review form Nov 2020- CJM completed and signed.pdf; Appendix B - Questions.pdf; Appendix C - Confidentiality Agreement.pdf; Updated flyer.pdf; Appendix E - Participant expression of interest (Edit) Microsoft Forms.pdf; Appendix G - Consent form.pdf; Updated information sheet 1.pdf

**Importance:** High

Kia ora Amy

This is approved in accordance with the method set out in the ethics approval that you have via AUT.

Good luck with your research – and apologies for the delay.

Ngā mihi  
Martin

**Professor Martin Carroll** ([he/him](#)) | Deputy Chief Executive Academic  
Manukau Institute of Technology Limited and Unitec New Zealand Limited  
**m:** 022 014 3402 | **e:** [martin.carroll@manukau.ac.nz](mailto:martin.carroll@manukau.ac.nz) | **e:** [mcarroll@unitec.ac.nz](mailto:mcarroll@unitec.ac.nz)

[Covid has challenged our work patterns. We need to look after ourselves and each other. You may be receiving this email outside your normal working hours. Unless it's clearly urgent, please respond during your normal working hours.]

Manukau Institute of Technology and Unitec are part of Te Pūkenga - New Zealand Institute of Skills and Technology.

## Appendix B: Participant Information Sheet, Consent Form, Flyer and Expression of Interest Form



### Participant Information Sheet

**Date Information Sheet Produced:**

13 April 2022

**Project Title**

*Lived experiences of being and becoming a nurse during the COVID 19 pandemic.*

Kia Ora, I am Amy Waters a lecturer in the School of Nursing at Manukau Institute of Technology (MIT), with a passion for Nursing and Nursing education and am currently undertaking my Master of Philosophy at AUT. Thank you for expressing interest in participating in my research focusing on the lived experiences of student nurses during the COVID 19 pandemic.

**What is the purpose of this research?**

This study aims to explore the lived experiences of Nursing students in South Auckland during the COVID 19 pandemic, and to explore being and becoming a registered nurse during the COVID 19 pandemic.

COVID-19 precipitated an abrupt unplanned shift to online learning and teaching in Aotearoa New Zealand. While multiple international studies provide insights into nursing students' experiences, little is published involving Aotearoa New Zealand. The proposed research takes a qualitative approach, involving focus groups and thematic analysis, to explore the lived experiences of nursing students enrolled at MIT in South Auckland. Findings may help with developing new strategies to further support and reduce barriers for nursing students.

This study will contribute to the thesis that I write for my Master of Philosophy and the findings may be used in conferences, other presentations, and for academic publications.

**How was I identified and why am I being invited to participate in this research?**

This research is focused on second year nursing students currently enrolled in one of the three Bachelor of Nursing programmes (Bachelor of Nursing, Bachelor of Nursing Pacific and Bachelor of Nursing Maaori) offered at MIT. Groups of up to 10 students from each of the programmes will be invited to participate in a focus group interview.

**How do I agree to participate in this research?**

If you would like to participate in this research please complete the Microsoft form via the link on the Canvas flyer. The focus group facilitator Te Ariki will email you a consent form for you to sign and return.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

**What will happen in this research?**

Once you have consented to participating in this study the focus group facilitator will invite you to complete a Doodle poll indicating the most convenient times to conduct the focus group interviews for all participants. The focus group interviews will be conducted at the MIT Manukau Campus COVID restriction permitting, or alternatively they will be held online via Zoom. The focus group sessions will take approximately an hour of your time and will be guided by pre-prepared semi structured questions. The semi structured questions will support the discussion and sharing of experiences as nursing students through the COVID 19 pandemic.

You will be asked to provide a pseudonym so that all identifying information can be excluded from the recording and transcript. All information collected will be anonymised and no identifying information will be used in the data. Any information gathered from the focus group interviews will remain confidential and only be used for the purposes of this study.

**How are potential conflicts of interest and power differences being avoided, minimised or managed?**

You as a potential participant or participant will communicate and interact with Te Ariki Roos, who has no ongoing educational relationship with you. All information from the focus group interviews shared with the researcher will be anonymised.

**What are the discomforts and risks?**

It is anticipated that participating in this research will be much like the informal discussion which you have in class with your peers and lecturers. As in group discussions experiences may vary and there is potential for misinterpretation or disagreement, however, as this study is focused on individual experiences all contributions are valuable. Reflecting on the pandemic to date and your learning experience may be cause emotional or psychological stress. If anything about your own life comes up after reflecting on your answers to the questions in this survey, you may want to talk to someone close to you.

MIT counselling services are available free of charge to all MIT students and can be accessed on Level 2 of the Manukau Campus, or email – [counsellors@manukau.ac.nz](mailto:counsellors@manukau.ac.nz) phone – 09 976 0873

AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email [counselling@aut.ac.nz](mailto:counselling@aut.ac.nz) or call 921 9998.
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on <https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health>

The following organisations may be able to help:

1737, Need to talk? - Free call or text 1737 to talk to a trained counsellor

Depression.org.nz - 0800 111 757 or text 4202

Lifeline – 0800 543 354

Youthline – 0800 376 633, free text 234, email [talk@youthline.co.nz](mailto:talk@youthline.co.nz)

**What are the benefits?**

The potential benefit of this research project for you as a participant (Nursing student) is the opportunity to reflect on and share your experience navigating your student journey through the COVID 19 pandemic. The findings may also be used to support nursing education at MIT. The potential benefit to the researcher as an educator in the School of Nursing is to gain further insight into the lived experiences of students and the factors which may improve your ongoing experience. This research will also support me (Amy Waters) in obtaining my Master of Philosophy.

**How will my privacy be protected?**

It will be ensured that confidentiality is maintained within the focus group interviews, and all identifying information will be excluded and pseudonyms will be used in data dissemination.

**What are the costs of participating in this research?**

Your contribution to this study will take approximately 1 hour of your time.

**What opportunity do I have to consider this invitation?**

The focus group interviews will commence once enough participants are recruited, if you wish to participate in this research please contact the focus group facilitator within 2 weeks of receiving the invitation.

**Will I receive feedback on the results of this research?**

A 1 to 2-page summary of the research findings will be made available to participants

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisors,

Dr Julie Trafford, [julie.trafford@aut.ac.nz](mailto:julie.trafford@aut.ac.nz) 09 921 9999 ext 8952 and/or

Dr Ailsa Haxell, [ailsa.haxell@aut.ac.nz](mailto:ailsa.haxell@aut.ac.nz) 09 921 999 ext 7105.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), 921 9999 ext 6038.

**Whom do I contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Amy Waters

Email: [amy.waters@manukau.ac.nz](mailto:amy.waters@manukau.ac.nz)

Phone: 022 039 3342

***Project Supervisor Contact Details:***

Dr Julie Trafford, [julie.trafford@aut.ac.nz](mailto:julie.trafford@aut.ac.nz) 09 921 9999 ext 8952 and/or

Dr Ailsa Haxell, [ailsa.haxell@aut.ac.nz](mailto:ailsa.haxell@aut.ac.nz) 09 921 999 ext 7105.

Amy Lee Waters 0789055

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, AUTEK Reference number *type the reference number*.



## Consent Form

**Project title:** *Lived experiences of being and becoming a nurse during the COVID 19 pandemic.*

**Project Supervisor:** *Julie Trafford and Ailsa Haxell*

**Researcher:** *Amy Waters*

- I have read and understood the information provided about this research project in the Information Sheet dated 11/03/2022
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....  
.....  
.....

Date:

**Approved by the Auckland University of Technology Ethics Committee on *type the date on which the final approval was granted* AUTEK Reference number *type the AUTEK reference number***

*Note: The Participant should retain a copy of this form.*

Respondent

< 1 Amy Waters >

00:33  
Time to complete

1. First Name \*

Mickey

2. Last Name \*

Mouse

3. Student ID \*

1111111

4. Programme \*

- BN
- BNP
- BNM

5. Current semester \*

- Semester 3
- Semester 4



**NURSING RESEARCH**  
**LIVED EXPERIENCE OF BEING AND BECOMING**  
**A NURSE DURING COVID 19**  
SECOND YEAR NURSING STUDENT PARTICIPANTS  
REQUIRED

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**ARE YOU IN YOUR SECOND YEAR OF THE BACHELOR OF NURSING, BACHELOR OF NURSING MAAORI OR BACHELOR OF NURSING PACIFIC?**

**ARE YOU INTERESTED IN PARTICIPATING IN RESEARCH ABOUT YOUR EXPERIENCE OF BEING A STUDENT NURSE DURING THE COVID 19 PANDEMIC?**

**THEN WE WANT TO HEAR FROM YOU!!**

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Amy Waters is conducting research focused on the lived experience of being and becoming a nurse during COVID 19, which will contribute to her Master of Philosophy qualification. Your participation in the research will require an hour of your time to attend a focus group interview either online or face to face at the Manukau campus. The focus group interviews involve you joining a group of up to 10 nursing students from the same cohort to share your lived experience of studying nursing at MIT during the pandemic. The group interviews will be guided by a facilitator and semi structured questions that will support the discussion and sharing of experiences as nursing students through the COVID 19 pandemic.

TO EXPRESS INTEREST IN PARTICIPATING OR FOR MORE INFORMATION PLEASE COMPLETE THE FOLLOWING FORM:  
[HTTPS://FORMS.OFFICE.COM/PAGES/RESPONSEPAGE.ASPX?ID=M0UUEH803EGQI4ETHXUGOICQSEYUAsFLU7NPAy8NwNUNZc7LdUVLVUQUXyUEgOQ4hPR0JESDhIQS4U](https://forms.office.com/Pages/ResponsePage.aspx?id=M0UUEH803EGQI4ETHXUGOICQSEYUAsFLU7NPAy8NwNUNZc7LdUVLVUQUXyUEgOQ4hPR0JESDhIQS4U)

## Appendix C: Sample Thematic Analysis

Theme	Sub-Theme	Codes	Sample Quotes	Interpretation
Theme 1: Role of relationships, whanaungatanga and va in learning support	Peer support and collaboration	Friends, supports, networks, relationships, whanaungatanga	<p>F1P5 “the classmates in a nice genuinely like family environment, that is part of MIT, makes a big, big difference. You’re not lost in a corner somewhere.”</p> <p>F1P6 “It’s better to have like-minded people that are studying the same thing, so you can talk about it and like bounce ideas or study related matters off of each other.”</p> <p>F1P7 “So, engagement within the cohort was really good. We all kind of realized we were all suffering together. So, we may as well have fun while we are doing it. But everyone was really supportive, checking on the chat, like if anyone needs to talk, just reach out and stuff.”</p> <p>F1P2 “Like we have our own kind of group chat, and if anything’s unclear, I mean, yeah, there’s some people in there that like to talk about nothing, but most of the time it is really good and if someone’s unsure we can help each other out ,and it’s really good to have the other students with us. If one person misses something, someone may have got it.”</p>	Peer networks provided critical academic and emotional support, students demonstrated remarkable adaptability and resilience. However, the online learning environment and connection lacked the depth that is culminated in with in-person engagement and interaction.

			<p>F1P2 “I will say, though it has hard with the social impact as P1 just said, that it's very hard to develop those relationships with your classmates, and especially with the ones that are super-duper shy, and they don't want to speak out in front of 120 people on Zoom.”</p> <p>F1P1 “Socially, obviously, it's been negatively affected, like you want to gain and develop relationships with your classmates. But it's hard to do that over zoom.”</p> <p>F1P2 “although that we don't have many chances to meet face to face, but we have the Facebook groups, so I can get lots of information from them.”</p> <p>F1P5 “I would say trying as hard as possible to keep even virtual communications with people, if you couldn't have in person ones, like texting or calling or video calling friends and family to keep that going, was quite important for me,”</p> <p>F2P1 “also the students in your cohort and other students you meet along the way at Manukau Institute as well”</p> <p>F1P4 “we have like few opportunities to have the social interact action with</p>	
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			<p>other students and the lecturers”</p> <p>F1P? “We were trying to do like interactive things over the Zoom classes, which we ended up doing like a little Zumba night over Zoom, as well as like a karaoke kind of thing”</p> <p>F2P3 “it was the similarities that we had in terms of values that we brought to the table you know. Being Pacifica and having that, studying everything from for (9.49) really helped us solidify some of the, well solidify the way we actually communicate with each other. Because that's something that we're all common with, opening and nurturing the Va, the sacred stuff”</p> <p>F2P1 “Think from for myself, some of the strategies that I've been using to enhance interpersonal connections within the cohort is, encouraging people to, for example, the karakia in the morning because we always start it off with a karakia. It's encouraging students to put the hands up to start off with a karakia. And not just the same people all the time. We created a Facebook page for our cohort, so everyone can</p>	
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			<p>access in there and put down any questions or anything that they want to say or want to ask. And that's enhanced in the personal connections as well”</p> <p>F2P3 “I think navigating from a Pacific health perspective is navigating the digital Va. You know, face to face, it's easy to know each other's space, the Va”</p>	
	<p>Mentorship and professional guidance</p>	<p>Lecturers, Kaiako, preceptors, support</p>	<p>F1P4 “it's like all the lecturers and the staff from MIT are very supportive for us and other students”</p> <p>F1P4 “there's a lot of preceptors on the placement, it's very helpful to meet as well”</p> <p>F1P3 “Our lecturers have been amazing, just being able to like answer our questions whenever we have any questions, it's been amazing”</p> <p>F1P5 “the lecturers, because I have friends doing nursing at other universities and stuff as well. But just from talking to them, I feel like the support we get, especially here at MIT is maybe a lot better than some other places, which makes a big difference, stress levels, and just having confidence in what you're doing”</p> <p>F1P2 “, it is much easier at the end of a lesson when you're in person, just a walk up to the lecturer one on one or with another maybe two people standing there as well. And just ask them rather than in front of every single</p>	<p>The guidance from mentors (lecturers, preceptors and student representatives) were valued. The reduced direct access to these key people limited immediate feedback and hands-on support</p>

			<p>person in the class, even though you can't see the faces, you know, they're there.”</p> <p>F1P2 “Is just a some of the preceptors are absolutely amazing, but then you have the ones that are not so good. Some of them, especially due to the fact that there are a lack of nurses, sometimes they would rather just get everything done themselves, than use the student helped them learn, because it's just so much faster for them, because they have so much to do, just to do it themselves. So we kind of sometimes miss out on that learning. And it just makes it a little bit harder for us to engage when they just want to do it themselves.”</p>	
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