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**Effect of the Covid-19 Pandemic on the Health Behaviors and Feelings of Career
Preparedness of Baccalaureate Nursing Students**

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Abstract

The aim of this study was to determine if the COVID-19 pandemic affected the health behaviors and feelings of career preparedness of undergraduate nursing students. Participants were recruited from the pre-licensure program at the Eleanor Mann School of Nursing, at the University of Arkansas, Fayetteville during the Fall 2021 semester. The final sample consisted of 92 participants. This study used a cross-sectional design, retrospectively measuring behaviors and attitudes pre-pandemic and during the lockdown period. Two-tailed paired t-tests were run on the health behavior sections and feelings of career preparedness sections independently. Results were deemed significant with an alpha value set at 0.05. Participants reported feeling depressed and alone more often during quarantine. Students reported experiencing more panic attacks, more headaches, and more frequent consumption of alcohol during quarantine. The mental health of nursing students is important to consider as nurses are expected to be a model of health for their patients and provide their patients with quality care. Confidence in communication skills was less common during quarantine than before quarantine. Students had less confidence in their time management abilities and stamina as well as critical thinking and problem-solving abilities. During quarantine, participants reported an increase in feeling anxious about their future as a nurse and decreased satisfaction in choosing nursing as a profession. Qualitative data suggested that this was related to the burn out and overworking of nurses being placed in the public eye. Further research is needed in this area to determine if there is correlation between nursing student perception of burnout and nursing student retention.

Effect of Covid-19 Pandemic on the Health Behaviors and Feelings of Career Preparedness of Baccalaureate Nursing Students

The World Health Organization (WHO) officially recognized COVID-19 as a pandemic on March 11th of 2020 (Savage, Jain, & Ng 2020). Shortly after this declaration, the United States went through a period where most non-essential businesses were either shut down or forced to operate remotely. This resulted in a lot of Americans experiencing stress related to their health, social isolation, finances, employment, childcare, and more (Czeisler et al., 2020). One study suggested that by June 2020, reported symptoms of anxiety disorder had tripled in adults, and depressive disorder was four times more common in adults than in April-June of 2019 (Czeisler et al., 2020). These mental health issues were also shown to affect young adults disproportionately compared to other age groups (Czeisler et al., 2020).

The quarantine period which resulted in a general shutdown in the United States included academics for nursing students at the University of Arkansas, where all classes switched to remote delivery and most clinical education moved entirely online. This remained the case through the summer of 2020. During this time, many students also followed stay-at-home orders and social distancing requirements, further isolating themselves from friends and social interaction. In the fall of 2020, limited in-person clinical and lab experiences became available, but didactic courses remained remote. This type of lockdown resulted in a general decrease in quality of life and ability to function normally on a daily basis for university students (Labrague & Ballad, 2020). Other manifestations of this lockdown fatigue included sadness, anxiety, tiredness, loneliness, lack of motivation, and decreased enjoyment in previously enjoyed activities (Labrague & Ballad, 2020).

While the health of all college students is imperative, nursing students are a unique population to consider. Nurses and nursing students are expected to serve as an example to their patients of health and wellness, but their heavy workloads and academic pressure have been shown to cause them to experience elevated levels of strain and stress. This is associated with negative health behaviors like insufficient stress management, poor nutrition, and inadequate physical activity (Mills, 2019). The American Nurses Association (ANA) has identified nurses' personal health attitudes and behaviors as a priority, seeking to improve the health of this critical healthcare workforce. The organization suggests that through supporting nurses' healthy lifestyles, they will be better able to provide optimal care and set an example for their patients (American Nurses Association, 2019). It has also been argued that the future nursing workforce should be supported by their educational institutions in developing a personal healthy lifestyle (Mills, 2019).

In addition to the general anxiety and social isolation caused by the pandemic, nursing students experienced an abrupt change in the mode of delivery of education and a lack of hands-on educational opportunities. The effects of these changes on nursing students' health behaviors and quality of education may have influenced these student's feelings of career preparedness and attitude towards the discipline of nursing. While the outcomes of such changes are still being examined, a study of 234 Turkish nursing students showed that 84.2% of those students were dissatisfied with remote learning (Kuru & Copur, 2021). It is important to consider the impact of the COVID-19 pandemic on these students' confidence and attitude towards the profession, as nurse's positive attitudes towards nursing help to advance that career path to a more professional level within the healthcare industry (Bahçecioğlu Turan et al., 2021). Therefore, the aim of this

study was to determine if the COVID-19 pandemic affected the health behaviors and feelings of career preparedness of undergraduate nursing students.

Methods

Study Design, Population, and Data Collection

This study used a cross-sectional design, retrospectively measuring behaviors and attitudes pre-pandemic and during the lockdown period. Participants were recruited from the pre-licensure program at the Eleanor Mann School of Nursing, at the University of Arkansas, Fayetteville during the Fall 2021 semester. Recruitment took place through course announcements that raised awareness of the study and provided the survey link. All cohorts of pre-licensure nursing students were invited to respond including J.5 (pre-nursing), J1 (first semester), J2 (second semester), S1 (third semester), and S2 (final semester). The final sample consisted of 92 participants. Five of the participants identified as male, 86 as female, and one student identified as a non-binary gender (see Table 1 for reference). Over 83% of the surveyed population were Non-Hispanic White, while only 5.4% were Hispanic, 7.6% were Asian, and 3.2% were Black or African American. Of the surveyed students, 10.9% were J0.5, 19.6% were J1, 17.4% were J2, 40.2% were S1, and just under 12% were S2 students. Approximately 52% of these students reported living in off campus apartment complexes while 40.2% lived in an off-campus house and only 7.6% reported living in on campus housing.

Table 1: Demographic Information (92 Total Participants)							
Gender		Race/Ethnicity		Semester		Living Situation	
Female	86	Non-Hispanic White	77	J0.5	10	Off Campus Apartment	48
Male	5	Hispanic	5	J1	18	Complex	
Non-Binary	1	Asian	7	J2	16	Off Campus House	37
		Black or African American	3	S1	37	On Campus Housing	7
				S2	11		

Measures

This study used a one-time survey administered using Qualtrics. The first section included demographic questions to determine participants' progression in the nursing school program, ethnicity, gender identity, and living situation of each student. In the next sections, participants were asked to respond to questions about their personal health behaviors and feelings of career readiness pre-pandemic. Then, they responded to the same set of questions but considering how they behaved and felt during the pandemic lock down period. The final section of the survey gave students an opportunity to explain how the pandemic positively and negative impacted his/her/their feelings of career preparedness in two open-ended questions. The final survey consisted of six sections (see Appendix A for complete survey):

- Section 1: Demographics
 - *Semester in nursing school, ethnicity, gender identity, living situation*
- Section 2: Health Behaviors (before quarantine)
 - *Answer choices: Everyday, 5-6 times a week, 3-4 times a week, 1-2 times a week, Never*
 - *Sample question: Before quarantine, I exercised for at least 30 minutes.*
- Section 3: Feelings of Career Preparedness (before quarantine)
 - *Answer options: Always, Often, Sometimes, Infrequently, Never*
 - *Sample Question: Before quarantine, I felt anxious about my future as a nurse.*
- Section 4: Health Behaviors (during quarantine)
 - *Answer options: Everyday, 5-6 times a week, 3-4 times a week, 1-2 times a week, Never*
 - *Sample question: During quarantine, I exercised for at least 30 minutes.*
- Section 5: Feelings of Career Preparedness (during quarantine)
 - *Answer choices: Always, Often, Sometimes, Infrequently, Never*
 - *Sample Question: Before quarantine, I felt anxious about my future as a nurse.*

- Section 6: Open-ended Questions
 - *Participants had the opportunity to comment on how the pandemic positively and negatively impacted his/her/their feelings of career preparedness to become a nurse.*

Ethical Considerations

This study obtained approval from the Institutional Review Board at the University of Arkansas, Fayetteville. The study was conducted in full accordance with the legal and research requirements for non-interventional studies. All the participants were informed about the aim and the methodology of the study, and they provided written informed consent. Participants were also informed about the confidentiality of their answers and the anonymous nature of their data.

Analysis

The quantitative data analysis was performed using Microsoft Excel. Percentages for each answer choice for demographic questions were calculated from the responses. The answer options for sections 2 and 4 (health behavior questions) were scored on a 5-point Likert-type scale with “Everyday” being 5 and “Never” being 1 (see Table 2). Similarly, the answer options for sections 3 and 5 (feelings of career preparedness sections) were scored on the same scale with “Always” being 5 and “Never” being 1 (see Table 3). Two-tailed paired t-tests were run on the health behavior sections and feelings of career preparedness sections independently. Results were deemed significant with an alpha value set at 0.05.

Everyday	5
5-6 times a week	4
3-4 times a week	3
1-2 times a week	2
Never	1

Always	5
Often	4
Sometimes	3
Infrequently	2
Never	1

Results

Health Behaviors

Of the 21 questions regarding health behaviors, 11 questions showed significant changes in the answers prior to quarantine as compared to during quarantine (see Table 4 for reference).

Students reported getting at least 7 hours of sleep a night more frequently during the pandemic rather than before (p-value: 2.77E-05). Students took more opportunities to relax during the pandemic (p-value: 0.002). A decreased frequency of stress during quarantine (p-value: 0.039) was reported compared to prior to the pandemic. During quarantine, nursing students engaged in social activities less frequently (p-value: 8.812E-19). Nursing students felt depressed (p-value: 0.00454) and alone (p-value: 2.884E-09) more often during quarantine. Students reported experiencing more panic attacks (p-value: 0.001534), more headaches (p-value: 0.01599), and more frequent consumption of alcohol (p-value: 0.02997) during quarantine. During quarantine, they also reported struggling more to focus on school or studying (p-value: 4.54E-12) and even struggling more to complete activities of daily living such as getting dressed, maintaining personal hygiene, and cooking/eating (p-value: 4.03E-07). These results show evident changes in health behaviors of nursing students before the pandemic and during the lockdown period.

Question	p-value	Average answer for “before quarantine”	Average answer for “during quarantine”
Before/During quarantine, I got at least 7 hours of sleep a night.	2.77E-05	3.391304	3.934783
Before/During quarantine, I engaged in social activities.	8.8116E-19	3.7826087	2.26086957
Before/During quarantine, I took at least 30 minutes to relax.	0.001993	3.891304	4.315217
Before/During quarantine, I had an alcoholic beverage.	0.029965	1.923913	2.076087

Before/During quarantine, I experienced stress.	0.038989	3.26087	2.913043
Before/During quarantine, I felt depressed.	0.004537	2.01087	2.369565
Before/During quarantine, I felt alone.	2.88412E-09	1.80435	2.75
Before/During quarantine, I experienced panic attacks.	0.001534	1.326087	1.608696
Before/During quarantine, I experienced headaches.	0.015994	1.815217	2.032609
Before/During quarantine, I had difficulty focusing on school or studying.	4.54E-12	2.130435	3.184783
Before/During quarantine, I had difficulty completing activities of daily living (getting dressed, maintaining personal hygiene, cooking/eating, etc.).	4.03E-07	1.293478	1.902174

Feelings of Career Preparedness

The final survey included 8 questions about the feelings of career preparedness of the participants. Data analysis indicated that all 8 of those questions had significant changes in feelings pre-pandemic and during quarantine (see Table 5 for reference). Fewer nursing students reported feeling like they had good understanding of the content learned in the nursing program (p-value: 2.22E-10). Students were more frequently concerned that they would not get enough clinical experience to prepare them for their future career as a nurse during quarantine (p-value: 4.4.73E-22). Confidence in communication skills was less common during quarantine than before quarantine (p-value: 5.575E-11). Students had less confidence in their time management abilities and stamina (p-value: 3.31E-06) as well as critical thinking and problem-solving abilities (p: 1.15E-06). During quarantine, participants reported an increase in feeling anxious about their future as a nurse (p-value: 5.66E-07) and decreased satisfaction in choosing nursing as a profession (p-value: 2.55E-05). Fewer students felt like they would be able to get the job

they desired in the nursing profession during quarantine (p-value:1.95E-05). Overall, these results indicate that the Covid-19 pandemic had a negative impact on nursing students’ feelings of career preparedness.

Table 5: Significant Results for Career Preparedness Questions (p-value<alpha=0.05)

Question	p-value	Average answer for “before quarantine”	Average answer for “during quarantine”
Before/During quarantine, I felt as though I had a good understanding of the content that I had learned so far in pre-nursing classes and/or nursing school.	2.22E-10	3.695652	3
Before/During quarantine, I was confident in my communication skills.	5.57502E-11	3.945652174	3.173913043
Before/During quarantine, I felt as though I would be able to get the job I desired within nursing.	1.95E-05	3.706522	3.173913
Before/During quarantine, I was concerned that I would not get enough clinical experience to be prepared for my career as a nurse.	4.73E-22	2.206522	4.043478
Before/During quarantine, I felt confident in my time management abilities and stamina.	3.31E-06	3.717391	3.163043
Before/During quarantine, I felt confident in my critical thinking and problem-solving abilities.	1.15E-06	3.75	3.25
Before/During quarantine, I felt anxious about my future as a nurse.	5.66E-07	3.25	3.902174
Before/During quarantine, I felt satisfied in my decision to become a nurse.	2.55E-05	4.097826	3.586957

Open-ended Questions

The survey contained two questions where participants could include an open-ended response. The first open-ended question asked students to comment on how the pandemic positively affected their feelings of career preparedness to be a nurse while the second open-ended question asked about how those feelings were negatively impacted by the Covid-19

pandemic. After filtering responses for completeness, there were 47 responses for open-ended question one and 67 responses for open-ended question two. The data from the open-ended questions were analyzed using a systematic qualitative approach to code the content of the responses. Recurring categories and themes were identified. From participant comments, several themes emerged regarding how the pandemic positively affected the feelings of career preparedness:

- More time to focus on studying lectures and written material during quarantine
- Better prepared for adversity in nursing, developed adaptability and resilience
- The impact that nurses have and how needed nurses are
- Inspired and desired to help

The comments also highlighted some ideas on how the pandemic negatively affected the feelings of career preparedness:

- Discouraged by the publicized view of nurse burnout and overworked nurses
- Anxiety related to their own safety as a nurse
- Felt under prepared and lacked confidence related to lack of clinical experience
- Decreased mental health negatively affected ability to study and confidence

The open-ended questions provided the participants a unique opportunity to comment on how the pandemic positively and negatively impacted their feelings of career preparedness. Including an open-response options allows students to highlight concerns that may not have been included in the earlier questions of the survey.

Discussion

This study aimed to investigate the impact of the Covid-19 outbreak on health behaviors and feelings of career preparedness amongst nursing students. Findings of this study suggested

that the majority of the participants' surveyed health behaviors and all feelings of career preparedness were significantly impacted by the pandemic lockdown period.

Covid-19 Pandemic and Health Behaviors

During quarantine, nursing students reported taking more time to relax and having more hours of sleep. These findings are contradictory to other studies that have reported university students in quarantine experienced an increase in sleep disturbances and depressive symptoms, and decreased sleep quality (Saadeh, Saadeh, Almobaideen, et al., 2021; Yuan, Liao, Huang, et al., 2020). This is an interesting conflicting finding and is worth future investigation into the pandemic's effect on changes in sleep habits and quality of sleep. A study in Greece showed that although the quantity of sleeping hours increased in 66.3% of the study participants, the sleep quality decreased to 43% (Kaparounaki, C., Patsali, M., Mousa, D., 2020). Stress levels were also reported as lower during quarantine as opposed to before the pandemic. This finding is again not consistent with much of the existing literature, but perhaps social isolation during quarantine led to more free time which explains the increase of sleep and opportunities for relaxation, thereby reducing stress levels. However, social isolation also seemed to have many negative effects which may have offset the increased opportunity for sleep and rest. One study reported that bad mental health was correlated with academic burnout. Burnout has always been a concern for nurses but may now be a concern for nursing students as well (Sveinsdottir et al., 2021). Future studies should investigate fluctuations in stress and sleep over the entirety of the pandemic, because nuances may exist with regards to different phases of the lockdown period.

Nursing students reported feeling alone and depressed more frequently during the pandemic. Increased alcohol consumption was reported during the pandemic. These findings are consistent with other studies which have shown elevated reports of mental health conditions,

increased anxiety and/or depressive symptoms, and substance use during the quarantine period (Czeisler et al., 2020). Furthermore, participants in this study reported more frequent panic attacks and headaches during quarantine. Difficulty completing activities of daily living was also more frequently reported in the lockdown period. This is important to consider as there is growing concern over nurses' ability to provide quality care while struggling with their own self-care abilities. A study that specifically considered nursing students indicated that 70.3% of the sample reported a negative effect on their mental health caused by the lockdown period (Sümen & Adibelli, 2021).

It is important to also consider how these mental health manifestations may have impacted academic performance. One study showed that depressed students are more likely to miss classes, exams, and assignments (Awadalla, Davies, & Glazebrook, 2020). Similarly, students in this study reported an increase in difficulty focusing on school or studying. Another study showed that about half of students experiencing depression and anxiety reported that those symptoms negatively impacted their academic performance (Wyatt, Oswald, & Ochoa, 2017). The effect of mental health on academic performance could also relate to the negative feelings of career preparedness.

Covid-19 Pandemic and Feelings of Career Preparedness

All eight of the questions regarding feelings of career preparedness had significant changes in response between pre-pandemic and during quarantine. This suggests that Covid-19 had a considerable impact on nursing students and their preparation to become a nurse. A study in Turkey showed that only 29.7% of the sample considered their curriculum sufficient in terms of readiness for an acute pandemic (Sümen & Adibelli, 2021). Nursing students at the University of Arkansas reported feeling less confident in their time management, stamina, critical thinking,

and problem-solving abilities—all core skills for a successful nurse. In addition, students reported qualitatively that their mental health impacted their ability to feel confident academically and affected their ability to study. These are core skills found across nursing school curricula, and this study showed that the pandemic decreased confidence in those skills indicating that the skills taught were not adequate for a state of emergency like an acute pandemic. These results highlight the need for nursing schools to better prepare students for states of emergency such as a pandemic.

During the pandemic, participants also reported feeling more anxious about their future as a nurse. This aligns with much of the literature related to nurse burnout as well as overall job dissatisfaction in other professions. While nurses were being recognized for their contributions during the pandemic, they were very obviously overworked and understaffed. A study on Intensive Care Unit (ICU) nurses showed that the prevalence for burnout risk overall among their sample was 68% (Bruyneel, 2021). Students at the University of Arkansas reported feeling less satisfied in their decision to become a nurse during the pandemic. This finding was supported by a common theme among qualitative responses where participants explained that their feelings of career preparedness were discouraged by the public reports of nurses being overworked and burned out as well as concerns over their safety working in the profession. Further research needs to be done to identify any correlation between perceptions of safety and burnout and nursing student retention.

Limitations

This study was conducted in the Fall of 2021 over a year after the start of the Covid-19 pandemic in the United States. Therefore, the survey asked participants to think retrospectively and respond, so data may have been subjected to recall bias. As the survey was self-report, the

responses are based on personal interpretation of the questions. Results from the study are also limited due to the sample size and lack of diversity. Participants were all students in the same nursing program, so their perception of nursing school during the pandemic is based on one specific school's response, and results are therefore not generalizable to larger populations of nursing students.

Conclusion

The aim of this study was to investigate the impact of the Covid-19 pandemic on nursing students' health behaviors and feelings of career preparedness. The mean scores for opportunities for relaxation, hours of sleep, feelings of loneliness, depression and anxiety during quarantine were all higher than pre-pandemic mean scores. Based on the study findings, attention is needed to develop programs targeted to nursing students to address academic-life balance and mental health during nursing school. Specifically, it would be effective to develop programs that could provide strategies for successful coping in emergency situations.

Furthermore, the results of this study indicate that the pandemic had a significant impact on feelings of career preparedness. Both quantitative and qualitative data indicate that nursing students felt a decrease in confidence in their nursing skills and they felt more anxious and less satisfied with their choice to become a nurse. These results suggest that in a "new normal," nursing schools could increase student well-being by making support to student studies a priority, especially for undergraduates. Also, nursing school curricula should incorporate ways to better support students and prepare them academically during states of emergency, with particular attention to the themes of burnout, resilience, and public health preparedness.

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Appendix A

Final Distributed Survey

Section 1: Demographics

Semester in Nursing School:

Pre-Nursing or J0.5

J1

J2

S1

S2

Ethnicity:

Non- Hispanic White

Black or African American

Asian

Hispanic

Pacific Islander

Other

I prefer not to say

Gender Identity:

Male

Female

Nonbinary

I prefer not to say

Current Living Situation:

Off Campus Apartment Complex

Off Campus House

On campus Housing

At home with family

Other

Section 2: Health Behaviors (Before)

Questions in sections 2 and 3 are asking you to think back to the months “before quarantine”, or the months leading up to the covid-19 pandemic quarantine period that started in March of 2020.

Answer Options: Everyday, 5-6 times a week, 3-4 times a week, 1-2 times a week, Never

1. Before quarantine, I exercised for at least 30 minutes.
2. Before quarantine, I got at least 7 hours of sleep a night.
3. Before quarantine, I ate at least 2 meals a day.

4. Before quarantine, I ate well-balanced meals.
5. Before quarantine, I engaged in social activities.
6. Before quarantine, I took at least 30 minutes to relax.
7. Before quarantine, I used tobacco products including vaping products or e-cigarettes.
8. Before quarantine, I had an alcoholic beverage.
9. Before quarantine, I had three or more alcoholic beverages in one sitting.
10. Before quarantine, I used marijuana products.
11. Before quarantine, I used nonprescription drugs other than marijuana.
12. Before quarantine, I used prescription drugs not prescribed to me.
13. Before quarantine, I experienced stress.
 - a. Please indicate which area(s) where you were experiencing stress. You may choose more than one:
 - i. Financial
 - ii. Childcare
 - iii. Personal Relationships
 - iv. Job-related
 - v. Academic
 - vi. Other Specify: _____
14. Before quarantine, I felt anxious.
15. Before quarantine, I felt depressed.
16. Before quarantine, I felt alone.
17. Before quarantine, I felt overwhelmed.
18. Before quarantine, I experienced panic attacks.
19. Before quarantine, I experienced headaches.
20. Before quarantine, I had difficulty focusing on school or studying.
21. Before quarantine, I had difficulty completing activities of daily living (getting dressed, maintaining personal hygiene, cooking/eating, etc.).

Section 3: Feeling of Career Preparedness (Before)

Answer Options: Always, Often, Sometimes, Infrequently, Never

1. Before quarantine, I felt as though I had a good understanding of the content that I had learned so far in nursing school.
2. Before quarantine, I was confident in my communication skills.
3. Before quarantine, I felt as though I would be able to get the job I desired within nursing.
4. Before quarantine, I was concerned that I would not get enough clinical experience to be prepared for my career as a nurse.
5. Before quarantine, I felt confident in my time management abilities and stamina.
6. Before quarantine, I felt confident in my critical thinking and problem-solving abilities.
7. Before quarantine, I felt anxious about my future as a nurse.
8. Before quarantine, I felt satisfied in my decision to become a nurse.

Section 4: Health Behaviors (Quarantine)

The questions in sections 4 and 5 are asking about your behaviors during the quarantine period. The phrase “during quarantine” refers to the period of time during which much of the activity in the country was shut down starting with March 2020 and carrying on through the fall of 2020.

Answer Options: Everyday, 5-6 times a week, 3-4 times a week, 1-2 times a week, Never

1. During quarantine, I exercised for at least 30 minutes.
2. During quarantine, I got at least 7 hours of sleep a night.
3. During quarantine, I ate at least 2 meals a day.
4. During quarantine, I ate well-balanced meals.
5. During quarantine, I engaged in social activities.
6. During quarantine, I took at least 30 minutes to relax.
7. During quarantine, I used tobacco products including vaping products or e-cigarettes.
8. During quarantine, I had an alcoholic beverage.
9. During quarantine, I had three or more alcoholic beverages in one sitting.
10. During quarantine, I used marijuana products.
11. During quarantine, I used nonprescription drugs other than marijuana.
12. During quarantine, I used prescription drugs not subscribed to me.
13. During quarantine, I experienced stress.
 - a. Please indicate which area(s) where you were experiencing stress. You may choose more than one:
 - i. Financial
 - ii. Childcare
 - iii. Personal Relationships
 - iv. Job-related
 - v. Academic
 - vi. Other specify: _____
14. During quarantine, I felt anxious.
15. During quarantine, I felt depressed.
16. During quarantine, I felt alone.
17. During quarantine, I felt overwhelmed.
18. During quarantine, I experienced panic attacks.
19. During quarantine, I experienced headaches.
20. During quarantine, I had difficulty focusing on school or studying.
21. During quarantine, I had difficulty completing activities of daily living (getting dressed, maintaining personal hygiene, cooking/eating, etc.).

Section 5: Feelings of Career Preparedness (Quarantine)

Answer Options: Always, Often, Sometimes, Infrequently, Never

1. During quarantine, I felt as though I had a good understanding of the content that I had learned so far in nursing school.
2. During quarantine, I was confident in my communication skills.
3. During quarantine, I felt as though I would be able to get the job I desired within nursing.

4. During quarantine, I was concerned that I would not get enough clinical experience to be prepared for my career as a nurse.
5. During quarantine, I felt confident in my time management abilities and stamina.
6. During quarantine, I felt confident in my critical thinking and problem-solving abilities.
7. During quarantine, I felt anxious about my future as a nurse.
8. During quarantine, I felt satisfied in my decision to become a nurse.

Section 6: Open-Ended Questions

Please comment on how the pandemic positively impacted your feelings of preparedness to become a nurse. If there was no positive impact, please leave this section blank.

Please comment on how the pandemic negatively impacted your feelings of preparedness to become a nurse. If there was no negative impact, please leave this section blank.