

# Student nurse perceptions of an innovative role to support clinical practices during a pandemic: A qualitative study

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## ARTICLE INFO

### Keywords:

Academic-practice partnership  
Pre-licensure students  
Nursing  
Student experience

## ABSTRACT

**Introduction:** During the COVID-19 pandemic, healthcare systems needed to quickly identify personnel to provide symptom screening and PPE observations. Through an established academic-practice partnership, pre-licensure nursing students were able to fill this new Patient Services Aid role. The purpose of this paper is to evaluate the students' experiences in this mutually beneficial innovative role.

**Methods:** Electronic surveys and qualitative focus groups were used to evaluate the students' experiences.

**Results:** A total of 34 students were employed at the health system as PSAs. Focus groups (n = 16) analysis showed that, while the role was not a substitute for academic clinical experiences, they did improve the students' confidence in the clinical setting and helped teach necessary non-technical skills. Students appreciated the ability to network with multiple disciplines while working as PSAs.

**Conclusions:** This role was developed to assist with immediate COVID-19 needs; however, this model of using pre-licensure students in non-clinical roles can improve students' non-technical skills and confidence in the clinical setting. The success of the activity was due to the strong relationships between the School of Nursing and health system. Other schools of nursing could benefit from developing collaborative partnerships with local healthcare systems.

## 1. Introduction

Academic practice partnerships are formal relationships between schools of nursing and academic health centers that can help to advance nursing practice and ensure the future workforce is prepared to lead change and advance health (American Association of Colleges of Nursing, 2020b). Collaborative relationships between academia and practice partners can provide a foundation for mutually beneficial initiatives that respond to each entity's needs. Recently, Reynolds et al. (2020) described several initiatives that a robust academic-practice partnership between a large academic health system and private nursing school implemented during the COVID-19 pandemic, including increasing the health system's workforce through hiring pre-licensure students (Reynolds et al., 2020).

In March 2020, once the World Health Organization declared COVID-19 to be a pandemic, the consequences for academic nursing were monumental (American Association of Colleges of Nursing, 2020a). Many healthcare organizations restricted health professions

learners from the clinical setting to preserve the limited supply of personal protective equipment (PPE) and decrease exposure to COVID-19 positive patients. This restriction presented challenges to health professions schools, as students were no longer able to have in-hospital clinical experiences. Due to these restrictions, many students noted high levels of anxiety, fearing that a lack of clinical experiences may negatively affect their future preparedness as nurses. Although many clinical experiences were able to be supplemented through virtual labs and simulations, which can improve clinical reasoning skills (Padilha et al., 2019), non-technical skills, such as communication skills between multiple disciplines, is lacking in the virtual world. As the academic setting was dealing with unanticipated issues during the pandemic, health systems also had numerous needs, including the need to develop a new clinical services support role to assist with PPE donning and doffing observations and symptom screening.

Due to these challenges, a mutually beneficial opportunity was identified within one academic-practice partnership between a large academic health system and school of nursing in the southeastern United

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<https://doi.org/10.1016/j.nedt.2021.104959>

Received 20 March 2021; Received in revised form 22 April 2021; Accepted 4 May 2021

Available online 14 May 2021

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States. Because of the previously established relationships within the partnership (Reynolds et al., 2020), leaders were able to quickly adapt to rapid changes and develop an innovative Patient Services Aide (PSA) role that pre-licensure nursing students were eligible to be hired into. This innovative role development was supported by the policy brief published by the American Organization of Nursing Leadership (AONL) that encouraged healthcare facilities to partner with nursing education program during the COVID-19 pandemic to meet both academic and workforce needs (American Organization of Nursing Leadership, 2021).

The PSA role was expedited in April 2020 by the health system. Responsibilities of this role included performing a variety of activities, most notably to provide symptom screening for patients, visitors, and employees, as well as provide PPE observations. For the symptom screening role, PSAs greeted patients, visitors, and employees at hospital and clinic entrances, asked scripted questions to screen for COVID-19 symptoms, measured temperatures, and ensured individuals correctly followed hospital-based requirements of hand hygiene and donning surgical masks upon entry to the hospital or clinic area. PSAs who served as PPE observers were deployed to inpatient respiratory care units to observe and ensure staff appropriately donned and doffed PPE needed for COVID-19 patients. This required astute observational and communication skills. For example, if a staff member was not appropriately doffing PPE upon exiting a patient room, the PSA was responsible for stopping them and providing directions for accurately doffing PPE.

Whereas the PSA role was developed to meet needs due to the COVID-19 pandemic, this type of role could potentially be created for other pandemics or to meet other urgent needs for health systems. As the PSA role was new for pre-licensure students, school of nursing faculty sought to evaluate how this clinical support role may have helped shape the students as future nurses. Therefore a mixed-methods study was undertaken to better understand how this type of PSA role helped pre-licensure students adjust with missing clinical experiences during the COVID-19 pandemic. The purpose of this project was to describe pre-licensure students' experiences with working in the PSA role during the COVID-19 pandemic.

## 2. Methods

This project was determined to meet quality improvement exemption by the Institutional Review Board. Using a mixed methods design, a weekly descriptive quantitative survey and study end qualitative descriptive focus groups were used. To promote reflection, pre-licensure students were sent a weekly Qualtrics™ survey via email for the first 6 weeks of employment as a PSA (May–July 2020). These surveys were voluntary and all responses were anonymous. Each survey asked the student to describe the types of activities they completed during their shift(s) that week, what worked well, suggestions for improvement for the role, and any other thoughts or feelings they had during their week at work. Lastly, students were asked to rate their (1) confidence in the clinical area and (2) confidence in communicating with physicians, nurses, and healthcare team members using a Likert-scale from 1 (not at all confident) to 10 (extremely confident). Confidence questions were derived from previous research that has used Likert-scales to measure confidence among health professions students (Cannity et al., 2021; Powers, 2020; Powers et al., 2020).

After approximately 8 weeks in the PSA role, students were invited to participate in a focus group (August–September 2020). These focus groups were led by a doctorally-prepared author (VH) with previous experience in conducting focus groups. During this project, this individual served in a leadership role within the school of nursing and did not have an active teaching role with the students. Participation was solicited by sending an email to students serving in the PSA role. Semi-structured questions were used to guide the discussion (Table 1). Based on a review of the literature, as well as expert opinion and content verification, questions for both the quantitative survey and qualitative focus groups were developed by the authors and tailored to meet the

**Table 1**

Semi-structured focus group questions.

1. Utilizing pre-licensure students as PSAs during the COVID-19 pandemic filled an essential need for the health system, and is a new process brought about because of these needs. Describe your experience as a pre-licensure student in a PSA role during this pandemic.
2. Please share your experience with the hiring and orientation process.
3. Share how this experience helped you adjust with missing clinical experiences in the pre-licensure program.
4. These unprecedented times can be very challenging, especially for health care workers. It is important that you take time each day to contribute to your own resiliency and mental health. During your experience, tell me about things/activities that you did to promote your own resiliency.
5. Do you have any specific examples of how the school of nursing and/or the health system supported you through this process for your resiliency?

needs of the study (Cervera-Gasch et al., 2020, p. 19; Zerwic et al., 2021).

As we were seeking to elicit student perceptions of their experiences in this role, it was determined a focus group design would yield a comprehensive discussion of their role and experiences (Breen, 2006). To enhance the trustworthiness of the data, the author (VH) presented tentative themes to the participants during the focus group for confirmation. Kidd and Parshall (2000) note that this type of member checking should be completed in real time during focus groups. Due to social distancing requirements, all focus groups were conducted via an electronic meeting platform (Zoom™) and lasted approximately 60 min. The electronic meeting was recorded and transcribed verbatim for qualitative analysis. NVivo 12 qualitative data software was used to organize the transcript data and develop themes (QRS International, 1999).

## 3. Findings

A total of 34 pre-licensure students enrolled in an accelerated, four-semester baccalaureate program were hired into the PSA role. Students ranged in experience from first semester students who had very little experience in the clinical setting, to fourth semester students prepared to graduate from the program. Between May and September 2020, students on average worked 248 h (approximately twenty 12-hour shifts) with a range of 35.5 to 720 h. Most students completed shifts as symptom screeners (80%) rather than PPE observers (20%).

### 3.1. Descriptive survey findings

Students were sent a Qualtrics™ survey each week for the first 6 weeks of their employment (May–July 2020). Narrative information included in the Qualtrics™ survey mirrored the findings from the focus groups. Over time, students' confidence in the clinical area and communicating with the healthcare team improved ( $M = 6.94$  to  $8$ ;  $M = 8.26$  to  $9$ , respectively); see Fig. 1. The first week, a total of 16 students (47%) responded to the survey; however, during the last 3 weeks, only 3–4 students (9–11%) completed the survey. With this low response rate, findings should be interpreted with caution.

### 3.2. Focus group findings

#### 3.2.1. Clinical experiences

A total of 14 students participated in 8 focus groups in August – September 2020. Overall, students felt serving in the PSA role was a very beneficial experience. Foremost was the positive reflection on the position, however many students noted it should *not* be a replacement for academic clinical experience:

*The [PSA] position was good but was not a good clinical replacement.*

*[Student 2]*

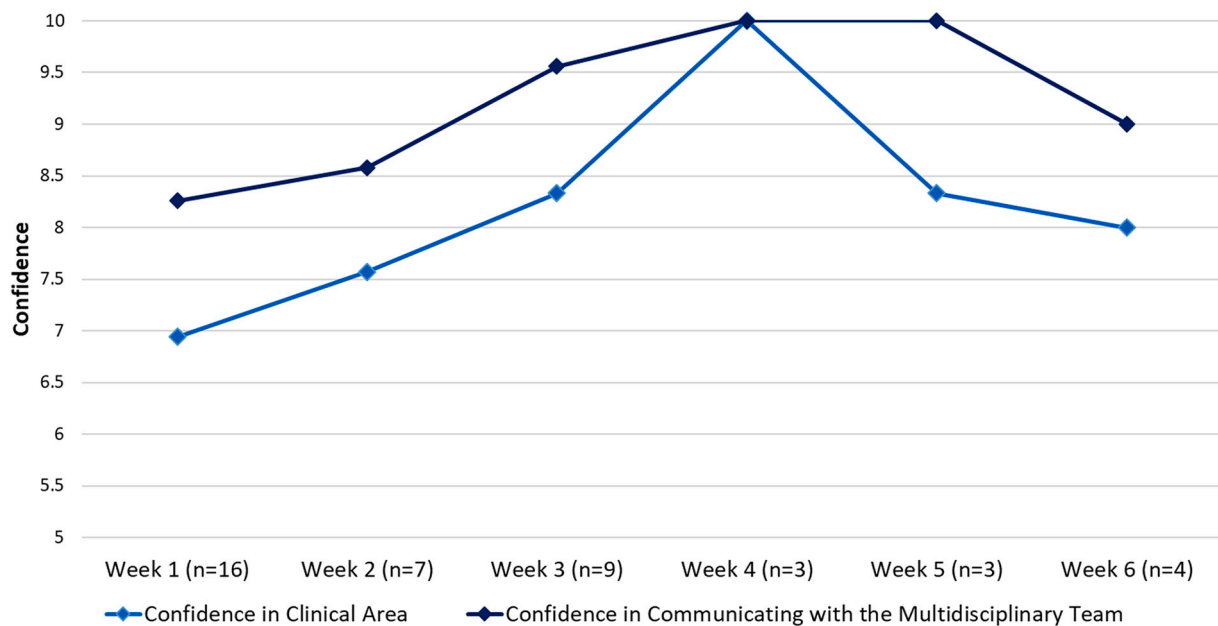


Fig. 1. PSA confidence over time.

However, students did find clinical benefit to the role. For example, students stated that the PSA role helped them experience what a 12-hour shift was like, they were able to learn how to wear a mask for a whole shift, and they learned clinical information by listening to provider rounds and nursing reports. One student stated:

*[The] PPE [observation] shifts were more of a clinical experience since it was in an ICU. I was never in an ICU before [during academic clinicals] so it was great to see IVs and lines and intubations. It was good to hear rounds from the docs. The people were helpful.*

[Student 1]

Also, as PPE observers, students felt helpful to the staff as they were able to aid nurses by answering phones, relaying orders and lab values, and they could “run and get things [supplies].” They valued the nurses’ expertise and willingness to discuss clinical experiences with them. One student shared their how they felt helpful being a symptom screener:

*Being a symptom screener, you see people as they’re coming in the door. People were walking in looking for the ED in an acute crisis, or they were suicidal, or came in from an MCA [motorcycle accident] - walking in the front door looking for help.*

[Student 5]

### 3.2.2. Non-technical skills

One major benefit of the PSA experience for students was their improvement in non-technical skills. These important skills included abilities in communication, teamwork, assertiveness, prioritization, socialization, and confidence.

*The PSA role didn’t help with hard skills but helped with soft skills. I was able to step into a leadership position and figure out when to call [the provider or nurse] and when to do things yourself. I learned how to better communicate, work as a team, and the benefits of respect and mutual support.*

[Student 4]

*There was lots of chaos on the floor so now I know what is important. My multi-tasking and prioritization skills have improved. I felt autonomous and more independent [in the PSA role] than in clinical.*

[Student 13]

*Some visitors would come in at night to see COVID or ICU patients who were near death. We needed to escort people to the rooms and this was a new and valuable skill to practice. Also, we got experience with dealing with patients when they were angry.*

[Student 12]

Further, students noted that these skills helped to improve their confidence as they returned to the clinical setting as a part of the pre-licensure program.

*When I first got back [to clinical] I was super nervous since I hadn’t been with a patient since March, but being in the hospital [in the PSA] role has helped with my communication skills by being in the environment. Not the [clinical] skills, but it has definitely helped my communication.*

[Student 11]

*This experience has helped so much. My SBAR is much better. Going back to clinical, I notice how much my communication has improved; I’m clear and concise with determining what is relevant to the patient’s care and current condition.*

[Student 14]

### 3.2.3. Networking opportunities

During their PSA experience, students valued the opportunity to network with other students, nurses, and healthcare workers. This experience can be used as they make decisions regarding employment after graduation. One student stated:

*Networking was great. I was able to talk with other nurses and CNAs [certified nursing assistants] about their experiences at [the health system] which was helpful. It has helped guide me with knowing what unit I want to work in.*

[Student 3]

*This was a great opportunity to network with so many other people. I was able to meet administrators and leaders, chief medical residents, nursing assistants, physicians, float pool nurses, very cool people to network with.*

*This will help me get a job in the future. Now I know the inside of working as a nurse at [this health system].*

[Student 10]

[Student 11]

### 3.2.4. Other benefits

Other benefits noted by students included the feeling of being able to “give back” to the hospital during their time of need. Also, being employed helped negate some of the immediate, negative financial impacts of the pandemic, especially as student had more time on their hands. One student noted:

*This [PSA role] was a good experience. Initially when things shut down, our inclination was to work and help. This was a great opportunity to assist the hospital, even though we weren't really on the front lines.*

[Student 9]

### 3.2.5. Support provided by school and health system

During the focus group, students were also asked to describe examples of how the school of nursing or the health system provided resiliency support throughout their PSA role. Students were very complimentary on the support provided by both entities, especially the emotional support provided by the faculty. One student noted:

*[The school of nursing] has been extremely, extremely supportive during the process. Faculty members are always reaching out to offer to talk if we have any questions or concerns. They are very empathetic towards our situation and have shared their personal cell phone information to contact them if we are stressed.*

[Student 3]

While working in the PSA role, the students appreciated the support from the health system, including support groups, food, opportunities to interact with others, and the ease with getting tested for COVID-19 if needed:

*When I first started the job, there were snacks and free lunches. We were encouraged to interact with others during those times. The opportunities were great.*

[Student 11]

### 3.2.6. Weaknesses of the program

When the PSA role was first developed, it was unclear exactly what the role would entail. Initially, the role was designed to be broad to be able to recruit individuals with multiple clinical skills (like a CNA role) in case this type of support was needed by the hospital. As such, students were required to complete competencies during orientation that they ended up not using.

*Originally I thought I would be working on a unit and connecting with others; however, I'm now just taking temps and asking screening questions. They should be clear about expectations.*

[Student 12]

Since starting, the job description for the PSA role changed over time to better align with the work. Students also noted that keeping up with Centers for Disease Control and Prevention COVID-19 recommendations was difficult, as changes occurred rapidly. They recommended that there be better communication to the symptom screeners and PPE observers about these changes.

*For screening shifts, make sure we know the updates before we go to work because things change so quickly. For some shifts, they [the changes] are printed out but this is not consistent; it's really helpful to have printed materials.*

## 4. Discussion

In the midst of the COVID-19 pandemic, academic institutions were faced with restrictions to clinical areas. Whereas hours that students worked in the PSA role did not count as academic clinical hours, it did provide students with an ability to be in the clinical setting and support the needs of the health system. The role was felt to be beneficial; however, as noted by many students, this type of role should not be a replacement for academic clinical experiences as they were unable to perform clinical skills. Most literature regarding pre-licensure students' academic clinical experiences during the COVID-19 pandemic has been related to moving from in-person clinicals to virtual or simulation-based experiences (Fogg et al., 2020). To our knowledge, this is the first study to report providing student experiences during the pandemic fulfilling necessary roles when healthcare facilities were overwhelmed with caring for patients with COVID-19. Our example provides a unique adaptation of AONL's proposal where pre-licensure nursing students were employed and worked in an appropriate role created for them that met the need of the health system and benefited the student (American Organization of Nursing Leadership, 2021).

Interestingly, students did note that this experience helped improve their non-technical skills in the clinical setting, which are imperative skills as healthcare professionals. As such, academic-practice partnerships may consider developing this type of role as a valuable supplemental experience for pre-licensure nursing students. (Reynolds et al., 2020) Kroning noted that non-technical skills, such as teamwork and communication, need to be taught early on in nursing school and further refined in the clinical setting (Kroning, 2015). Students were able to learn these skills through real-life experiences during their PSA role. Similar to medical students, our nursing students noted social isolation at the start of the COVID-19 pandemic (Chandratre, 2020). As found in the focus groups, the PSA role also allowed for a sense of socialization and connection for the students.

Students originally signed up to work at least 12 h a week over the course of 12 weeks. However, in August 2020 when students were able to return to clinicals, they were not able to devote as much time to the PSA role. With the success of the students in the PSA role, the health system was flexible and allowed students to sign up for as little as 4-hour shifts each week, making it more manageable for the students to remain as PSAs. This partnership has allowed students to continue with this experience throughout the rest of their pre-licensure program.

Students would not have been able to participate in this experience without the school of nursing's strong partnership with the health system. Indeed, the relationships built between the two entities from the formal academic-practice partnership helped foster and facilitate the development of the PSA role. This role was mutually beneficial as it provided students with the ability to be in the clinical setting and filled a need within the health system. Whereas many health systems and schools of nursing have created academic-practice partnerships that improve capabilities of registered nurses (RNs), there is a paucity of evidence on how these partnerships can impact pre-licensure students in academia outside of clinical placements (Barr et al., 2019; Davis et al., 2019; Peterson and Morris, 2019). Through academic-practice partnerships, Van and colleagues developed transition programs for unemployed new nurse graduates; they also found an increase in confidence of nurses after participating in the program (Van et al., 2015). Similarly, this PSA role adds to the body of knowledge on how academic-practice partnerships may be able to improve pre-licensure nursing students' confidence and non-technical skills in the clinical setting.

### 4.1. Limitations

Whereas this project provided valuable information on the students'

experience with this innovative role, there are some limitations. This project was conducted at one institution with a small sample of pre-licensure students. As such, this may limit the transferability of findings. Further, only those students with positive feedback may have felt comfortable with participating in focus groups.

## 5. Conclusion

Pre-licensure students were able to fill a unique role within the health system during the COVID-19 pandemic. Whereas this type of role was developed for COVID-19, this model of using pre-licensure students to fill non-clinical roles could be used outside of pandemics to help build students' non-technical skills while in the clinical environment. This paper describes students' experiences in this type of role that could help inform future non-clinical roles for pre-licensure students. Lastly, the success of this role hinged on the strong relationships between leaders within the academic-practice partnership. Moving forward, schools of nursing would benefit from collaborating and building strong partnerships with local hospitals and health systems.

## Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## CRediT authorship contribution statement

- **Valerie Howard:** conceptualization, data curation, formal analysis, investigator, methodology, writing – review and editing
- **Michelle Hartman:** formal analysis, resources, validation, writing – original draft
- **Deborah H. Allen:** conceptualization, formal analysis, methodology, project administration, software, writing – original draft
- **Staci Reynolds:** conceptualization, formal analysis, methodology, project administration, supervision, writing – original draft

## Declaration of competing interest

None.

## Acknowledgements

The authors wish to acknowledge the following individuals for their support and encouragement with this project: Sylvia Alston MSN, RN NEA-BC; Vanhphenh Kenmanivong MSN, RN, NEC; Pamela B. Edwards EdD, MSN, RN, NPD-BC, FABC, CNE, CENP; and Nikki Long, MBA.

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