

Older Adult Patients' Experiences of Being Care by Student Nurses during Clinical Practice in Hospital during COVID-19 Pandemic: A Qualitative Study

Winai Trainattawan (Corresponding author)

Boromarajonani College of Nursing Changwat Nonthaburi
Faculty of Nursing, Praboromarajchanok Institute, Thailand

E-mail: Trainattawan@gmail.com

Pramote Thangkratok,

Srisavarindhira Thai Red Cross Institute of Nursing, Thailand

E-mail: pramote.t@stin.ac.th

Pornnapa Chaiarsa

Boromarajonani College of Nursing Changwat Nonthaburi
Faculty of Nursing, Praboromarajchanok Institute, Thailand

E-mail: Pornnapa@bcnon.ac.th

Natthapan Phianthanyakam

Boromarajonani College of Nursing Changwat Nonthaburi
Faculty of Nursing, Praboromarajchanok Institute, Thailand

E-mail: Phianthanyakam@bcnon.ac.th, Phianthanyakam@gmail.com

Paradorn Yingyoud

Boromarajonani College of Nursing Changwat Nonthaburi
Faculty of Nursing, Praboromarajchanok Institute, Thailand

E-mail: Paradorn.ying@gmail.com

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Abstract

Older individuals face a higher risk of severe COVID-19 illness, necessitating special healthcare consideration. While nursing students are vital in bolstering healthcare teams during the pandemic, there remains limited understanding of their impact on older patients.

This study aimed to describe elderly patients' experiences with nursing students during hospital clinical practice. A qualitative study interviewed ten older adult patients who received care from student nurses for at least two days between December 2022 and February 2023 in Nonthaburi, Thailand. Data were gathered through in-depth interviews.

The research uncovered two key themes: first, the significance of providing compassionate care, boosting patients' mental well-being, and enhancing self-confidence; second, the focus on nursing students' practical learning and identifying readiness gaps.

The study emphasizes integrating compassionate care, mental healing, and self-confidence enhancement into nursing school curricula to foster positive patient relationships and high-quality care. It also suggests addressing readiness deficiencies, like decision-making and nursing proficiency, through enhanced hands-on training, including simulations during the COVID-19 pandemic.

Keywords: Older adult patients, Student nurses, Clinical practice, Experiences, COVID-19

1. Introduction

The global population is rapidly aging, with Thailand and many other countries experiencing significant increases in elderly citizens. This demographic shift is causing many countries to transition into aging societies, with significant implications for healthcare systems and providers. As the body and cognitive functions deteriorate, the elderly population is particularly susceptible to chronic diseases and other health risks (Yong-Bing & Liu, 2015). While the COVID-19 pandemic has profoundly impacted healthcare systems in Thailand and globally (Bliźniewska-Kowalska et al., 2021), placing immense strain on hospitals and healthcare professionals. The rapid spread of the virus and the severity of its impact, particularly on vulnerable populations, have necessitated swift adaptations in healthcare delivery.

Older adults have been identified as a high-risk group for COVID-19, with increased susceptibility to severe illness and complications (Jordan et al., 2020). Hospitalization of older adult patients during the pandemic requires special attention to their unique healthcare needs, including physical, emotional, and psychosocial support. While nursing students have played a pivotal role in supporting healthcare teams during this crisis (Vázquez-Calatayud et al., 2022). Their involvement in clinical practice provides valuable learning opportunities

while augmenting the healthcare workforce. However, the experiences and impact of their care on older adult patients during the pandemic remain largely unexplored.

Clinical practice training is emphasized as a crucial aspect of nursing education program management in every country worldwide, highlighting the importance of practical experience in developing nursing skills (Lofmark & Thorell-Ekstrand, 2004). Instructors assign their responsibility for supervising and caring for patients to provide nursing students with the management and clinical practice experience they need to become competent healthcare professionals. These instructors, who are registered nurses trained in clinical teaching, are responsible for managing patient care assignments, conducting group meetings, delivering theoretical instruction, and providing tutoring and guidance on practical nursing skills. Through these personalized learning experiences, nursing students can gain the confidence and proficiency needed to excel in their future roles as professional nurses. Effective communication and building positive relationships with patients are essential skills that all nursing students must develop as part of their education.

Understanding this population's unique challenges and needs is crucial for providing practical care and support (Ginggeaw & Prasertsri, 2016), and crucial for several reasons. Firstly, it can provide comprehensive nursing education incorporating practical skills training in diverse settings, including clinical practice with patients, simulated environments, and real-world work contexts (Jamshidi et al., 2016). Furthermore, the situation constantly evolves, making managing effectively even more demanding (Baraz et al., 2003). Additionally, ensuring that nursing students are prepared to deliver high-quality patient care is imperative that nursing education programs prioritize integrating classroom knowledge, theoretical concepts, scientific principles, artistic expression, and practical nursing skills (Oliver et al., 2011), helping nursing students to develop emotional resilience and confidence in their clinical practice (Mukumbang & Adejumo, 2014), and preparing them to be influential and confident professional nurses. These include developing critical thinking skills, fostering cooperation and effective communication, honing problem-solving abilities, and cultivating leadership skills that can be applied in various situations.

However, the global community is currently grappling with the COVID-19 pandemic, which necessitates prioritizing control, containment, and exploration efforts in global health (Canet-Vélez et al., 2021). Consequently, the World Health Organization (WHO) has declared COVID-19 a Public Health Emergency of International Concern (PHEIC). PHEICs consistently have a negative impact on various population groups, including healthcare services and professionals, particularly nurses and nursing students. In Thailand, the effect of this pandemic on the future nursing profession is evident, as clinical practice placements have been suspended, and all face-to-face sessions terminated following the declaration of a state of emergency. In a prior study by Nielsen et al. (2021) focusing on the experiences of older patients during hospitalization amid the COVID-19 pandemic, it was noteworthy that these patients expressed feelings of isolation and a lack of contact with their close relatives or caregivers. The pandemic instilled fear and anxiety among hospitalized patients, leading to strained relationships with both family members and some healthcare personnel. This

transition from being perceived as an individual to being solely identified as a patient resulted in a loss of dignity, autonomy, and a diminished sense of self.

Moreover, many hospitals and healthcare facilities where nursing students gain clinical experience do not offer structured coaching or clinical training programs. This lack of support can lead to negative perceptions among patients, who may question the competence and expertise of nursing students. To address these concerns, nursing educators and healthcare organizations need to develop formal training programs that provide nursing students with the skills and knowledge they need to succeed as healthcare professionals. Exhibiting unprofessional behavior or lacking interpersonal skills can significantly diminish trust in nursing students. Patients and healthcare providers alike expect professionalism and effective communication from healthcare professionals, and any behavior that falls short of these expectations can create doubts about a nursing student's ability to provide quality care. (Mukumbang & Adejumo, 2014) Despite the importance of understanding the patient experience of care nursing students provide, more comprehensive research on this topic needs to be conducted. While some studies have focused on the clinical practice experience of nursing students, there is a critical need for more research that prioritizes patient perceptions and feelings. With a deeper understanding of the patient experience, it is easier to develop effective learning management and clinical practice experiences that thoroughly prepare nursing students for their roles as healthcare providers.

Therefore, by examining the experiences of older adult patients in Thailand and the impact of Thai student nurses' care in this context, we can contribute to the knowledge surrounding effective and person-centered healthcare delivery during a global health crisis. This research has implications for healthcare policy, education, and the overall well-being of older adult patients, aiming to improve the quality of care and support provided during future pandemics or similar healthcare emergencies. This study aimed to describe the experiences of elderly patients receiving care from nursing students during clinical practice in a hospital setting.

2. Method

2.1 Study Design

An exploratory descriptive qualitative (EDQ) study was conducted. The consolidated criteria for reporting qualitative research, COREQ (Tong et al., 2007), were followed in the planning and execution of this study to ensure methodological integrity. The purpose of this study was to describe the experiences of elderly patients receiving care from nursing students during clinical practice in a hospital setting. EDQ is an appropriate method of choice because it can identify a deficit of knowledge of a particular issue of interest (Hunter et al., 2019). A descriptive phenomenological approach was employed. All participants were informed to participate in the study at any time.

2.2 Participants

The study sample comprised elderly patients who received care from second-year students enrolled in the Bachelor of Nursing Science Program at Boromarajonani College of Nursing, Changwat Nonthaburi, during the academic year 2022 as part of their clinical practice in the

Adult Nursing Practice Course. Key informants were purposively selected, consisting of eight individuals (Stewart & Shamdasani, 1990), or until data saturation was achieved, from the elderly ward at Phranangklaio Hospital from December 2022 to February 2023. The inclusion criteria were defined as follows: 1) having at least two days of experience in receiving care from second-year nursing students in a medical or surgical ward; 2) passing the brain function screening using the Thai Mental State Examination (TMSE); 3) being hospitalized for more than two days; 4) being able to communicate and understand the Thai language; and 5) being voluntary and willing to participate in the research.

2.3 Data Collection

Data were collected from December 2022 to February 2023 using semi-structured in-depth interviews. Interviews ceased when data saturation was achieved (Polit & Beck, 2021). The researcher obtained approval for data collection from the Director of the hospital. After receiving permission, the researcher met with the head of the Internal Medicine and Surgery Ward to discuss the research details and request permission to collect data. The researcher collected the data by seeking assistance from the nurse coordinator to identify the sample group within the ward's responsibility for the research project. If the sample group was interested in participating in the project, the nurse coordinator introduced the sample group who came to the service to the researcher. All eligible participants agreed to participate, signed the consent forms, and remind of the study until the end of the study period.

The research team was female, and the male had a registered nurse qualification which three research experts (PT, NP, and PY) in qualitative studies for over five years. The interview was conducted by a field researcher (WT) and one research assistants (PC). In addition, WT, and PC were trained and supervised by another prepared qualitative research by PT and NP throughout the interview process.

Trust and rapport were established with participants. Trust was built by using non-judgmental interaction, avoiding questions and expressions that suggest disapproval, using positive body language, expressing a genuine and respectful interest in what participants were saying, and attempting to understand all participant's perspectives (Renjith, Yesodharan, Noronha, Ladd, & George, 2021). The researcher also built rapport with all participants by providing a detailed description of the study and informing participants that they were free to stop participating at any time without any effect on their access to healthcare services and that they could refuse to answer the questions that might make them feel uncomfortable, In addition, they were offered an opportunity to stop the interview if the distressed feelings occurred and were provided resources such as counseling if needed (Green & Thorogood, 2014).

2.4 Data Analysis

The data analysis process in this study was conducted in conjunction with data collection. After each interview, the researchers transcribed the interview verbatim into a written transcript. The accuracy of the data was verified by listening to the audio recordings while checking the transcripts for any errors. The data obtained from the transcripts were then

analyzed. The researchers read the transcripts several times to understand the information. The researcher extracted essential sentences or phrases related to the experiences of elderly patients receiving care from nursing students during clinical practice in a hospital setting. The researcher used a multi-colored pen to underline the vital text and placed a curly mark to separate it. The separated text or sentences were then categorized and their meanings defined. The researcher grouped the separated sentences or texts with similar meanings into categories to form main themes and sub-themes under the same meaning as the main category. The data were then reviewed, analyzed, and categorized again. The researcher considered all the analysis results and explained the phenomenon by providing a detailed description for consistency and continuity between the sentences. The main points and sub-issues were identified, and a chart was created to present the information obtained. The chart was organized according to the main points and sub-points discovered to provide a precise visual analysis of the data and effectively communicate the research results.

2.5 Trustworthiness

To ensure rigor, we followed the principles of credibility, transferability, dependability, and confirmability, as outlined by Lincoln and Guba (Alexander, 2019). To strengthen the credibility of our analyses, we conducted direct interviews with some participants and examined the context, personal prejudices, judgments, content, and analytical processes to maintain neutrality. These measures aimed to increase consistency. To ensure transferability, we provided a comprehensive description with detailed explanations of the environmental context, the cultural background of the interview contents, and the circumstances of the study participants. To secure research dependability, two nursing professors with experience in qualitative research methods and numerous related research achievements repeatedly provided advice and reviews. To enhance the confirmability of the findings, we included multiple investigators for independent coding and categorization of the data, maintained an audit trail, and compared interview transcripts with the original audio recordings to ensure accuracy. We commissioned a professional translation company, editage, for the initial translation of this study. We established the reliability and validity of the properties identified during these steps by consulting two gerontology nursing researchers with expertise in qualitative research.

3. Ethical Approval

The institutional review board of the researchers' affiliated university approved this study with approval number: COE 63/002, and the institutional review board of the researchers' affiliated hospital approved number: EC13/2563. The sample group has the right to accept or refuse participation in this research without impacting their treatment. The information obtained will be kept confidential and presented as a whole without any reference to individuals. It will only be used for academic purposes, and the data will be destroyed immediately after completing the research report.

4. Results

4.1 Sample Characteristics

Of the 10 participants, 6 were females (60.00%). The mean age was 65.6 years old. Most participants (40%) graduated with bachelor's degrees. All participants (100%) are Buddhist, and 40% got marriage status.

4.2 Older Adult Patients' Experiences of Being Care by Student Nurses during clinical Practice in Hospital

After thematic analysis, the researchers determined the essence (theme) of the structure of the phenomenon, resulting in two themes, which consist of (1) Patient experience and care and (2) Nursing students' learning and development. The summary of the two themes and sub-themes:

Theme 1: Patient Experience and Care

The first theme that emerged from the data analysis was patient experience and care of elderly patients regarding the care received from nursing students during clinical practice in a hospital setting. This theme encompassed several subthemes, including providing compassionate care, healing the mind, and improving self-confidence.

Providing compassionate care: Elderly patients consistently reported positive experiences of nursing students demonstrating compassionate care. Participants appreciated the students' empathy, kindness, and sensitivity towards their needs. Some participants mentioned about service mind, "*Clear and respectful communication can help avoid misunderstandings and promote positive interactions.*"; "*Do not look sullen. Try to smile instead.*", as well as some said about caring, "*They provide excellent care to the patient and communicate effectively with them.*"; "*They are attentive to the patient's needs and communicate in a compassionate and professional manner.*". A participant felt facilitated, "*Make sure to take good care of everything. What else needs to be done? He lends a hand here and there.*"

Healing the mind: Another aspect highlighted by the elderly patients was the positive impact of nursing students' care on their psychological well-being. A participant described instances were engaging with the students during their clinical practice contributed to a sense of enjoyment, "*He came to talk to us, but we wanted to be left alone to enjoy our time.*". while another patient felt comfort during hospitalization, "*Even when we are feeling 100% sick, having 80% of our health left can still make us happy and feel like we are getting better.*".

Improving self-confidence: The presence and involvement of nursing students during the care of elderly patients also positively affected their self-confidence. Patients felt that they would be helped immediately by nursing students, "*In an emergency situation, it's critical to get help right away.*". Participants mentioned that interactions with the students made them feel heartwarming: "*I feel like he takes good care of us because he has a warm heart.*"; "*He takes good care of us with his warm he makes me feel grateful.*". This newfound confidence positively influenced their overall perception of the care received and facilitated a sense of agency in their healthcare journey.

Theme 2: Nursing Students' Learning and Development

The second theme that emerged from the data analysis reflected the nursing students' learning and development regarding the involvement of student nurses in their care during the COVID-19 pandemic. It includes the sub-themes related to practical learning opportunities for students and any deficiencies or challenges in their readiness to provide care.

Facilitating practical learning for students: Nursing students' involvement in the care of elderly patients was perceived positively by both the patients and the students themselves. Participants acknowledged that their engagement with the students provided a valuable opportunity for practical learning, like being a teacher for students, *"We provide valuable practical experience for him to study with. Without us, he would only focus on academics and miss out on important hands-on learning."*

Readiness deficiency: Some elderly patients reported encountering challenges when nursing students demonstrated deficiencies in their readiness to provide care. Participants highlighted instances where students appeared unsure, lacked confidence, or lacked the knowledge and skills to address their healthcare needs effectively. Patients expressed concerns about potential adverse effects on their health outcomes, *"Sometimes he became confused and would seek advice from senior colleagues, feeling the need to inform the nurse promptly in order to avoid delays. In such situations, he lacked the confidence to make a decision."* and emphasized the importance of students being adequately prepared before engaging in direct patient care, *"Despite his desire to do it, he appeared to lack the ability to accomplish the task."* Some participants are still concerned about students' confidence even the students' necessary knowledge and skill have been shown, *"That doesn't necessarily mean he isn't. He might be excited or experiencing other emotions."*; *"Although he is capable of performing the task, at times he lacks the necessary confidence."*

5. Discussion

The research findings revealed the experiences of older adult patients receiving care from student nurses in two main themes. These themes are consistent with the findings of Mukumbang and Adejumo (2014), who found that patients had positive and negative perceptions.

Older adult patients experience receiving care from student nurses, including compassionate care, promoting healing of the mind, and improving patients' self-confidence. These are consistent with a research study by Mukumbang and Adejumo (2014), which found that patients had positive feelings toward nursing students and accepted their care. Patients also acknowledged the practice of nursing students, supporting them and being willing to help. Nursing students were seen as having skills and abilities in nursing roles.

The nursing students' learning and development of older adult patients receiving care from student nurses focused on facilitating practical learning for students and deficiencies in their readiness, including decision-making abilities, self-confidence, and proficiency in nursing practice. The findings are consistent with the research findings of Mukumbang and Adejumo (2014), which identified that nursing students were perceived to lack specific skills and

abilities to perform nursing procedures or activities and display unprofessional behavior and a lack of interpersonal relationship skills, which led to a need for more trust in nursing students among patients.

In the current study, we explored the experiences of older adult patients being cared for by student nurses during clinical practice in hospitals amid the COVID-19 pandemic. These findings align with previous research conducted by Wangperm, Pholkrathok, and Khakhuen (2022) and McCloskey et al. (2020), which also reported positive outcomes related to geriatric care. Specifically, these studies found that such care engenders positive emotions among students, including a sense of pride and satisfaction from bringing happiness and smiles to older adults. It also enhances their confidence and comfort in their nursing practice.

Conversely, the study revealed that students often lack adequate preparation before commencing their nursing practice. This deficiency extends to their confidence in their knowledge, competence, and interview skills. Consequently, these shortcomings lead to elevated anxiety, stress, and fear among the students.

Additionally, nursing schools need to address the deficiencies in readiness identified in the study, such as decision-making abilities, self-confidence, and proficiency in nursing practice. To achieve this, schools can provide more hands-on training and clinical experience through simulation, especially during the COVID-19 pandemic.

6. Conclusion

Nursing schools should prioritize incorporating critical elements into their curriculum, such as providing compassionate care, promoting mental healing, and boosting patients' self-confidence. This would empower nursing students to establish positive relationships with older adult patients, ultimately guaranteeing a higher quality of care. We recommend offering more comprehensive training to student nurses on how to care for the older population, potentially in separate units. This way, our older adults can soon enjoy an improved quality of life. Additionally, better orienting student nurses to older adult patients during clinical practice will also make these patients more receptive to them and enhance the relationship between the young and old.

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Authors Contributions

Winai Trainattawan and Pramote Thangkratok were responsible for study conceptualization, design, and data collection. Natthapan Phianthanyakam was responsible for data analysis. WT, PT, and NP drafted the manuscript. Pornnapa Chairarsa and Paradorn Yingyoud revised it. All authors reviewed the results and approved the final manuscript.

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Competing Interests

Not applicable.

Informed Consent

Obtained.

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The Publication Ethics Committee of the Macrothink Institute.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data Sharing Statement

No additional data are available.

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