

**Exploring the experiences of international nursing students, studying in South Australia, during the COVID-19 pandemic, through the process of co-creating a podcast.
An Artefact-Exegesis.**

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DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed...*Susan Timpani*.....

Date...10th April 2024.....

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ABSTRACT

Background: International nursing students faced challenges during the COVID-19 pandemic which extended beyond their study and clinical placement. Nursing research has previously identified the difficulties that international nursing students experience not only in education, but also within their personal and social lives. The disruption caused by the pandemic highlighted the connection between educational and personal-social needs and provided an opportunity to explore students' challenges from a wholistic perspective.

Objective: This research aimed to discover knowledge which could lead to a more supportive educational experience for international nursing students and to prevent or manage complex needs in the event of future healthcare and other disasters.

Design: Participants included six international nursing students studying a Bachelor of Nursing in one South Australian university, during the COVID-19 pandemic, between 2020 and 2023. Students came from different countries and were in different year levels of their degree. The podcast series is a result of edited recorded interviews identifying common themes. The podcast provides the examinable artefact for the PhD, along with an exegesis.

Methods: Consistent with the methodology of narrative inquiry, data consisted of field notes of conversations, observations, researcher reflections and transcripts from audio recordings. A set of data was collected from each participant. Three methods of analysis were applied to each data set. First, the participant's narrative was reconstructed using Connolly and Clandinin's (1990) three dimensions of temporality, sociality, and place. Second, the reconstructed story retained verbatim dialogue, which was analysed using McCormack's lenses (2000a; 2000b). Third, data was examined using Gilligan's concept of 'Voice' in understanding story (Gilligan, 1982; 2003; 2015). Participants reviewed their own edits until they felt satisfied that a final podcast script reflected their true experience. Each podcast episode was recorded and edited for quality design, and suitable length.

Results: Along with sudden unemployment, students' temporary migrant status prohibited them from government support, leading to acute poverty. High rates of COVID-19 in home countries contributed to further loss of financial support as well as anxiety about loved ones. Most of the participants were of Asian descent and experienced Asian-related racism. University closure during lockdown contributed to social isolation and poor mental health. Online learning required significant adjustment. International nursing students also

experienced the same hardships many nurses and domestic nursing students experienced working during the COVID-19 pandemic.

Conclusion: The *Closed Borders* podcast not only describes pandemic related trauma, but it also highlights issues international nursing students face during their ordinary educational experience. Leaders in nursing education must reconsider their role and responsibility in addressing international nursing students' needs, and view these from a wholistic perspective. There is scope for the nursing faculty to take more responsibility and work in partnership with student leaders, and traditional student services to provide more nuanced support. Policy development can address emergency preparedness, food and housing needs, revisit approaches to racism and improve mental health and well-being. Education of teaching staff, clinical facilitators and clinical placement leaders will ensure this knowledge flows into classrooms and clinical placements.

PREFACE

My first memory of COVID-19 was TV footage of an empty city of Wuhan in China. Workers in protective gear sprayed roads with poison to ward off a coronavirus. When the virus spread beyond China, I felt scared for my son, working in Japan. It took a lot of persuasion for him to come home. My eldest daughter, an international student in her final year, decided to remain in the UK. My concern for her safety stayed with me as I conducted research with international nursing students in Australia. As the coronavirus spread to Italy and then to the US, I watched footage of intensive care nurses, working under chaotic conditions. I wondered how I would cope. I work as a nurse academic. I felt as if I were on the 'periphery' of the 'action' and wondered about returning to clinical nursing. Along with many other Registered Nurses, the South Australian Government sent me an email inviting us to be on the COVID emergency register. Numerous factors worked against me returning to hospital-based nursing. I experienced a certain level of grief and frustration, knowing that hospitals may need more nurses, and I could offer little.

My academic role includes clinical facilitation. I visit nursing students during their clinical placements. It took me a little while to realise that visiting students in hospital placements put me right where I was most skilled. I had to draw myself back from the virtual world created by media to the actual world experienced by the students. I had to focus less on what I couldn't do and do what I was paid to do. It may seem obvious, but students were not talking about COVID-19. The virus at that time had made a minor impact on Australia. Our discussions continued as usual, focusing on their clinical skill development. Until one day, one of my students, Chen, told me his father had recently passed away, in Wuhan, China.

Along with Chen, my group of nursing students were all international. For the next six weeks of placement the focus of our time together changed. I met with Chen and the other students in the hospital garden. This became a safe place for us to talk about their experiences of COVID-19. Gradually their stories emerged. They worried about families back home. Their families worried about them. Students worried about catching COVID-19 far from home. Financial troubles brewed as families lost work. Students returned to the ward following this time of deep sharing. From my observation, the ward nurses had little knowledge of students' experiences. Without Chen sharing his story I too was likely to remain ignorant.

In February 2020, I finished my master's in clinical education. My research did not specifically focus on international students. However, it did highlight that international nursing students' challenges had changed little over decades (Timpani et al., 2022). I could see that the pandemic had accelerated students' difficulties. I wondered if research undertaken during the pandemic could uncover why their needs never seemed to disappear. When my 'wondering' extended into a research question, I felt clear about one aspect of the research design. I wanted participants to tell their own story with their own voice. Voice is a powerful tool to draw an audience into the speaker's inner experience (Gilligan, 2003). A contemporary medium to listen to voices is the podcast. As a podcast buff, I knew that producers carefully craft and edit their work to produce high quality podcasts. To ensure the podcast retains the speaker's 'truth,' I supposed the storyteller must be involved in the process. The collaborative production of a podcast script provided multiple opportunities for students to tell and retell their stories. It is this process of telling and retelling, living, and reliving, and not the story itself, that contains knowledge (Clandinin & Connelly, 2000). Connelly and Clandinin's (1990) approach to narrative inquiry facilitated the gathering of evidence as students' experiences unfolded. The artefact-exegesis approach to a PhD aimed to center the participants' voice within the research.

Glossary

Artefact-Exegesis PhD: An artefact-exegesis PhD consists of an object created by the researcher, accompanied by a body of academic writing. The object, or artefact, in this research is a podcast series.

Coda: The coda is the tail end of a story, or a piece of music. It falls outside the main story, connecting its meaning or relevance to everyday life.

Corona (CO) Virus (VI) Disease-19 (COVID-19) is the illness caused by an infection from Severe Acute Respiratory Syndrome (SARS) coronavirus (CoV-2). The number 2 indicates that it was the second time a coronavirus had emerged. The first occurred between 2002-2004, and the second in 2019. SARS-CoV-2 became known as COVID-19. The general community sometimes abbreviate the term to COVID.

International students: Students who study outside their country of origin, hold a time-limited visit subject to standardized terms and conditions'

Podcast: the term is derived from the modern mode of communication, the 'iPod' and the older mode of broadcast (Tulley, 2011).

Student Visa: International students in Australia hold a Subclass 500 Student Visa. Australian visas prescribe limitations unique to their Subclass. Student Visa limitations include factors such as work limitations and study conditions. Student Visa limitations varied during and post COVID.

Temporary Migrant: A person staying in a country for a limited time with a specific purpose

Undergraduate: students studying their first program of study leading to a degree

Voice: Voice with a capital V is metaphorical for expressions of intimate meaning through sounds and not limited to words.

Wholistic: The combination of individual needs or experiences which are addressed together and not one by one.

Thesis Structure

Artefact-exegesis

This PhD is presented as an artifact-exegesis. This form of PhD is innovative, and at times controversial. The structure of an exegesis challenges traditional norms as much as undertaking a PhD in this mode (Arnold, 2005). According to Hockey and Allen-Collinson (2005), 'students embarking upon the practice-based doctorate find themselves in many ways undertaking pioneering work' (p.77). A PhD undertaken as an artefact-exegesis has developed over the past two decades. Undertaking this mode of Doctorate has become popular in the arts, humanities, and social sciences. This is not yet the case in nursing. It is possible that other nurses have undertaken their PhD as an artefact-exegesis, but I have not located any. Without the opportunity to critically reflect on a nursing precedent, the question of exegesis structure has been challenging.

Narrative Research

Structuring a thesis which explores peoples' experiences can also be challenging. Narrative research relies on story and storytelling as a central source of data. Narrative researchers Clandinin and Connolly (2000) state, 'how can our research conversations become focused on the measurement of [participants] responses?' Stories told in one place and time change when told in a different context. The structure of a narrative thesis must facilitate this shift of data across time, place, and social change. Data collection is not linear, and its management may not appear methodical. Clandinin and Connolly (2000) have developed a methodology to work with stories as research. The structure of this PhD draws upon the methodology of narrative inquiry as described in 'Narrative Inquiry – Experience and Story in Qualitative Research' (Clandinin & Connolly, 2000).

This thesis is structured to accommodate the nuances and challenges inherent in undertaking a narrative driven artefact-exegesis PhD. It begins with a Preface and a Glossary. It is then separated into three parts: the Background, the Artefact, and the Discussion. Each part contains chapters with titles which indicate themes. Headings and subheadings guide the process of moving through the chapter. The thesis finishes with a Coda, Conclusion and Recommendations.

The Podcast Artefact

The Closed Borders podcast can be accessed through external links, as stated in Part Two.

Research Statement

This PhD explores the experiences of international nursing students, studying in South Australia, during the COVID-19 pandemic. The meaning of participants' experiences is located in the co-creative process, the production, and the final product of the *Closed Borders* podcast.

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PART ONE - BACKGROUND

CHAPTER 1 INTERNATIONAL NURSING STUDENTS AND COVID-19

Study Focus

This research addresses two topics. First, international nursing students studying in South Australia. Second, and more specifically, during the COVID-19 pandemic. While one topic cannot be examined without the other, it is worth separating them initially to introduce the research discussion.

COVID-19

Corona (CO) Virus (VI) Disease-19 (COVID-19) is the illness caused by an infection from Severe Acute Respiratory Syndrome (SARS) coronavirus (CoV-2). The number 2 indicates that it was the second time a similar coronavirus had emerged. The first occurred between 2002-2004 (Masood et al., 2020), and the second in 2019. COVID-19 is an abbreviation of the term SARS-CoV-2. The general community have simplified it further, to COVID. This PhD research is undertaken in collaboration with participants' who mostly use the term COVID. This exegesis moves between the terms COVID-19 and COVID for the sake of narrative flow.

COVID-19 emerged in Wuhan, in the Hubei province of the People's Republic of China, towards the end of 2019. A natural reservoir host for SARS related viruses has been linked to a species of bats (Zhou P, et al., 2020). SARS-CoV-2 is highly contagious. Early research approximated that one infected person may lead to six subsequent confirmed cases (Yan et al., 2020). The most common symptoms are fever, cough, expectoration, fatigue, and dyspnoea (Zhou F, et al., 2020). The severity of symptoms is mostly, although not always, related to underlying health conditions such as Chronic Obstructive Airways Disease, Hypertension, Diabetes and Coronary Artery Disease. These are the patients mostly likely to require ventilation (Gholami et al., 2021). Within a few weeks, SARS-CoV-2 had spread beyond Wuhan, into other regions in China, and subsequently to other countries. A rapidly spreading virus, thousands (and eventually millions) of people became infected, often resulting in illness or death. In response to the global virus spread, on January 29th, 2020 the World Health Organization (WHO) declared a 'public health

emergency of international concern'. The Director-General, Ghebreyesus, officially announced,

I am declaring a public health emergency of international concern over the global outbreak of novel coronavirus...Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it (WHO, 2020a).

Despite the efforts of health and research experts, COVID-19 continued to spread. On March 11th, 2020, the WHO declared a pandemic (WHO, 2020b). The global figures on March 11th, 2020 reported 118 319 confirmed (4620 new in the previous 24 hours) infections and 4292 deaths (280 new in the previous 24 hours), involving 114 countries (WHO, 2020c). Like all viruses, SARS-CoV-2 evolved into different strains. While some variants have had minimal impact on public health, others have caused significant health concerns (CDC, 2022). Following intensive research, the WHO listed the first vaccine on December, 31st 2020 (WHO, 2020d). The combination of vaccine development and evidence-based management has resulted in a decline from the initial emergency in 2020. In May, 2023, the WHO declared the 'public health emergency of international concern' over (WHO, 2023a). However, the WHO still considers COVID-19 a pandemic (as of October, 2023). According to the WHO's daily COVID-19 dashboard, 'Globally, as of 2:09pm CEST, 12 October 2023, there have been 771,191,203 confirmed cases of COVID-19, including 6,961,014 deaths, reported to WHO...2,846 new cases in the last 7 days' (WHO, 2023b). The impact of COVID-19 on every facet of our global society is unfathomable, it continues today, and will be longstanding. Although we occupy a minute pocket of global space, the participants' and my own experiences of COVID-19 do matter. The experiences of international nursing students studying in South Australia during COVID-19 influenced, and were influenced by, events in their home countries. In turn, those experiences impacted their journey of becoming Registered Nurses in South Australia. The concept of temporality affirms that what we learn from these students now is critical and relevant to our future international nursing students.

International Nursing Students

Nursing Research

Nurses have suffered physically and mentally throughout the pandemic. In the first year alone, the International Council of Nurses (ICN) received notification of at least 3,000 nurses who had lost their lives (ICN, 2020). The ICN anticipate that nurses, and other healthcare workers, will experience ongoing difficulties such as long-COVID, Post-Traumatic Stress Disorder (PTSD) and burnout (ICN, 2020). International nursing students studying in South Australia also experienced trauma during the pandemic. Trauma impacted their physical, social-emotional, and educational wellbeing. Much of their hardship was preventable. Issues faced by international nursing students during COVID-19 highlighted needs that were already, and remain, present. If unaddressed there is no reason to expect their situation to improve. Research into the pandemic experiences of international students in other tertiary degrees, is gradually growing. A healthcare emergency, international *nursing* students faced additional challenges (Eden et al., (2021). To date there is minimal research into the unique experiences of international nursing students during COVID-19, either within Australia, or in other countries. Apart from demonstrating human care, there are several reasons why the nursing profession should care about the experiences of international nursing students.

Workforce Capacity

According to the ICN (2020), the nursing profession has never faced such a serious global shortfall of nurses in the workforce. The nursing profession needs to recruit, educate, and retain students if nurses are to meet the healthcare needs of the world's people (WHO, 2020e). Before the COVID-19 pandemic, the ICN (2020), estimated that there would be a global shortfall of 10.6 million nurses by 2030. The ICN (2020) predict the net loss to increase to 13 million, due to 'a mass traumatisation of the nursing workforce' (ICN, 2020 p.2). It is important to note that a current trend in the movement of nurses away from their home countries is a critical issue for the global nursing workforce. Globally, one in eight nurses are working in a country in which they were not born or trained (WHO, 2021 p.47). Their migration is not unique to any one country. A growing depletion of nurses and aspiring nurses from low-income countries to high-income countries is evident and is likely to continue. The ICN estimates that the shortfall of nurses within low to medium income

countries, could reach 89% (ICN, 2020). Countries such as Australia demonstrate an over reliance on international nurses to fill a rapidly declining workforce (WHO, 2010). The ICN (2020) and the WHO (2020e), consider the depletion of nurses from one country to satisfy shortages in another as unethical. It is essential that the Australian nursing profession contribute to discussions and implement strategies on ethical nurse migration. While important conversations are in progress at the level of nursing leadership, most Australian nurses will continue to work directly with migrant students. For the purpose of this research, the impact of international nursing students moving into Australia is the issue of relevance.

Factors within countries of origin may include poor and inequitable pay, impoverished working conditions or lack of professional scope or respect. Countries such as Australia offer better working conditions, and internationally recognized qualifications. Individuals earn more money. Migrants often provide financial support to their families back home (WHO, 2021). These push and pull factors contribute to the current trend in nurse mobility. Consequently, international nursing students are no longer at the periphery of nursing courses in Australia. Incoming international nursing students make up a significant component of the nursing cohort. They are central to our educational and healthcare institutions and will continue to be so for the near future. For international nursing students to succeed under our care, nurses must have appropriate knowledge about students' needs. The declining nursing workforce is reliant on the successful graduation and registration of students as nurses. Moreover, nursing is not only in need of new recruits, but also of retaining those who do Register. Feeling cared for during their educational experience is likely to influence international nursing students' decision to remain within the nursing workforce.

Nursing – a Caring Profession

Nurses do not work in a silo. According to the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards of Practice (2016) (NMBA, 2016), nurses work in relationships with nursing colleagues and/or other health care professionals. As with all nursing standards, nursing students learn from qualified nurses. Professional relationships are described by the NMBA with terms such as, 'collegial, generosity, trust, and respect' (NMBA, 2016 p.1-2). They are also guided by the Registered Nurse Accreditation Standards (Australian Nursing and Midwifery Accreditation Council, 2019 (ANMAC, 2019), the Code of Conduct for Nurses, 2018 (NMBA, 2018) and the International Council of Nurses (ICN) Code of Ethics for Nurses 2021 (ICN, 2021). Nursing standards and policies

also offer safety for nurses, such as the COVID-19 guidance for nurses and midwives (NMBA, 2020).

An impetus for caring for nursing students exists because nursing standards guide our practice.. Additionally, there are nursing theorists who consider that nursing combines the philosophy of art, science, and virtue (Watson, 2012; Beate & Frode, 2020). Watson's theory of care has underpinned much of nursing education and practice since the 1970's. Watson (2012) describes caring science as the 'philosophical-ethical-epistemic-ontological disciplinary foundation to sustain nursing ...' (p.87). Watson recently reaffirmed this theory when urging nurses to care for nursing students during the COVID-19 pandemic (Christopher et al., 2020).

Nurse Education

Western universities began to accept international nursing students in the 1990's. It became immediately clear to nursing faculty that students had additional needs. Issues identified in the literature have changed little over the past twenty-five years. Carty et al., (1998) recognised that different countries have different teaching styles. They recommended that universities develop culturally sensitive teaching methods. A decade later, in 2008, Wang et al., recommended that nursing should develop teaching methods which address sociocultural needs, learning challenges and language development. In 2011, Jeong et al., stated that students' concerns included English language competence, limited opportunities for learning, and inadequate university support.

Cultural and educational needs also extend into clinical placement (Ryan et al., 1998). Mikkonen et al., (2016) recommended additional education in culture for clinical staff, and language support for students on clinical placement. According to Zhong et al., (2017), students on placement faced discrimination from peers, clinical staff, and patients. Students experienced communication challenges. Where English is not the students' first language, communication challenges are inevitable. However, it is important to note that the level of English expected of students has grown steadily over time (Australian Government Department of Home Affairs, 2024). In the contemporary era, commencing studies are assumed to be able to communicate in English at a proficient level. They undertake an international standardized test and must achieve a score established by the Australian Government. In addition, before nursing and midwifery students can Register, they must meet the standard established by the NMBA, 'Registration standard: English language skills' (NMBA, 2019).

Experiences of international nursing students cannot be confined to either clinical or academic. Nor can they be considered student related or non-student related. Humans are dynamic and experience cannot be neatly categorized. What occurs in one part of life impacts all others. This is an essential concept for nursing to grasp so that support strategies are wholistic. Wang et al., (2008) stated that in addition to study needs, students faced issues related to 'race, religion, language, customs, traditions, and social behavioural... discrimination... feeling unwelcome, unfriendly class peers, and social isolation' (p. 147-148). In Wang et al., (2008) few nursing recommendations were suggested, only that 'overseas student advisers played an important role' (p.148).

Edgecombe et al., (2012) expressed frustration at the continued focus in the literature on the relationship between learning concerns and student's language 'problems'. They undertook a literature review to identify other potential issues. Their review (2007-2012) identified, 'isolation, loneliness, discrimination, stereotyping, communication, pedagogical, cultural, and social disjunctions' (p.141). They suggested further research into 'institution-wide policies on cultural awareness, anti-discrimination, inclusivity, and equal opportunity' (Edgecombe et al., 2012 p. 141). These are important recommendations for the educational institution. However, this study occurred over one decade ago. If the nursing profession has implemented such strategies, minimal evidence of evaluation exists in the literature. In a more recent (pre-COVID) study, Eden et al., (2021) again explored the learning experiences of international nursing and midwifery students in Australia.

Their literature review, (2011-2021) identified similar needs to older studies; a need for increased language support, peer support programs, culturally safe socialisation, and specially educated support staff (Eden et al., 2021 p.7). Between completing and publishing their study, Eden et al., (2021) acknowledged the emergence of COVID-19. Accordingly, they noted that issues identified in their study had escalated. In particular, international nursing and midwifery students faced difficulties which extended beyond their learning. Eden et al., (2021) recommended that future research should explore the impact of the global pandemic on international nursing and midwifery students in Australia. This PhD research aims to extend the study of the experiences of international nursing students into and beyond the COVID era.

The significance of this PhD research

This research began at the junction of the emergence of COVID-19 and my personal awakening to the impact of the pandemic on international nursing students. COVID-19 has caused such a rupture, that students' needs of daily life cannot be ignored. This research begins with examining students' fundamental needs to survive. In reviewing twenty-five years of literature on the needs of international nursing students the main focus appears to be on their education (Refer to Chapter 8). It is understandable that leaders within the nursing education sector are concerned about educational needs. Yet despite the research, most studies highlight the same issues. COVID-19 provides the opportunity to shift the focus of the research. In this study, individual international nursing students identify their pandemic experiences. While educational needs are evident, they are not the students' primary focus.

Students describe their emerging needs while learning to become Registered Nurses during the COVID-19 pandemic. This is a collaborative research project. As students share their pandemic experiences, pieces of the puzzle that make up their educational journey emerge. COVID-19 provides a new opportunity to examine long-term issues from a unique perspective. New knowledge aims to shift the narrative of international students who come to Australia to study nursing.

CHAPTER 2 AIMS AND GOALS

Research Aim

To explore the experiences of undergraduate international nursing students studying in South Australia during the COVID-19 pandemic through the process of preparing and producing a podcast series.

Research Goals

1. To investigate the experiences of international nursing students during the COVID-19 pandemic by and through the creative process and final production of a podcast series.
2. To illuminate knowledge arising from students' experiences and contained within the podcast artefact.
3. To identify personal, social, cultural, and learning challenges specific to the status and experience of international nursing students during COVID- 19.
4. To expand nursing knowledge and understanding of students' experiences to inform nursing practice.
5. To prevent and/or manage the needs of international nursing students in the event of further healthcare and other disasters.

CHAPTER 3 AUTOBIOGRAPHICAL NARRATIVE

Introduction

Personal study focus

The philosophy and methodology of narrative inquiry used in this PhD, is based on the work of Connelly and Clandinin (1990). In their 2000 publication, they urge narrative inquirers to begin their research with their personal story (Clandinin & Connelly, 2000). Without doing so, they run the risk of discounting the value of their own experience to the research. The autobiography told at the beginning of the inquiry identifies what ‘fuels the passion... an important element in the long-term work of narrative inquiry’ (Clandinin & Caine 2012, p.174). Clandinin urges us not to stay outside the research, considering ourselves an observer or “merely the recorder ... unless I am willing to do this autobiographical narrative inquiry, I can’t possibly understand someone else’s story ... if I look into the complexities of my own story I am more awake to the complexities in another’s life” (Clandinin, in McKenna, 2017, audio). Without including a personal story, narrative inquirers run the risk of discounting the value of their own experience to the research (Clandinin, 2016).

I am an intermittent diarist, and in times of crises I tend to scribe whatever comes my way. This was the case in those early months of 2020. My entries have frozen my early COVID experience. My diary recorded what was both ‘everyday’ and ‘private’ at the time. My intent was simply to record the disruption that COVID caused to my own inner and outer world. According to Cardell (2019), in making these personal diary entries public, they expose my sense of self. They reveal the deep connection between my ‘personal self’ and my ‘nursing self.’ They provide insight into the impetus for undertaking this research. According to Holmes (1995), personal stories demonstrate the process of disruption, contestation, and eventual reconciliation to one’s identity [as a nurse during COVID]. My search for professional meaning during the initial period of COVID lay within, and not beyond, my day-to-day life. My personal diary entries are presented here as my autobiographical narrative.

My COVID-19 diary

March 1st 2020

Susan: I set out in my car towards the hospital. The main road is eerily quiet. It was 2 p.m. on a weekday but felt like 2 am. Australia's national lockdown has begun. The 'Stay at Home' campaign has succeeded. As a nurse I am considered an 'essential worker.' I would be waved on if a police car should pull me over. I met my new group of nursing students who started this morning. Normally I stroll through the entrance and find my way to the ward. I wear a University ID badge, but I have never been asked to show it. Today, everything was different. As I walked towards the front entrance, I saw a queue snaking around the corner. People stood silently on chalked crosses marked 1.5 meters apart. Joining the end of the queue I decided I would have to add a further hour (unpaid) to my visits to get through this process. At the entrance a nurse, (with a security guard!), asked a series of questions.

"Have you been overseas in the past 14 days?"

"Have you been in contact with someone who has tested positive for the coronavirus?"

"Have you experienced flu like symptoms in the past 14 days?"

"What is the purpose of coming to the hospital today?"

I showed my ID badge to clarify I semi-worked there (too hard to explain what and where). After squirting alcohol gel into my hands, I entered.

Behind me others were asked, "Are you here to see someone?"

If the person had arrived for a medical appointment the nurse found the printed list of outpatient appointments on the handheld clip board to verify. If the person had come to visit a patient, patient details were located on a different list.

Only one person is allowed per patient, so the person was either denied or allowed access.

I eyed the lift, noted the large group of people waiting and a 'four people maximum' sign and decided on the stairs. I have four students. All nervous. New students are

always nervous, but after going through that screening on their first day they were pretty shell shocked.

March 31st 2020

I'm in and out of hospitals across metropolitan Adelaide making sure nursing students are progressing in their clinical studies. These students are facing very different challenges than I generally see. I have students from overseas. China, Iran, Philippians, India. They are worried about their families. They go home each night and talk to them on facetime. Sometimes the families beg the student to quit nursing, to keep away from the hospital. The students try to comfort them explaining it's not like that here in Adelaide. At the moment at least. Usually, it's the families encouraging the students as they struggle with homesickness. What can I do or say? Refer them to the Uni counsellor?! But that's only a phone service anyway. Just listen. And keep 1.5 meters away.

April 2nd 2020

I received an email today from the Australian Nurses and Midwifery Board. I am already a Registered Nurse, and my name has now been added to the temporary COVID list as a Registered Midwife. The email read "we are going to re-register nurses, midwives ...etc. who left the Register etc., in the past three years...etc., our records indicate that you are one of these practitioners. You will be added to a temporary pandemic sub- register for up to 12 months. This will make you available to practice and help respond to this unprecedented health crisis, but only if you choose to and are fit to do so." OK, I'm already a Registered Nurse but I haven't worked as a midwife for years! Sure, I've been working in 'peri-natal,' but I haven't delivered a baby for who knows how long. I guess delivering a baby never changes...

April 10th 2020

Another email: SA Health are recruiting nurses who do not work for the Government to go on an emergency on-call list. So, my name is on there as well. I don't think I feel

confident to work on a ward!

April 25th 2020

Australian and New Zealand Army Corps (ANZAC) Day

I stand at the top of my driveway in the dawn, holding a lit candle.

Tiny lights flicker, up, down and across the street, revealing the silhouettes of neighbours. It's the pandemic and public gatherings are forbidden. Segregated safely between our front yards, we honour our war heroes. An elderly couple two doors down set up a pair of kerosene lamps on their front wall and settle into camping chairs.

They fiddle with a radio until the dawn service from Canberra pierces the silence. On full volume, we listen as one. I wonder who they remember. I remember my Grandpa, and other family members who died in 1941. My thoughts turn to the nurses who have died in this current war. For that is what they call the battle against COVID. A war against a virus spreading across almost every country of the world. Each of these nurses have a name, a family, and once, a career. They are not 'front line heroes' the news keeps calling them. They don't need hand claps when they go to and from work. OMG which nurses signed up to die? They died because there was no PPE!

We will look back and wonder how we ever allowed this to happen. Nurses and doctors, orderlies and cleaners and all the other hospital staff should never have had to die. And are still dying. This morning it is these that I remember.

4th May 2020

Today I received a Facebook invite to participate in a pre-recorded candlelight vigil for nursing colleagues around the world who have lost their lives while nursing #COVID19 patients. The vigil will be streamed live at 7pm, May 12 on International Nurses Day. 2020 has been announced as the International Year of the Nurse and Midwife. Who would have thought that we would mourn for nurses who have lost their life while working, in this first part of the year?

6th May 2020

I sat with Chen today to go over his clinical goals. He told me his father had died. 6 weeks ago!! He has said nothing. He couldn't go to his funeral. The student is from China. His father died in Wuhan. I'm gutted. For him of course, but for me; the impact of the pandemic is right under my nose, and I didn't see it.

8th May 2020

I've tried to get Chen moved from the palliative care ward where his placement is. Most days someone dies. Students get experience 'laying out' patients. Chen told me he had managed to avoid every one of these. He has a friend from China there who says he doesn't mind doing this task for him. But still, Chen told me it's the relatives that are the most upsetting. Only one person at a time can go in to see the patient. People don't understand. There is wailing and begging in the corridor: "please, I want to be with her when she dies; we all do." Chen told me he had to say goodbye to his dad on face time.

9th May 2020

The Uni and the hospital have been kind but can't help. There's just nowhere else for Chen to go. A lot of students have been removed from placements in hospitals or aged care where centres want to minimise people going in and out. He can leave but he will have to complete the whole placement later in the year. Chen decided to stay. The NUM [nurse unit manager] said he would be 'cared' for and given patients who would were less likely to die soon.

11th May 2020

Now that Chen has opened up, I'm 'hearing' the other students. How are they managing their emotions working in palliative care? It's tough - dying, death and handling a corpse. Some of them are going home and talk to no one. Their soul mates and families have their own challenges, in countries where COVID-19 is going crazy. No kind touch, no "I'll do dinner tonight."

My diary entries demonstrate an evolving conviction that international nursing students faced unique challenges. In the chaos of clinical placement and disruption to educational processes, their needs were often invisible. According to Chen et al., (2020a), international students were one of the minority groups overlooked during the pandemic. Reading and re-reading my diary entries makes me return repeatedly to those early experiences. Each time I revisit my diary, I relive my experience. I also become aware of something different within my entries. As time passed so too did the pandemic. I revisit the diary with new knowledge. In 2023, if I were to rewrite or retell my experiences of early 2020, I would probably remember something else. I imagined that research into the experiences of international nursing students would hold the same variables. If I were to consider undertaking research into their experiences, I would be asking them to revisit their earlier, and possible painful events. According to Clandinin and Connelly (2000), research into experience requires attentiveness to stories told and retold. Like me, students' perspective on their experience would fluctuate. If I could find a way not only to manage these variants, but to harness them, students' autobiographies might contain new knowledge. My decision to undertake this PhD research was born.

CHAPTER 4 METHODS

Introduction

The artefact in this artefact-exegesis PhD is a podcast series. Each episode is the result of many hours of interview recordings and edits. The research design incorporates a structure to ensure the artefact and the exegesis communicate with each other. The Methods chapter describes the process of creating the podcast. It then describes the methods applied to ensure the research was methodical, ethical, accountable, and valid.

***Closed Borders* podcast**

The voice of the participant is central to this research design. There are eight podcast episodes. Each of the six participants have their own episode. The series begins and ends with a Prologue and Epilogue. The production of each episode is the result of data collected from multiple recorded interviews and other field data. This required approximately nine to twelve months of participant contact. I worked with more than one participant at a time, according to a schedule convenient to them. Contact occurred via email, video call or face-to-face. At times pandemic restrictions influenced the mode or place of contact. I conducted face-to-face interviews in the final podcast episode recording. These took place in varying locations.

I conducted preliminary interviews using a handheld ZOOM 5 voice recorder. For the final recording, the State Library of South Australia lent us high quality equipment, used in oral history projects. I edited audio recordings with ADOBE AUDITION. The final production required technology support to undertake professional cleaning and the addition of sound effects. An external company transcribed the audio recording. A confidential agreement and conditions for deletion of audio (Appendix 1) and written data (Appendix 2) is in place.

***Closed Borders* website**

Part Two of this exegesis describes how to access the *Closed Borders* podcast and website. The website provides instructions and links to access the podcasts. Episode transcripts are available on the website.

Ethics and Ethical Relationships

The HREC approved the Ethics application on July 6th, 2021. (Approval number: 2560) (Appendix 2). During the recruitment process I excluded any applicant who were my current students. I also considered the potential for participants to be future students. This exclusion aimed to avoid the risk of power imbalance which naturally occurs in the role of teacher-student, and thus prevented the risk of potential coercion. The agreed maximum number of potential participants was between three and seven. The low number reduced the likelihood of teaching participants in future topics. Additionally, the nature of my casual academic status ensured that the number and name of topics in which I teach are self-selected. After selecting participants, it was also possible to learn the trajectory of students' proposed studies. This meant I had the choice to avoid teaching those topics. In addition, casual academics only have contact with students from their allocated classes. The list of allocated students is available a number of weeks before classes begin. Recognizing a participant in the class beforehand meant adjustments could be negotiated with the faculty.

An exception to knowing a student was made for past students. The likelihood of a past student recognizing my name in recruitment fliers was high. According to Clandinin and Connolly (2000), an ethical relationship is based on trust between researcher and participant. A student interested in participating in research with a known researcher indicates some level of trust. Even so, the process acknowledged that a student-teacher relationship is professional, and different from narrative researcher and participant. The nature of the classroom relationship is unlikely to have facilitated deep knowledge of the students' experiences. This point was discussed with the Ethics Committee, and ultimately approved.

When collaborating with people, ethical research should also extend beyond the requirements of the university's Ethics requirements. It is essential that relationships are responsible and ethical. Inevitably a relationship develops between the researcher and the participant (s). The extent of communication required in a collaborative inquiry requires commitment to negotiation and re-negotiation of the relationship (Clandinin and Connolly, 2000). The methodology in this research requires participant-researcher collaboration. Ethical relationships acknowledge, respect, and demonstrate acceptance of the inevitable variants in the depth and extent of communication during the collaborative process.

Research Location

The State of South Australia

Each Australian State experienced different levels of exposure to COVID-19. While there were common Australian Federal Government initiatives to manage outbreaks, State Governments developed their own response. Positioning this research in my home State, South Australia, acknowledged the impact of COVID-19 unique to each State. It also acknowledged the physical limitations of collecting real time data across State borders, subject to closures throughout the pandemic.

University site

This research was conducted in one of three South Australian nursing faculties. Employed in the two largest faculties, I observed that responses to international nursing students were similar in both. Additionally, the “Stay at home” campaign during intermittent COVID-19 outbreaks made it simpler to limit bookings and cancellations of interviews to one venue.

Eligibility Criteria

International students enrolled in a Bachelor of Nursing at one nominated University, in any year level, studying onshore in South Australia from 2020 onwards.

Recruitment method

I created a publicity flier (Appendix 4) and placed these in prominent locations within the College of Nursing and Health Sciences. I sent emails to moderators of appropriate student social media groups, such as year level student representatives. I spoke to the International Student Services representative who advised me to email the information to leaders of cultural and religious groups with a request to circulate.

Sample size

Narrative inquiry explores the lived experiences of individuals and can uncover deeply personal meanings. To manage the depth of data, sample size is often low, and participants may be involved for a number of years. According to Creswell et al., (2007), in comparison to other qualitative methodologies, narrative research is often small, and conducted with one or more individuals. Leading narrative inquirers such as Clandinin, demonstrate this approach. In a recent study, Clandinin conducted research with three counsellor trainees students from a Canadian doctoral program in Counselling over a two-

year period (Dayal et al., 2021). Oloo (year unstated) examined the experiences of four foreign certified teachers' professional experiences in rural Saskatchewan schools. Lin (2020) explored the life of one male, self-identified queer teacher from Northwest Europe.

Consent

As per instructions, the standardised Human Research Ethics Committee (HREC) form required minor adjustments to individualise the requirements of this project. The HREC approved the application on July 6th, 2021. (Approval number: 2560) (Appendix 2). When potential participants emailed their interest, I emailed a 'Participant Information and Consent Package' (Appendix 5). The Package advised interested persons not to sign the Consent form until we met in person. In this way, I could explain the project to ensure informed consent. At the first meeting we discussed the research requirements and participants signed the consent form. The participant received a paper copy. The electronic version is filed within the University secure 'cloud' system.

Field Texts as Data

In narrative inquiry, data is referred to as field texts. In this research, examples of field texts include written or recorded field notes, recorded interviews and their transcripts, and collaborative reviews of podcast drafts. The researcher records the process of working in partnership with individual participants in the field notes. When the time comes to reflect on the artefact and present those reflections academically, the field notes are essential. The collection of field texts during the process of creating the artefact is also evidence of rigor and accountability. Without field texts, the researcher has no means to discuss the process which leads to research conclusions (Scrivener, 2000). The process of collaboratively collecting, interpreting, and analysing field texts is central to co-creating the podcast. Field text management underpins the process of working with the artefact. Discussion of the process of creating the artefact is described 'in the context of discussing the process, rather than separate from it' (Scrivener 2000). I have selected to follow Clandinin and Connolly's (2000) lead 'by "showing" rather than telling what narrative inquirers do [with field texts]' (p. 20). Clandinin and Connolly (2000) describe their process of working with field texts as they begin their exegesis of their 'Bay Street School' research (p.64). Discussion on methods to manage field texts in this PhD occurs in Chapter 8, where the process of co-creating the podcast is presented. The research process, findings, discussion, and conclusions are located throughout Part Three.

Participant profile

Six undergraduate nursing students participated in this PhD research. They were recruited from one university in South Australia. They came from diverse countries. Aida from Thailand, Liana from China, Lisa from Korea, Aurianne from the Philippines, Tony from China, and Cat from Brazil. As individuals with individual experiences, they did not represent those countries. Initial contact occurred between late 2020 or during 2021, and the final podcast recording occurred in 2022 or 2023. Five participants maintained their commitment until the completion of their podcast recording. The sixth participant, Aurianne, did not attend her podcast recording. For personal reasons she did not want to continue. However, we had worked together for some months, and we had made draft audio recordings. Aurianne granted permission for the draft recording to be used in lieu of a final podcast recording.

Artefact: *Closed Borders* Podcast

The artefact component of this PhD, the *Closed Borders* Podcast, can be accessed in Part Two of the exegesis. The method of creating the artefact is briefly described here but expanded in Part Three of the exegesis. There are eight podcast episodes. Each of the six participants have their own episode. The series begins and ends with a Prologue and Epilogue. The production of each episode is the result of data collected from multiple recorded interviews and other field data. This required approximately nine to twelve months of participant contact. I worked with more than one participant at a time, according to a schedule convenient to them. Contact occurred via email, video call or face-to-face. At times pandemic restrictions influenced the mode or place of contact. I conducted face-to-face interviews in the final podcast episode recording. These took place in varying locations. I conducted preliminary interviews using a handheld ZOOM 5 voice recorder. For the final recording, the State Library of South Australia lent us high quality equipment, used in oral history projects. I edited audio recordings with ADOBE AUDITION. The final production required technology support to undertake professional cleaning and the addition of sound effects. An external company transcribed the audio recording. A confidential agreement and conditions for deletion of audio (Appendix 1) and written data (Appendix 2) is in place.

Closed Borders website

The website provides instructions and links to access the podcasts. The website includes the podcast episode transcripts. The voice of the participant is central to this research design. Transcripts are critical field texts. Excerpts from the transcripts are accessed throughout Part Three of the exegesis and contribute significantly to the Discussion.

Confidentiality and Privacy

Names are pseudonyms, selected by the students. Stock photos appear next to students' transcripts (iStock, 2023). These aim to assist us to visualise each speaker as a unique individual. They are not true photos of the participants. An excerpt from participants' podcast introduction appears below, along with a stock photo. Reading their introductions and viewing their facie at this point provides an opportunity to 'meet' the individuals early in the research. I commenced collaborating with participants once Ethics had been approved, in July, 2021. Although I had not worked with participants from the beginning of the pandemic in 2020, their experiences had been so intense that their memories were acute, and emotions raw.

Participants Introduce Themselves

My name is Aida

and I came from Thailand, and I have lived in Australia since 2017. I joined nursing in 2020 to be able to help people a little bit more than I can.

Hello, my name's Liana

and I come from China. I'm the last year Bachelor of Nursing Student at the University.

My name is Aurianne

and I am from the Philippines. I already did an undergrad of nursing in the Philippines. And I'm currently studying bachelor's in nursing as well here in Adelaide. And my family is in the Philippines.

Hi, I'm Lisa

and I come from Korea. I came to South Australia to study nursing degree...I was very excited to come here for my study. And my whole family is back in Korea. I'm the only one here alone, by myself.

Hi, I'm Cat

and I was born in Brazil and grew up there. Always had my family, growing up, around me. So, I always had lots of cousins, my mum, grandparents, and uncles with me...Couldn't have done without their support.

I'm Tony

and I come from China I came to Australia in 2018...So, I started my nursing degree in 2019...

CHAPTER 5 METHODOLOGY OF NARRATIVE INQUIRY

Introduction

An artefact-exegesis is considered by some as a distinct methodology of research (Arnold, 2005). This PhD has also used the methodology of narrative inquiry, as understood by Clandinin and Connelly (1990). According to Clandinin (2020), narrative inquiry is 'both a view of, and a methodology for, studying experience (p.211). Presenting one aspect of narrative inquiry without the other negates the relationship between both. However, for the sake of presenting the theory of narrative inquiry, and its location within the wider narrative research genre, the focus here is on the theory of methodology. The methods in which narrative inquiry explores experience can be viewed in Part Three when the process and production of the artefact is discussed.

The Narrative Turn

In the mid twentieth century, philosophers, and literary theorists, such as Todorov (1969), proposed positioning the study of narrative outside the boundary of literary studies. Since then, researchers from diverse disciplines have turned towards the study of narrative to explore questions about people and their world. This uptake of narrative in research is often referred to as the "narrative turn" (Holloway, 2007; Mitchell, 1981). The narrative turn is expressed differently within and across research traditions and professions. Narrative research can be seen in the fields of nursing (Schwind et al., 2015) medicine (Charon, 2006), education (Connelly & Clandinin, 1990), linguistics (Labov & Waletzky, 1966), psychology (Lieblich et al., 1998), (Polkinghorne, 1988) anthropology, (Bateson & Rieber, 1989), (Geertz, 2002), humanities (Spence, 1982) and psychotherapy (Coles, 1989). Philosophies influencing the approach to narrative research have included formalism, structural linguistics, post structuralism and a series of theories grounded in feminism, post-colonial, and cultural theory (Kindt & Müller, 2003). The diversity of theories could not neatly categorise one approach to narrative research over another. Theoretical approaches to narrative can be contradictory.

There are formalist considerations of narrative but also dialogical and phenomenological ones; there are Aristotelian approaches as well as tropological or deconstructive ones; there are cognitivist and constructivist accounts, historical, sociological, and anthropological views, feminist takes, queer speculations, post-colonial interrogations, and corporeal explorations (Prince, 2008 p.117).

According to Dwyer et al., (2016), contemporary narrative researchers owe their foundations to early theorists who led the shift from formalistic to interpretative approaches when researching human experience. Narrative theorists include, among others, Dewey (1938), Labov & Waletzky (1966), Bruner (1987), Mishler (1986), Polkinghorne (1988), Ricoeur (1988) and Sarbin (1986). Contemporary researchers such as Connelly and Clandinin (1990), Lieblich et al., (1998), Josselson (1996) and Polanyi (1989) base their methodologies on the theories developed by these early narrative philosophers. Building on philosophy, contemporary narrative researchers outline 'the principles, methods, approaches and processes of conducting narrative research' (Dwyer et al., 2016 p. 2). The research methodology in this PhD is based on the work of Connelly and Clandinin (1990). Their work is based on the Deweyan theory of experience, which they uphold as the 'conceptual, imaginative backdrop' to their practice of narrative inquiry' (Dewey, 1938 p.2).

Narrative Inquiry Conceptual Framework

According to Clandinin and Connelly (2000), narrative inquiry is both a theory of the phenomena of people's experience, and a methodology to understand experience. There are three ontological concepts which make up narrative inquiry. They are like a set of hoops which interconnect and together provide boundaries and guidelines for narrative inquiry. These are the epistemology of experience as knowledge (Caine et al., 2022; Dewey, 1938), the context of temporality, sociality, and place in methodology (Caine et al., 2022; Clandinin & Connelly, 2000) and the ontological commitment to relational research (Clandinin & Rosiek, 2020).

Experience as Knowledge

In narrative inquiry, Clandinin and Connelly (2000) do not consider stories as objects for analysis. It's not possible to separate the life story of the storyteller from their individual stories. To understand story is to understand the storyteller. When a person lives, tells, and retells their story, their experience is positioned across time, social circumstances, and place. They revisit their feelings and the wholeness of the story emerges (Clandinin et al., 2015). People can tell stories, but knowledge lies in the retelling. In narrative inquiry, the story no longer matters. Thinking only about stories risks knowing the story but not the experience of the knower. Connelly and Clandinin's (1990) understanding of experience as knowledge build on Dewey's (1938) theory of experience in education. According to Dewey, (1938), the connection between time and interaction makes up an experience. The concepts of continuity and interaction cannot be separated, 'they intercept and unite. They are...[the] longitudinal and lateral aspects of an experience' (Dewey, 1938 p. 44).

Knowledge lies in the researcher and the participant's unfolding experience of the research experience (Caine et al., 2013). Connelly and Clandinin (1990) present Dewey's theory using a three-dimensional metaphor of temporality, sociality, and place. The three-dimensional framework provides narrative inquirers with directions in which to explore experiences. It drives the methodology of narrative inquiry and provides a framework to develop understanding and knowledge.

Temporality, Sociality, and Place

The dimension of temporality recognises the influence of the passing of time on experiences. Dewey (1938) tells us that we do not live in a vacuum. What happened in the past influences what happens in the present, and what happens in the past and the present influences the future. The dimension of sociality positions experiences within the larger cultural, social, familial, and institutional narratives (Clandinin & Connelly, 2000). The dimension of place acknowledges that the environment in which an experience is lived and told is relevant to understanding experience.

Caine et al., (2013) summarises the three-dimensional framework as 'the intimate study of an individual's experience over time and in context(s) (p. 267). In this PhD, knowledge emerged in the process of co-creating the participant's episode. The participant and I prepared the episode over many months. Opportunities were inbuilt for the telling and retelling of stories. Conducted between 2020 and 2023, the process of preparing the podcast unfolded within the context of the COVID pandemic. Sloan (2020) describes research undertaken during a disaster, such as COVID, as 'mid- crisis research'. Research conducted in 'real time' follows participants' lives as they experience various stages of the crisis. Conducting research in the middle of the pandemic helped me to explore their 'authentic ...lived experience...in all its varied and complex displays ...and more fully represent the ways in which events were experienced' (Sloan, 2020 p.199-200). In narrative inquiry, such unpredictable and interpersonal research calls for ethical responsibilities.

Relational Research

In narrative inquiry the participant-researcher relationship is dynamic. An ethical relationship requires constant negotiation and renegotiation (Clandinin & Connelly, 2000). Some conversations flow easily, others are like navigating obstacles in the dark. An ethical relationship demonstrates patience while collecting data. Participants understand their own experiences and they are the drivers of their own data. When narrative inquirers face difficult stories and experiences, 'we stay with them; we dwell alongside participants in

possible ways of retelling them' (p.272). An ethical relationship does not cast aside difficult stories or reshape them to make them fit (Caine et al., 2013). An ethical relationship is challenging and unpredictable. The participant and the researcher live an ever-changing life. A question asked by the researcher in one place at one time may provide a different answer in a different context. 'Wakefulness' is a term Clandinin et al., (2020) use to identify unexpected moments, such as uncomfortable stories or responses. Ethical researchers recognise that we both create and live in 'spaces of uncertainty...that defy simple answers to questions...' (Clandinin et al., 2020 p.302). An ethical relationship is one which recognises that the researcher and participant influence each other's life narrative. At times, my own life narrative influenced the ease, or otherwise, in which participants communicated with me. An ethical relationship requires the researcher to reflect on self and acknowledge bias and assumption.

Trustworthiness of Narrative Inquiry

An interpretive methodology, terms applied to measure trustworthiness are often not applicable to narrative inquiry. Other qualitative researchers have explored diverse ways to demonstrate the value and trustworthiness of their research. Van Maanen (1988) suggested that anthropologists should focus less on reliability and validity and more on transparency and verisimilitude. Guba and Lincoln (1981) rejected quantitative terms such as validity, generalisability, reliability, and objectivity. Instead, they discuss truth value, applicability, consistency, and neutrality. Spence (1982) writes that 'stories convey narrative truth through continuity, closure, aesthetic finality, and a sense of conviction' (p. 31). From the outset, Connelly and Clandinin (1990), recognised that narrative inquiry must rely on criteria other than validity, reliability, and generalisability. According to Pinnegar and Daynes (2007), narrative inquiry has altered 'objectivity' to 'relational', 'reliability of numbers' to 'words as data', the 'general' to the 'particular', and 'validity' to 'accountability' (p.7).

Objectivity to Relational Ontology

The first and most significant turn towards narrative inquiry occurred when researchers questioned objectivity as the sole means for producing valid research (Pinnegar & Daynes, 2007). To achieve objectivity in human research, formalists assume a neutral relationship between the researcher and the researched. In this approach, researchers view human subjects as objects, fixed in time and place and without social context. Dewey's theory of experience (1938) rejects this one-dimensional concept. Additionally, the researcher's presence and investment are a vital feature in narrative inquiry (Crites, 1971; Clandinin & Connelly, 2000).

Words as Data

The application of numerical processes to collect, interpret and present data is restrictive in understanding human experiences (Pinnegar & Daynes, 2007). Despite this, methods in interpretive research still apply numbers. They can appear in qualitative studies in the form of charts, formulas, graphs, tables, circling a number, building a score (Pinnegar & Daynes, 2007). These methods have limitations in exploring the meaning of a person's experience. These limitations also have the potential to raise questions about the completeness, authenticity, and trustworthiness of research purporting to explore human experience (Pinnegar & Daynes, 2007). While words as data may be a more comfortable fit for interpretive methodologies, replacing numbers with words is not without problems. Words can become quasi-numbers. Words can be categorised, counted, coded, labelled, and listed into themes and sub-themes. Lather and St. Pierre (2013), warns against measuring and examining words as if they contained objective truth. These search methods have the potential to stimulate the belief that meaning is already present, waiting to be found (Lather & St. Pierre, 2013). According to Koro-Ljungberg & MacLure (2013), in this 'well-wrought coding system we seek epistemic certainty but instead it keeps us away from answering the research question' (p.128). There are a multitude of methods to work with words aside from a 'numerical' approach. Clandinin and Connelly understand words in the context of 'the living and telling, reliving, and retelling of stories, positioned within temporality, sociality, and place (Clandinin et al., 2015.)

General to the Particular

The meaning of generalisability in research varies depending upon the theoretical framework (Carminati, 2018). It is, however, usually associated with methods seeking universal laws and generalised predictions (Delmar, 2010). Narrative inquiry, as in other forms of interpretivist research, tends to avoid methods which aim to generalise findings. Yet, as Carminati (2018) observed, generalisability may still be applicable to research traditionally labelled as interpretive. The researcher however must first make clear 'the kind of generalisability, that is, analytical/theoretical, that can be drawn from the findings...' (Carminati, 2018 p.2095). Clandinin and Connelly (2000), recognised that narrative inquiries must 'connect with larger questions of significance' (p.121). The concept of generalisability can benefit narrative inquiry by helping to generalise the social context around individual experience. Likewise, narrative inquiry can keep the individual in the foreground of human research in the social sciences (Caine et al., 2013).

Narrative inquiries frequently identify the 'complexities, contradictions, and inconsistencies...in policies and their implementation' (Clandinin & Caine 2012 p.175). As narrative inquiries identify and report findings and make recommendations, they often state social implications. Generalisability though, takes a lower priority in interpretive research which aims to understand human behaviour. rather than make predictions (Macionis & Gerber, 2011). The understanding of experiences by particular people, in particular places, at particular times, is not a phenomenon which can easily be generalised (Pinnegar & Daynes, 2007 p. 19). While generalizability can be difficult to achieve when working with individual experiences, all researchers must demonstrate why their research matters. Clandinin and Caine (2012) explain "We need to be able to justify the research through responding to the questions of "so what?" and "who cares?" (p.184). Researchers are generally motivated to "tap into a timely issue and / or to right a moral wrong" (Leavy 2015, p.802). Exploring the experiences of international nursing students aims to add to the body of nursing knowledge to enhance the wellbeing of others in the nursing community. Narrative inquirers also have a social responsibility to add to the social and political conversation in which they are situated (Clandinin & Caine 2012). Inquiries often highlight the 'complexities, contradictions, and inconsistencies ... [in] policies' (Clandinin & Caine 2012 p.185). As this research progresses, those inconsistencies will emerge. Conclusions and recommendations will reflect the relevance of the research to the wider social context.

Validity to Accountability

Clandinin and Caine (2012) describe a series of touchstones with which to identify evidence of accountable research. Research should demonstrate evidence of responsible, negotiable, and collaborative relationships. The narrative inquirer conducts research 'in the midst' of the participants' and the researcher's lives. Documentation in the form of Field Texts demonstrate rigorous records. Field texts emerge into examinable texts. The touchstone of the three- dimensional framework can interpret the meaning of experience. Narrative inquirers need to be accountable to a supervisory or governing body. Narrative inquiry research must be personally, professionally and/or socially meaningful. Researchers must acknowledge that they leave participants' lives as they entered; respectfully 'in the midst.' Finally, accountable research is one which shares uncovered knowledge.

Field Texts as Data

In narrative inquiry, data is referred to as field texts. In this research, examples of field texts include written or recorded field notes, recorded interviews and their transcripts, and

collaborative reviews of podcast drafts. The researcher records the process of working in partnership with individual participants in the field notes. When the time comes to reflect on the artefact and present those reflections academically, the field notes are essential. The process of collaboratively collecting, interpreting, and analysing field texts is central in co-creating a podcast which contains knowledge. This process of reflecting 'upon knowledge, records of designing and analysis is described as this process unfolds. Similarly, the exegesis and the artefact cannot be separated as a mode of research (Scrivener 2000 p.17). I have selected to follow Clandinin and Connolly's (2000) lead 'by "showing" rather than telling what narrative inquirers do [with field texts]' (p. 20). Clandinin and Connolly (2000) describe their process of data management as they begin their exegesis of their 'Bay Street School' research (p.64). Discussion on methods to manage field texts can be found in Chapter Seven, the same chapter which explains the process of co-creating the podcast.

CHAPTER 6 ARTEFACT-EXEGESIS PHD

An artefact-exegesis PhD consists of an object created by the researcher, accompanied by a body of academic writing. Similar to narrative inquiry, the artefact-exegesis could be considered a method and a methodology. The artefact requires knowledge for its creation, but the created object also contains new knowledge.

The origins of the artefact-exegesis PhD extend back to the 1990's and is traditionally associated with scholars in the performing and creative arts (Krauth, 2011). Terms applied to this type of PhD vary and have included practice-led, practice-based, creative-led, and creative-based research (Brabazon, et al., 2019; Arnold 2012; 2014). Doctoral studies in the arts initially provoked controversy in the academic domain. According to Krauth, (2011), academics originally misunderstood 'languages' expressed through art forms such as 'painting, ceramics and musical composition'. Equally, creative art scholars did not value the writing up of their artforms as an exegesis of their practice (Krauth, 2011). As time evolved so too did the aims and form of the exegesis. While variations still exist across universities, Cosgrove & Scrivener, (2017) provide a useful definition. The exegesis is a document 'that grounds the creative work, gives evidence of critical engagement, and makes a persuasive argument that I, and my work, have something new to offer' (p.3).

While the artefact-exegesis PhD has traditionally nestled into disciplines within the creative and performing arts, the mode is gradually extending into other disciplines (Brabazon et al., 2022). However, locating a PhD program within Australia which offers this mode outside the arts requires a concerted search. It is not a mode of PhD readily promoted within disciplines such as nursing. Flinders University provides a list of available PhDs, along with the associated discipline. A general statement states that the form of the PhD can include an 'exegesis and artefact.' The statement is not limited to any one faculty (Flinders University, 2023). The University of Notre Dame, Australia, (2023) states that a PhD can be a 'non-traditional thesis (exegesis) and creative artefact ...in humanities, social sciences, applied sciences or Aboriginal studies'. Without specifying a discipline, Swinburne University (2023) states that 'an artefact, such as a creative work or design product, with an accompanying exegesis (critical explanation)' is one option in their general research program. Other

universities promote the artefact-exegesis PhD specifically to arts, media, and design students. The University of Newcastle offers a 'research thesis with a creative component... suitable for architects, communication, creative writing, design/illustration, fine art, music, and performance' (University of Newcastle, 2023). Deakin University details numerous PhDs. It is only in the 'School of Communication and Creative Arts' that the format of a 'creative work plus exegesis' is mentioned (Deakin University, 2023). Although the artefact-exegesis PhD could not be found for nursing in university guides, innovation and breaking new ground is essential when undertaking any form of research (Krauth, 2011). Without a history of precedence, undertaking a PhD via artefact-exegesis as a nursing candidate is not without risk. The motivation for selecting this approach lay within its capacity to achieve an end.

There are several views on the place of the artefact as a research methodology. Barrett (2004) asks, 'What did the studio process [artefact] reveal that could not have been revealed by any other mode of enquiry?' Brabazon (2019) suggests the artefact-exegesis mode should be used when existing methods have moved the researcher to the edge of current knowledge. Using the analogy of reaching the edge of a pond, the researcher picks up a rock (the artefact) and throws it into the water. The momentum of the rock causes a ripple effect, pushing knowledge forward and outward. Decades of research into the needs of international nursing students, undertaken with a range of methodologies, consistently demonstrate similar findings. The purpose of selecting an artefact as a research methodology is to uncover knowledge that other methodologies have been unable to locate. In previous research, recommendations are either under implemented or not evaluated. While the methodology of narrative inquiry is used in this research, it too has limitations. Undoubtedly narrative inquiry plays a vital role in valuing experiences as knowledge. Yet there were limitations to narrative inquiry when considering the methodology to drive this PhD research. It is deeply intense and time consuming for both the participant and the researcher. Steering the narrative inquiry process into the production of an artefact achieved two important goals. First, the podcast artefact reassured the participants that their experience matters. At the end of the research, students have an object they have helped to create which tells listeners what they would otherwise never know. Second, the creation of the podcast artefact became the vehicle to carry the elements which make up narrative inquiry. The methodology of narrative inquiry guided the production of the artefact so that research and not art drove the PhD.

Brabazon et al., (2022) reminds candidates that the purpose of undertaking a PhD in this mode is to create research and not a piece of art. A work of art is of itself not research (Brabazon et al., 2022). As the practitioner applies their specialist skills and knowledge to their creative piece, research develops. It is through reflecting critically on emerging insights, positioning findings within relevant culture and academic literature, that new knowledge can emerge. Emerging insights can of themselves be considered data. Data is collected during each stage of an artefact-exegesis presentation. Data is required to inform the design of the artefact. Data emerges through the process of creating the artefact. The artefact also contains the data. The process of reflection while documenting the work produces further data. The artefact in this PhD is a podcast series. Listeners will interpret the meaning of the data expressed through the podcast differently. When a participant listens to their own episode at another place and time, the interpretation of their own data is likely to be different. The structure of an exegesis must manage the fluidity of data while maintaining an orderly narrative form. Data collected in artefact informed research must also demonstrate research that is valid and credible, is framed by a recognizable theory and positioned within scholarly work.

Arnold (2014) describes a principal element of an artefact-exegesis PhD is the use of the imaginary space in between the two components. In the capital H, a line connects the artifact and exegesis. Arnold (2014) suggests that the connecting line is the writer's journal. In narrative inquiry 'journal' is a similar concept as field texts (Clandinin & Connelly, 2000). Field texts describe actions, feelings, reflections, events, snippets of conversation, impressions, surroundings. They allow us to be part of the research, while providing a space to reflect on the research. We step into the research, and step out again (Clandinin & Connelly, 2000). The invisible, yet connecting, line had another purpose. It connected my work as a clinical facilitator to my role as researcher. Throughout the research, I visited students in environments directly impacted by the pandemic. Like the participants, I too was living through the pandemic as a nurse. One line in the H represents the artefact. While creating the artefact, my clinical facilitation experiences helped me to understand the participants'. Participants respected my knowledge, and our shared experience helped our communication. The opposite line of the H represents the exegesis. My ongoing experiences of clinical facilitation and communication with students provided me with knowledge to enrich my academic research and writing.

Podcast

The examinable artefact in this PhD is like Brabazon's (2019) rock in the pond. Rough and indistinguishable amongst the collection on the ground, but capable of moving research forward. I am a nurse, and in particular, a nursing clinical facilitator. My life lived as a clinical facilitator in nursing plays a significant role in connecting the space between the *Closed Borders* podcast and the exegesis. My technical expertise is not under assessment in this research. Rather, it is my significant original contribution to nursing knowledge that is examinable through this artefact- exegesis PhD.

The term podcast is derived from the modern mode of communication, the 'iPod' and the older mode of broadcast (Tulley, 2011). A medium for oral and aural communication, podcasts benefit both speaker and listener. The motivation for creating a podcast as an artefact was its invaluable forum for speakers to share their lived experiences. According to other podcasters, it is not uncommon for underlying issues such as racism and lack of belongingness to be uncovered during podcasts (Vrikki & Malik, 2019). The *Closed Borders* podcast facilitates the voices of international nursing students to tell their stories of their COVID-19 experiences. Listeners of the podcast hear the student's unmediated stories. An informal medium, the podcast fosters the speaker's natural voice. In a podcast, interviews are commonly unrehearsed and convey authenticity (Tulley, 2011). Listeners are exposed not only to story content, but to raw emotion expressed through tone, and halting dialogue (Tyrkko, 2007). Unlike radio or television, podcasters are not expected to speak in a particular way (Richardson & Green, 2018). Individual accents, tones, and nuances break down preconceptions of what an international nursing student does or should sound like. Voice connects the speaker with the listener to highlight the individuality and diversity of each participant. Podcast genres are diverse and offer disenfranchised voices a platform to speak (Vrikki & Malik, 2019). Through podcasts, participants can be motivated by the opportunity to challenge the dominant view of who they are or what they experience.

Podcasts can be created without costly equipment. They are easy to publish and to access. A set of headphones or ear plugs connects the listener with the speaker's world. Podcasts can be played in multiple spaces and convenient times (Gardner, 2005). Podcast style could be host-guest, sole storytellers, or lively banter between peers. Podcasts may have trailers to reinforce a theme. There may be music or sound effects to heighten the listener's emotion. The diversity and scope for creativity in producing a podcast is extensive.

The choice of creating a podcast as an artefact for this PhD was based on a number of factors. First, as a medium to disseminate research findings, the *Closed Borders* podcast has the potential to reach a wide and diverse audience. Knowledge gained from exploring students' experiences is relevant to clinical nursing as much as the nursing academy. The podcast offers simple access to that knowledge. Second, the podcast is also a container of knowledge. Once accessed, the listener is not a passive recipient of academic material. The podcast brings the raw data to the listener. The listener experiences the experience of the participants. Nursing leaders are a target audience of the *Closed Borders* podcast. Through the power of connection, the listener can be motivated to be agents of change. Third, knowledge is produced through the process of co-creating the podcast. The participants tell and retell their stories as they prepare for their podcast episode. Stories are multi-layered. Knowledge emerges through the telling and retelling of stories. Finally, the co-creative process facilitates collaborative knowledge building. The participants and myself become "curators" of knowledge (Lee et al., 2005). In producing a podcast as artefact, participants are an active force, without whom there is no knowledge.

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PART TWO - THE ARTEFACT

CLOSED BORDERS PODCAST

The *Closed Borders* podcast is accessible in two ways.

First, the podcast is available on the Closed Borders Podcast website. This is a password protected website. There are transcripts on the site, making the session easy to follow.

The website link is: <https://www.closedborderspodcast.org/>

Second, the podcast is available via the SoundCloud podcast platform App. Accessing a podcast via an App is useful if the listener prefers to listen to the podcast on a portable device. There are no transcripts associated with the podcast platform.

To access SoundCloud –

<https://soundcloud.com/user->

[59199852](https://soundcloud.com/user-59199852)

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PART THREE - DISCUSSION

CHAPTER 7 THE PROCESS OF CO-CREATING THE CLOSED BORDERS PODCAST

“Here is the miracle. The experience as experienced, as lived, remains private, but its sense, its meaning, becomes public” (Ricoeur 1976 p.16).

Field Texts (data)

Purpose of Field Texts

Field texts aim to capture and document evidence from which to make meaning from experiences. ‘Questions of meaning and social significance ultimately shape field texts into research...’ (Clandinin & Connolly, 2000 p.131). Field texts in this exegesis aimed to illuminate the meaning of the experiences of international nursing students studying in South Australia during the COVID-19 pandemic. The meaning of students’ experience is multi-faceted. While meaning is individual, knowledge is relevant for the collective. Meaning infuses society, and in the context of this research, the nursing profession. Field texts are the foundation from which research decisions are made.

Diversity of Field Texts

Field texts are diverse and are collected using different approaches. Field texts can be ‘composed from conversations, interviews, and participant observations (Clandinin & Caine, 2012) I maintained an audio and written journal to document relevant field texts. At times entries were interpretive accounts, either of my own, or the participant’s experiences. These included documenting facts or exploring questions such as what, where, when and who engaged in the scenarios. At times, entries reflected my own ‘inner experiences, feelings, doubts, uncertainties, reactions and remembered stories’ (Clandinin & Connelly 2000, p 86). Notes included phrases of conversations with participants or observations of their verbal and non-verbal responses and emotions.

The Temporality of Field Texts

Participants set the pace of our contact. Some students collaborated with me intensely over a few weeks. Others were more intermittent, waiting for study deadlines to pass. Some students had completed their final recording while others were still reflecting on their feedback. This resulted in a staggered collection of field texts. It naturally followed that

interpretive-analytic considerations were also in a constant state of flux. The questions of meaning making is made more 'complex as we ask them in the midst [of the inquiry]' (Clandinin & Connolly, 2000 p 30). There are advantages to collecting field texts throughout the narrative inquiry. Field texts gave me the ability to "slip in and out" of the experience being studied. In turn this allowed me to move between "intimacy" with participants and reflection on their experiences (Clandinin & Connolly, 2000, p 82).

Field texts and the podcast artefact

Audio recordings were one of the most poignant sources of field text. Audio captured the power of the participants' voice. Professional transcripts provided unedited evidence of participant audio data. The combination of non-audio and audio field texts aimed to identify material the participant wanted to share on their podcast episode. The podcast would be a polished account of their experiences. Audio recordings in the research process were eventually set aside, in the same way as other field texts. The podcast recordings and the podcast transcripts which would eventually appear on the website could be considered as the pinnacle of the collection and analysis of field texts. They express the participants' own decisions about the meaning of their own field texts. The stories told in the podcast reflect the compilation and analysis of the nested stories of the participants' experiences of COVID-19.

The Interpretation and Analysis of Field Texts

The evolution of the interpretative-analytic process identified common themes within and across stories. Participants told similar stories with themes of fear, grief, rejection, and hope. Topics described racism, marginalization, and struggle in their journey to become registered nurses. Participants revisited their own stories, viewing them from a distance and re-interpreting them different perspectives. Yet field texts 'are not constructed with reflective intent...they are close to experience [and] tend to be descriptive...' (Clandinin & Connolly, 2000 p.132). Research is derived from experiences which are examined for meaning and significance (Clandinin & Connolly, 2000). The use of evidence-based methods to analyse and interpret field texts is essential to uncover meaning from the array of field texts.

Three Methods of Analysis

Narrative inquiries commonly apply one method of analysis, which is Connolly and Clandinin's (1990) three-dimensional framework. However, this narrative inquiry is also presented as an artefact-exegesis. With podcast as the artefact, language and sound were essential elements to analyse. Two additional methods of analysis were thus applied.

McCormack (2000a; 2000b) examined the content of each sentence from different perspectives, or lenses. Gilligan's Voice (1982; 2003; 2015) is less prescriptive than McCormack lenses, focusing on the search for a metaphorical voice. The triangulation of data analysis also contributed to a rigorous justification for research conclusions.

1. Three-Dimensional Framework

Connolly and Clandinin (1990)'s framework are utilized first and is expressed as Temporality (Sorting) Sociality and Place (Burrowing) and Inquiring (Broadening).

2. McCormack's Lenses

Lenses include language style, such as repetition of phrases, verbalised feelings, and non-verbal fillers such as sighs, giggles or crying.

3. Gilligan's Voice

The Voice refers to connecting the storytellers' internal and external worlds (Gilligan, 2015). Gilligan's concept of the "I Poem" where every 'I' stated in a paragraph is selected with its corresponding verb to create a line in a poem. The subsequent "I Poem" presents a startling summary of the meaning inheritant in the speaker's recount.

Method of Analysis 1: Three-Dimensional Framework

Temporality - Sorting Field Texts

Since I needed data to produce the podcast episodes, the process of analysis occurred simultaneously to collecting field texts. Students' stories were not linear. If they reflected on an event, this often triggered another memory with a similar event they had already shared. Told in a different time and social-emotional context, the content, language emphasis and sometimes the emotions were different. While the process at times felt 'messy', it is the process of restorying that uncovers knowledge. As stories are told and retold, new insight emerges for the participant and the researcher about the experience under exploration. To elicit meaning from field texts, they must first be sorted. The backward and forward sharing of stories meant they were not told in the order of occurrence. Positioning a story within the context of the external social world is a critical step in analysis and interpretation. The stories needed to be sorted into a timeline in which the experience first occurred.

Timeline Spreadsheet

I sorted the field texts data into a timeline using a single spreadsheet for each participant. I documented the list of events described by the participant, in the order in which they occurred. Alongside each event, I created columns to document the associated place, time, who was present, key verbal phrases in their recount, and evidence of emotions.

Timeline and audio edits

An audio project, the stories on the recordings also needed to follow the timeline. The transcripts were a critical aid to assist this step. In comparison to working with other field texts, the transcripts provided a line-by-line account of the participant's story. I cut and pasted the lines in the stories into a second timeline. Subsequently, the difficult and tedious process of editing the audio recordings to match the edited transcript was undertaken. The result of editing the audio was a product of uneven and poor quality. The process of creating the podcast was part of the research and the audio at this point was still considered a field text. The original recordings remained intact. They were filed to be used in various stages of the analysis.

Timeline Spreadsheet and audio transcript

The transcript of the edited audio and the spreadsheet of the other field texts were compared. I was then able to add a verbatim account next to a field text if the account existed. This added rich detail, emotion, and verbal fillers such as 'err', 'mm'. Verbal fillers help to identify emphasis the speaker makes in the conversation (McCormack, 2000b).

Sociality and Place - Broadening Field Texts

Once I had sorted the field texts along the timeline in the spreadsheet, I added another column. Here I noted any external events that may be relevant to the participant's narrative. Connelly and Clandinin (1990) refer to this process as 'broadening' the inquiry. Also known as looking 'outwards,' or 'sociality', these are the wider social contexts in which the participants 'experience the experience' of participating in the research (Clandinin et al., 2013 p.172). It ensured narratives appeared within a context contemporary to that time.

Exemplar

For example, in Aida's account of a cancelled clinical placement, I noted that the cancellation occurred in response to an unexpected lockdown in Adelaide at that time. I documented 'Adelaide two-day lockdown' next to Aida's comments. Later I could return to points like this in participant's timelines to examine how government policies impacted participant's experience. On its own, one experience may not provide much insight into an overall experience. A collection of responses to government policies can assist to develop the overall picture. Comparing one participant's response to government policies with other participant's responses would contribute to a more generalized view of the way participants' experienced government policies. Returning to this Timeline Spreadsheet repeatedly throughout the research identified if particular government policies held more meaning than others. In this process of creating the podcast, the response to the research question gradually emerges.

Reconstruction

Once the initial Timeline Spreadsheet was complete I reconstructed the series of statements into a narrative of events. This aimed to make the work easy for the participant to read in order to verify if details on the Timeline reflected the way in which they remembered the events.

Collaboration with Participants - initial

I sent a copy of the restructured narrative to the participants. This first draft aimed to check facts. I asked them to verify the names of the places mentioned, and if the times were correct. I invited them to delete any events they didn't want to share on the podcast. I also asked them to include anything else they would like to share. Most of the students returned these promptly with minor corrections and few additional details. According to Creswell and Miller (2000) this negotiation of story meaning adds a validity check to data analysis.

Inquiring - Burrowing Field Texts

Until this point, the analysis of field texts only consisted of a list of sequential events and places. While there were some personal-emotional elements they had not been explored thoroughly. Extracting knowledge from the student's experiences required a deeper exploration of a person's expressed feelings, emotions, dilemmas, or moments of conflict (Connelly & Clandinin, 1990). Questions of why and how experiences affect participants were now explored. The burrowing stage often requires coding. This required caution as I

was also committed to heed Clandinin and Connelly's (2000) warning not to take fragments of story out of context. At this stage, there is the risk that participant's words become quasi-numbers. Words can be categorised, counted, coded, labelled, and listed into themes and sub-themes. Words are thus treated as measurable data and examined to find the truth (Lather & St. Pierre, 2013). These search methods have the potential to stimulate the belief that meaning is already present, waiting to be found (Lather & St. Pierre, 2013). According to Koro-Ljungberg and McClure, (2013), in this 'well-wrought coding system we seek epistemic certainty but instead it keeps us away from answering the research question' (p.128). We cannot assume that participant's words in one scene hold the same meaning in a different scene. Words may not hold the same meaning to one participant as they do to someone else. The problem of 'reducing long stretches of text to codes and recombining the codes into themes that move across stories, across people and across contexts... [is that] ...people's words [are separated] from their spoken and heard contexts' (McCormack, 2000a p.283). Here lay my dilemma. In narrative inquiry, the meaning of experiences is explored without reducing stories to 'reductionist artifacts of a research process...' (Caine et al., 2013 p.274). Yet each narrative contained knowledge developed throughout and beyond the inquiry. To explore the meaning of experiences without reducing the stories to objects of analysis (Caine et al., 2013), I applied the methods of McCormack's Lenses and Gilligan's Voice.

Scene Spreadsheet

I returned to the narrative events that I had sent to the participants and had retrieved from the Timeline Spreadsheet. My narrative reconstruction had been an overview of the scene. To use other analytical methods accurately I needed to review the original field texts which had informed the scene. In the Scene Spreadsheet, I included only the field texts derived from the audio transcript. The other field texts had served their purpose to position the experience in time and in social context. The audio and its transcript could be analysed line by line.

Method of Analysis 2: McCormack's Lenses

To honour original dialogue, and find contextual meaning in the student's story, I analysed one scene at a time. I listened closely to the edited audio and corresponding transcript to identify finer details. I documented what I had heard or read under each of McCormack's lenses. These included headings such as language style, repetition of phrases, verbalized feelings; non-verbal fillers such as sighs, giggles or crying. For example I noted every time a person repeated the word 'sad' in the one scene. I noted whether the word was

accompanied by a sigh or a long pause. I repeated this process for every sentence in every scene. I rewound the recording and listened to the scenes while reading the transcript, over and over until I felt I had saturated my capacity to capture evidence. At the end of this process I had gained solid insight into the participant's entire COVID-19 experience, as viewed through McCormack's lenses. I repeated this process for all six participants. Commonalities emerged across participant's accounts and again, this process of creating a podcast produced research material. McCormack's lenses produced critical information, but it was still prescriptive. There was no sense of the participant's individual 'voice'. I turned to Gilligan's work on Voice (Gilligan, 1982; 2003; 2015) to fill what I perceived as a gap in the analysis.

Method of Analysis: 3. Gilligan's Voice

The 'I Poem'

Gilligan's Voice examines an overall story as opposed to the elements which make up the story (Gilligan, 1982; 2003; 2015). Listening for a metaphorical voice helps to explore 'the interplay between the storytellers 'inner and outer worlds' (Gilligan, 2015 p.69). Gilligan conceptualised the "I" poem as one method to identify Voice. 'In each statement, the expression "I" (along with the pronoun and verb with or without the object) is listed in order of appearance...These I statements, heard in order, fall into a poetic cadence, and can be presented as I poems. Each "I" begins a separate line of the poem, and stanza breaks mark where the I shifts direction' (Gilligan, 2015 p.71). The "I" poems often demonstrates a summary or confirmation of findings discovered through other lenses. I returned to the spreadsheet of scenes examined through McCormack's lenses. I revisited each scene and added an "I" column. Every time the person used the word "I", it was highlighted, along with the corresponding verb. At the end of scene, I followed Gilligan's method. The highlights were copied and pasted in the order they had appeared. Below is an excerpt from one scene in Lisa's audio transcript, using the "I" poem.

Lisa:

I was wondering, "Should I wear a mask or not?"

I haven't seen anyone wear a mask. So I wasn't sure, "What should

I do? What

I have to do?" When

I hear the stories from them, it sounds been nasty and horrible.

I'm living here, really, it wasn't too bad. So

I don't know which one should

I follow.

I actually follow what my parents said

I wasn't sure about the Australia situation,

I want to make sure my safety and also other people's safety

I was thinking,

I'm happy to do that. So

I just wearing the mask.

The power of I

Removed from the scene, Lisa's list of "I" with the corresponding verb create a poem which is stripped of other narrative. The poem is raw and provides insight into a hidden 'experience of the experience'. The I poems collected from each scene create a story which expresses the individuality of the participants. This was valuable data to add to my analysis of the participants' experience. It strengthened the narrative I would produce for the participant to consider as a 'true' reflection of their COVID-19 experience.

Scene Spreadsheet and other field texts

Once completing McCormack and Gilligan's methods of analysis, the spreadsheet of scenes provided a useful place to add additional material. It was simple to add new columns and elicit details from the scenes that I may have missed.

Three dimensions

I added three columns to include Clandinin and Connelly's' three-dimensional framework. Although identified in the initial Spreadsheet of Field Texts, visualizing the concepts of temporality, sociality and place in each scene strengthened the context of the scene.

Including the Research Aim and Goals

Goal three of this research was 'to identify personal, social, cultural, and learning challenges specific to the status and experience of international nursing students during COVID- 19'. Adding a further four columns allowed challenges in these areas to be documented as they appeared in the scenes. This was important information to consider when presenting the participant with an interpretation of their experiences. Ultimately it was this information that would be explored in the final stage of analysis, which would be the analysis of the actual podcast.

Knowledge in Restorying

The scene-by-scene analysis required many hours reading and rereading the participant's transcript while listening to the audio recording. Gradually the student's personal and emotional experience of the pandemic, positioned in the broader social context, occurring along a timeline and in a specific place or places, emerged. In the process of reshaping the story, I re-experienced how I felt when I first heard it. I made notes of my feelings and fragments of unrecorded conversation related to those moments. As I listened repeatedly, I experienced new feelings. By listening and reading the narratives from different perspectives I developed a body of new knowledge. The story details became less meaningful because the student's overall experience of COVID-19 emerged. As Clandinin and Connelly (2000), state, people can tell stories, but knowledge lies in the retelling.

Collaboration with Participants - ongoing

I needed to return a new narrative to the participant. This one would contain far more than a detail check. I chose a different format in which to draft the reworked story, depending upon the individual's personality and our relationship. These included a personalised letter, a

narrative or even a table. I sent the reworked story to the student for review. Unlike the first review, this version does not seek to clarify if this event happened in this place and in this time (although these clarifications were still welcome). I followed Clandinin and Connelly's (2000) suggestion and asked a deeply personal, and open-ended question, "does this sound like 'you'? Does this sound like your experience?" This was a pivotal moment in the process of developing the podcast episode. Narrative inquirers describe this as one of the most vulnerable stages for the participant and themselves (Clandinin and Connelly, 2000). What if I have misunderstood the person's meaning? If I have got it all wrong? What if they dislike what I write? Or become angry? What if the participant's story deepens their trauma?

In a collaborative relationship, vulnerability can occur for both parties. I chose to email the participant first without the revised story. I reminded them they could go through the new narrative once they felt they had space to do so. I'm conscious that students have study pressures and I wished to negotiate a time suitable for them. I reminded students of the psychological support available to them. Without exception, the participants expressed satisfaction with the summary of their COVID-19 experience. Some of the participants were deeply moved on reading their narrative. They looked on at their own story, viewing it as a stranger would. I remember Cat's comment, 'People need to hear this, they need to know what international nursing students went through.'

Field Texts – nearing completion

In the next step I met with the participant via video call to outline a potential podcast script. We agreed that while the questions and answers needed to be based on their narrative summaries, they could also be flexible.

Podcast Recording

By the time we were ready to record the podcast episode, COVID-19 restrictions had lifted, and we could meet face to face. This was the best method for recording an episode of high quality. As the student relaxed during the recording, we often ignored the prepared questions and answers and allowed the interview to flow. We returned to the 'script' if either the student or I felt like we needed more direction. On completion of the recording the student listened to a few minutes of the interview. The recording would require editing. We had agreed that I would not send the edited podcast or subsequent transcript to them. There had to be an endpoint, and opportunities for re-recording were limited.

We had agreed that students would listen to the final episode once the PhD submission and examination process was complete. I will contact each student prior to the public release of the podcast. This acknowledges the length of time between recording and intended release and respects any potential change of consent.

Podcast Editing

I sent each audio recording to the transcriber. I listened to the recording, read the transcription, and repeated the same detailed process as described above. Considerations of interpretive analysis of the podcast recording added to the collection and reflection of field texts and their analysis. Once all six students' recordings and analysis were complete, a series of preliminary findings were evident. The combination of the entire process resulted in my interpretation of the commonalities of themes. This paved the way for research conclusions. Conclusions still needed to be validated. At this point I turned to current academic literature to assess if similar themes existed.

Artefact completion: the Closed Borders Podcast

Before moving on to discuss the academic material, it is worthwhile concluding this section with an explanation of the process of producing the final podcast. I set the podcast drafts aside until I had examined the literature. There were gaps where students discussed experiences which did not appear in the literature. The podcast episodes needed to reflect these findings. The audio content required sorting to highlight the issues and present these concisely, and in a manner which made easy listening. This required many hours of editing, using ADOBE Audition software. Once I felt satisfied with the episode content, I accessed support from an external sound editor. They 'cleaned' the recording and added music and sound effects. We worked closely, resulting in the audio recording going back and forth until I felt satisfied. The original podcast recording was around 1 hour. Each completed episode is between 15-30 minutes. I gained many skills in producing the podcast episodes and I trust the quality reflects this. However, I am a nurse, and the quality of the podcast is secondary to the capacity of the podcast to contain and express knowledge.

Research Goals and Findings

Research Goals One to Three

At this point, the first three Research Goal appear to have been achieved:

1. 'To investigate the experiences of international nursing students during the COVID- 19 pandemic by and through the creative process and final production of a podcast series'.

2. 'To illuminate knowledge arising from students' experiences and contained within the podcast artefact'.
3. 'To identify personal, social, cultural, and learning challenges specific to the status and experience of international nursing students during COVID- 19'.

The process of producing the podcast identified and gave meaning to participants' experiences. Common experiences highlighted their relevance beyond the personal to the social. Their podcast accounts describe the range of challenges they had experienced during the COVID-19 pandemic. Four themes were identified. A chapter has been designated to discuss each theme. These are,

1. Temporary Migrants
2. Anti-Asian Discrimination
3. Mental Health and Wellbeing
4. Becoming a Registered Nurse during COVID-19.

Research Goals Four to Five

The final two goals are explored once the themed chapters are presented. These are,

1. 'To expand nursing knowledge and understanding of students' experiences to inform nursing practice'.
2. 'To prevent and/or manage the needs of international nursing students in the event of further healthcare and other disasters'.

To achieve these two final goals required an exploration or an exegesis of the final podcast transcripts. The critical exploration and interpretation of the completed artefact was necessary to the relevance of the research to the broader social and nursing contexts. The final chapters discuss how the research contributed significantly to the nursing profession, and beyond. Before continuing the discussion of this research, it is essential to position the work within the broader scholarly literature.

CHAPTER 8 INTEGRATED LITERATURE REVIEW

Introduction

This integrated literature review aimed to identify literature exploring the experiences of international nursing students in Australia during the COVID-19 pandemic. Before commencing this research, I had already identified a potential gap in knowledge within the clinical and educative spaces in nursing. Lack of knowledge in those spheres appeared to have contributed to a less than optimal experience for international nursing students studying during the pandemic. This PhD research aimed to resolve any knowledge gap, and so benefit current and future international nursing students, the nursing profession, and potentially, the wider community.

Process

It is common for researchers to conduct literature reviews in the initial stages of a research project. The parallel nature of this research to the unfolding pandemic made it unlikely that published work already existed. In the process of establishing publication alerts, I found this to be the case. To avoid bias in selecting conversation topics, I also wanted to avoid reviewing the literature until after data collection. I hoped that my open-ended questions would allow the student to choose topics they felt were important to them. Once I had finished collecting participants' data in late 2022, I commenced reviewing the literature.

Email Alerts

From the beginning of this research journey, I had established weekly email alerts sent from major databases. I received publications from academic or media sources which mentioned 'international nursing students' AND 'COVID-19' directly into my email Inbox. Within a few weeks, the lack of results made it clear that this search was too limiting, and I expanded it to include all 'international students.' I deleted irrelevant material as it arrived and saved others. In the absence of academic material early in the pandemic, media provided crucial details about the experiences of international students. Government officials delivered COVID-19 updates through newspaper or television broadcasts. WHO (2020f), dubbed the overwhelming sources of information as an "infodemic". This refers to a 'tsunami of information—some accurate, some not— which spreads alongside an epidemic' (WHO, 2020f). Over a period of three years, I had amassed well over a thousand sources of information through email alerts. For the sake of managing the scale of the collection, non-peer reviewed, and/or grey literature was excluded from this review. To make the

literature search manageable, I ceased reviewing incoming literature via email, published beyond May, 2023. This coincided with the end of the 'public health emergency of international concern' (WHO, 2023a). The results of searching the email collection revealed a moderate range of material about international students. I found no evidence with specific reference to international nursing students.

Database Search

Following the review of the email collection, I undertook a search in major databases; Scopus, Proquest, Google Scholar and CINAHL. The search terms included 'international' OR 'migrant' OR 'foreign' 'students' AND/OR 'nursing students' AND 'COVID-19' OR 'SARS-CoV-2' AND 'Australia'. I identified numerous articles mentioning international students and Australia. Again, international nursing students were absent from the literature. After ascertaining relevance of the publications, the combined results of the data base search and email collection returned fourteen articles pertaining to international students in general (Appendix 6). The search did not identify any articles with a specific focus on international nursing students. Next, I retained 'nursing students' and deleted 'international' OR 'migrant' OR 'foreign.' This resulted in twelve articles, focusing on nursing students in general, during COVID-19 in Australia. Of these twelve articles, four mentioned the phrase 'international nursing students.' Given the low results, I extended the search to include nursing studies outside Australia. While more articles appeared, again zero focused specifically on the needs of international (or foreign, or migrant) nursing students.

International Student (non-nursing) Literature

While the general literature about international students did not mention international nursing students, by default, international nursing students are international students. Information in the literature contained relevant and valuable information applicable to the experiences of international nursing students. A review of all fourteen articles (Appendix 6), confirmed many of the themes identified through the co-creation of participants' podcasts. From the highest to the lowest number of times a theme appeared in the reviewed publication, these are 'mental health and wellbeing' (ten), 'migrant/mobility' (eight), 'Asian discrimination' (eight), 'visa anxiety' (seven), 'exclusion from basic human support such as money/housing/healthcare' (seven), unspecified support (six), social justice/equity/rights (four), education (three) and resilience (one). While literature on the experiences of 'international students' confirmed my own research findings, it also identified common experiences. In summary, these included the impact of government policies on survival needs, victims of racism, fear for families' safety and their determination to complete their

nursing studies'. Specific references to international nursing students in the general international student literature is absent.

Nursing Literature

Likewise, the experiences of international nursing students and COVID-19, is underexplored in the nurse education literature (Appendix 6). The four papers which mention 'international nursing students,' are Moxham et al., (2022), Rasmussen et al., (2022), Usher et al., (2020), and Usher et al., (2023).

Publication One

'The mental health impact of COVID-19 on pre-registration nursing students in Australia' (Usher, K., Wynaden, D., Bhullar, N., Durkin, J., & Jackson, D. 2020).

The earliest paper, Usher et al., (2020) describes upheavals faced by nursing students early in the pandemic. Nursing students' experiences stemmed from university closure, unemployment, and fear of catching COVID-19 from patients. The Editorial is directed to nursing leaders working in nurse education. Educators are encouraged to implement strategies to offer students support.

Suggested strategies are presented via a table (p.1016). International nursing students are mentioned once in this report. They are identified as being,

particularly vulnerable during the pandemic; many international students were unable to attend classes but also unable to return home. As a result, these students faced extra pressures related to loneliness and lack of support due to the pandemic (Usher et al, 2020 p.1015).

This statement demonstrates that some academics and nursing leaders were aware that international nursing students experienced additional difficulties during COVID-19. The authors had reached a fair conclusion that being unable to travel home during the period of disconnection from university would result in loneliness. They have also correlated disconnection from their home and their university with disconnection from support during the pandemic. With expanded knowledge, nursing leaders may have considered more targeted support strategies. Some of the strategies in Usher et al's., (2020) paper may have been targeted for local and not international nursing students. For example, '... stay connected to the university community - To relax and socialise, for example playing online games with friends or having dinner via Zoom' (Usher et al., 2020, p.1016) are a creative and fun suggestions. Through my own research, I had learnt that unfortunately new university students did not have student peers to connect with. While this may have been an issue for all new students, local students were more likely to have other social networks to call upon.

Having dinner via Zoom (Usher et al., (2020 p.1016) to maintain connection with student peers sounds enjoyabable. My literature search had identified publications reporting that some international students could not afford to eat. Farbenblum and Berg (2020) surveyed over 5,000 international students and recent graduates about their experiences of COVID-

19 in Australia. Reports emerged of widespread inability to pay for food, rent, essential medical needs, and emergency needs.

Knowledge of such studies could have empowered the nursing profession to collaborate with nursing students to develop practical solutions. Usher et al., (2020) encourages nurse educators to support nursing students to develop resilience. 'Place the pandemic in perspective, this is a once in a life-time event and everyone will have good and bad days' (p.1016). Again, an important strategy, but possibly less effective with international students than with local. With knowledge of the grief and loss experienced by international nursing students, professional counselling may have been a more useful approach. Suggestions for effective support for international students are discussed in Moscaritolo et al., (2022). They have researched the kinds of pandemic support offered by student services in universities around the globe. One university developed "Specific Task Forces" for international students and faculty partners "to check in and support international students" ... another...stayed connected with international students and communicated with them [through] "First Alert Teams" ... [another] "a dedicated cross-functional team working with international students and communicating with them via phone, group chat, workshops and Moodle." ...[another] pair[ed] up student leaders to answer questions and concerns in a peer support network, and offer support through video content, [and] elsewhere, WhatsApp groups" (p.331).

Publication Two

'The mental health impact of COVID-19 on pre-registration nursing students in Australia: Findings from a national cross-sectional study' (Usher AM, K., Jackson, D., Massey, D., Wynaden, D., Grant, J., West, C., McGough, S., Hopkins, M., Muller, A., Mather, C., Byfield, Z., Smith, Z., Ngune, I., & Wynne, R. 2023).

Usher et al's., (2023), second paper, describes the results of a study measuring the mental health impact of COVID-19 on nursing students in Australia. 516 participants from 12 Australian universities completed the online questionnaire. The term 'international nursing students' appears under participant characteristics. These made up 20.3% of participants (Usher et al., 2023 p.586).

Participants completed a series of evidence-based scales with the potential to indicate the presence of post-traumatic stress disorder (PTSD) and associated mental health consequences (Weiss & Marmar, 2004), Coronavirus Anxiety Scale (Lee, 2020), Brief Resilience Scale (Smith et al., 2008), Brief COPE Inventory (Carver et al., 1989), and the Depression Anxiety Stress Scale (DASS-21), (Lovibond & Lovibond, 1995). 'Three open-

ended questions [asked about] challenges linked to COVID-19-related clinical placement delays, attendance at clinical placement... face-to-face classes and laboratory learning sessions' (Usher et al., 2023 p.584). The study concluded that over half of the participants suffered from mental health issues. Most participants claimed they had been impacted by COVID-19 (Usher et al., 2023). Two participant characteristics raised concern for Usher et al., (2023). Higher levels of distress were reported by final year students, and those with pre-existing mental health conditions. A sizeable portion of the discussion focused on nursing students in these two groups. 'Given the current shortage of Registered Nurses in Australia and across the globe, it is paramount that educators recognise the risk of mental distress in nursing students [within these two target populations] and develop appropriate interventions to assist [those] students to manage their symptoms' (Usher et al., 2023 p.587).

The study acknowledged that international nursing students may be 'more at risk to the negative effects of imposed quarantine strategies' (Usher et al., 2023 p.583). Unlike the other two vulnerable student groups, there is no evidence that authors' comments were based on reports of higher levels of distress by international nursing students in the study (p.587). The other paragraph dedicated to international nursing students does not reference the results of the study at all.

While only 105 international nursing students from across Australia participated in the study, we know that they are more likely to live in isolation from family and friends if they remained in Australia which left them with little active support; hence they may have been more at risk of developing distress. In addition, most international students were sent home during the pandemic but when they returned, the education experience they returned to had differed greatly' (Usher et al., 2023 p.588).

The assumption made by Usher et al., (2020) is repeated here. That is, that international nursing students are 'more likely to live in isolation from family and friends' (Usher et al., 2022 p. 588). While the assumption may be based on observation it is unclear if this is a finding of the study under discussion. The basis of their second mention of international nursing students is that 'most international students were sent home' (Usher et al., 2023 p. 588). While some international nursing students may have returned home, there is no source cited which indicates that 'most' were sent home. This is generally not a finding in other literature. According to Berg and Farbenblum (2020), sudden national and international border lockdowns across the globe, reduced numbers of flights, inflated cost of tickets and fear of catching COVID-19 contributed to international students' inability to

return home. They conclude that, 'when Australia imposed a stringent lockdown in March 2020, it rapidly became clear they [international students] would remain in Australia for the foreseeable future of the pandemic '(Farbenblum & Berg 2020 p.487).

Usher et al., (2020 and 2023) demonstrate evidence of concern for the welfare of international nursing students. Unfortunately, it is unclear if they engaged with literature about the experiences of international students. The research design did not allow for the needs of international nursing students to be isolated from local students. These missed opportunities may have contributed to less effective support strategies.

Publication Three

The impact of covid-19 on psychosocial well-being and learning for Australian nursing and midwifery undergraduate students: a cross-sectional survey' (Rasmussen, B., Hutchinson, A. Lowe, G., Wynter, K., Redley, B., Holton, S., Manias, E., Phillips, N., McDonall, J., McTier, L., & Kerr, D. 2022).

The third publication, Rasmussen et al., (2022) reports on a survey exploring the impact of COVID- 19 on the psychosocial well-being and learning for nursing and midwifery students in Australia. Of the 288 students who responded to the online survey, 120 were international. The survey asked three open ended questions. Participants were asked to describe any negative impacts COVID-19 has had on their education, any positive impacts of same, and an opportunity to add comments. 'Three themes emerged; psychosocial impact of the pandemic, adjustment to new modes of teaching and learning, and concerns about course progression and career' (Rasmussen et al., 2022 p.1). International nursing students are mentioned in a comment describing the results. Rasmussen et al., (2022) states that,

it is important to be aware of the particular needs of international students. It is highly likely that they felt more isolated being in a foreign country and a lack of opportunity to make connections with fellow students in the classroom setting. They also had limited opportunities to practice their English language, which might have had a negative impact on their learning, general mental well-being, and coping' (p.8).

It is unclear if Rasmussen et al., (2022) has retrieved these needs from the survey data. An extensive list of student quotes extracted from the data appears beneath each theme.

Samplers include:

“This makes me feel really depressed, lethargic. I really tried to study but it is really hard to concentrate on my studying.”

“I have been feeling very anxious and sad which has impacted my study in a negative way.”

“Have not been able to concentrate and I am falling very behind in my units”

“I am so stressed I cannot really enjoy my degree as much.”

Given the extensive list and the opportunity to describe a range of comments, it would have been helpful to read quotes describing students' feelings about being in a foreign country, or lost opportunities to practice English. The authors describe the needs of international nursing students with phrases such as, 'it is highly likely' and 'which might have' (Rasmussen et al., 2022 p.8) These terms suggest some uncertainty about this aspect of the authors' findings. Recommendations arising from Rasmussen et al's., (2022) study are generic, and education focused. They do not suggest that the needs of students in a foreign country with limited opportunities to practice English may benefit from further exploration.

Publication Four

'Life during lockdown: Coping strategies used by preregistration nursing students during COVID- 19' (Moxham, L., Fernandez, R., Lord, H., Halcomb, E., & Middleton, R. 2022).

The fourth publication is a descriptive qualitative study. Participants were a convenience sample of undergraduate nursing students enrolled in a regional Australian university. The phrase 'international student' appears once; under 'Participant demographics: student type.' International students made up 8.2% (13) and local students made up 91.8% of participants (145)' (Moxham et al., 2022 p.3). Comments in Moxham et al's., (2022) study do not appear to have been analysed specific to the demographic of 'student type'. Without this information it's not possible to distinguish if international nursing students used the ascribed coping mechanisms.

Coping mechanism: 'Staying connected' (Moxham et al., 2022 p.1)

According to Moxham et al., (2022 p.1), staying connected was the key coping strategy identified to ensure emotional and mental health wellbeing'. This strategy involved,

regularly contacting their family, friends, and peers whilst they were socially isolated. Overwhelmingly, participants described that Staying Connected was crucial to maintain emotional wellbeing and their mental health. Participants provided numerous comments which illustrated they stayed in touch with others using social media and other means.

“Ensuring I get in contact with friends and family via Facebook messenger calls, zoom or text message” (Participant 23) (Moxham et al., 2022 p.3).

‘Staying Connected’ with family and friends via video call would most likely be a useful strategy for all nursing students. However, through the podcasts, international nursing students had identified trauma when staying connected with family and peers in their home country. In the podcasts, students explain the difficulties of communicating with loved ones who are experiencing the pandemic in radically different, and devastating, contexts.

Coping mechanism: ‘Talking about Mental Health Effects’ (Moxham et al., 2022 p.3).

‘Participants identified that talking to people specifically about the situation that COVID-19 social isolation had created, was a useful coping strategy’ (p.3).

Without the demographic breakdown it’s not possible to determine whether the international student participants reported this strategy. The podcasts identify that some international students felt completely alone in Australia. They had no one to talk to. Some students described a cultural value of not revealing true feelings, particularly if these demonstrate personal difficulty.

Coping mechanism: ‘Protecting Self and Others from COVID-19 infection’ (Moxham et al., 2022 p.3).

Participants reported that engaging with patients and members of the public raised awareness of the risk of contracting COVID-19. Their reported strategies included,

“being cautious at work and constantly washing my “hands.”

“remain(ing) vigilant with hand hygiene and [being] overly aware of surroundings.”

‘wearing masks and showering the moment they entered their home, especially if they had come from clinical placements or work.

'Some participants appeared to be particularly concerned about the risk of infection for their family

Not living with their family removed the fear of infecting families from international students' concerns. Whether students were as concerned for their roommates is unknown. It is likely to depend on an individuals' own circumstances.

Theme: Feeling Overwhelmed. (Moxham et al., 2022 p.4).

This theme demonstrated that not all participants had developed sufficient coping strategies to manage stressors caused by lockdown. Responses included,

"I am not coping, I used to go to the gym but now it is closed"

"trying to manage my Uni work and the kids has been a struggle for me" "trying to stay motivated to study but it's been hard to focus"

"finding it difficult and not easy with the university workload"

"the workload is excessive and unmanageable with life work and Uni "

Again, without separating the demographic data, it's not possible to determine if any of these comments came from international students. If their international status had been identifiable, this may have resulted in producing an overall picture of students' coping strategies, and/or lack thereof. This knowledge would have assisted the researchers to gain new knowledge, develop useful strategies, and potentially improve the experiences of the international nursing students in their educational institution, during the pandemic.

Knowledge Gap in the literature

Rasmussen et al's (2022) publication is similar to Usher et al., (2020) and Usher et al., (2023). All three papers acknowledge that international nursing students are facing additional pressures compared to their local student peers. They have identified that students are away from home, which leaves them vulnerable to social isolation, loneliness, and lack of support. Whether the authors have identified these factors from their studies has not been made clear. What is clear is that no recommendations were made to further explore the needs of international nursing students. Moxham et al., (2022) searched for evidence of nursing students taking responsibility for developing coping mechanisms. This

study does not mention international nursing students, except in participant demographics. It is possible that this lack of engagement demonstrates a lack of knowledge that international nursing students are likely to require additional support to develop coping mechanisms or to explore feelings of being overwhelmed.

The attempt to include international nursing students in three of the four publications, demonstrates the authors' awareness of students' vulnerability during the pandemic. Unfortunately, the authors' did not appear to be familiar with literature to contextualise their comments. In Moxham et al., (2022) there is a potential missed opportunity to correlate research responses with the participants' demography of 'student type'. However, unlike the previous three papers, the authors gave no indication that they considered international students as particularly vulnerable. Without considering this, authors had no need to explore the data any further.

Summary

It was promising to find a small number of papers which mentioned international nursing students and COVID-19, in Australia. Given that international nursing students were not an isolated category in any of the research, their work could not demonstrate new knowledge about this group. Had their data been considered, students' struggles may have become more visible, and new strategies suggested. This was not the case. The gap of knowledge within the literature, pertaining to the experiences of international nursing students during the pandemic, in Australia, persists. The remaining discussion in this thesis will focus on presenting students' needs as identified in the co-creation of the podcast episodes (*Closed Borders* podcast, Episode 8), supported by literature from the genre of 'international students' (Appendix 6).

CHAPTER 9 STATEMENT OF THEMES

Maslow's Hierarchy of Needs

To aid the discussion of students' experiences, I have used Maslow's theory of human motivation (Maslow, 1943). Maslow's theory describes and orders basic needs required for humans to survive. Maslow (1943), writes,

'a person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than for anything else' (p.373).

While Maslow's theory is useful, it does have limitations. The hierarchical approach to meeting human needs discounts the overlapping of needs. In this research, the students' struggle to meet basic needs co-existed with their struggle to meet higher, educational needs. While coping with financial deprivation or poor mental health, students' persisted with their study to become Registered Nurses. Another limitation in applying Maslow's model is to risk viewing students' experiences as a series of unmet needs. In the podcast episodes, it is clear that participants were not passive recipients of challenges. As Deuchar (2022a) states, 'international students actively shape their encounters and spaces over time' (p.508). Student's experiences during COVID-19 highlighted their strengths, and the important contribution they make to Australian society. However, despite the limitations of Maslow's theory, students' basic human needs were a critical consideration when exploring their educational needs.

Nursing research into students' needs traditionally begins with the top layer, that is, educational needs. The COVID-19 pandemic has provided the opportunity to explore students' needs from the 'bottom-up.' Maslow's theory assists in contextualising students' educational needs within the schema of their total needs. Maslow describes five levels of need.

'The physiological needs...the safety needs...the love needs...the esteem needs... [and the] need for self-actualization' (p.381-383).

Themes identified in this research are discussed beneath one of Maslow's five levels of needs.

Maslow's Level One: The Physiological Needs

Temporary Migrants

Due to high unemployment and no financial assistance from the Australian Government during the COVID-19 pandemic, international nursing students had no guarantee of satisfying their need for food, housing, or healthcare (Berg & Farbenblum, 2020).

Maslow's Level Two: The Safety Needs

Anti-Asian Racism

International students expressed fear of going outside after experiencing, witnessing, or hearing about racial abuse aimed at people of Asian appearance (Farbenblum & Berg, 2020).

Maslow's Level Three: The Love Needs and, Maslow's Level Four: The Esteem Needs

Mental Health and Well-Being

Feeling unwelcome and an outsider contributed towards feelings of lack of love, [belonging], and subsequently poor mental health (Tahmasbi et al., 2020). Lack of confidence in speaking English, adjusting to cultural differences, and coping with Online learning, led to feelings of poor self- esteem, and disrespect by others (Lin & Nguyen, 2021; Chen et al., 2020a).

Maslow's Level Five: The Need for Self-Actualization

Becoming a Registered Nurse

The fifth need, 'Self-Actualization,' appears at the top of the pyramid, and is realised when a person achieves their highest goal. For international nursing students their goal in coming to Australia is realised in 'Becoming a Registered Nurse' (Moxham et al., 2022).

CHAPTER 10 TEMPORARY MIGRANTS

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services... in the event of lack of livelihood in circumstances beyond his control (Assembly, UN., 1948, Article 25.1).

Maslow's Level One: The Physiological Needs

Human rights

Apart from biological requirements, such as oxygen, hunger is the first need a human must satisfy in order to survive (Maslow, 1943). Students in the context of this research have only one means to satisfy hunger, which is to purchase food. In Australia, sudden catastrophic job loss occurred in early 2020 following a series of COVID-19 related lockdowns. Similar economic failure occurred overseas, impacting students' families. Backup sources of income from relatives were no longer reliable. The Australian Government offered a series of stimulus packages for Australian businesses, and welfare payments for individuals. Classified as temporary migrants, international students were ineligible for financial support. The term 'temporary migrants' is not often used in Australia in reference to international students. Yet students' visa status played a vital role in their experiences. As such, it is important for the nursing faculty to understand its implications.

International students present differently than stereotypes of temporary migrants. They are educated, have a working command of English, have adequate health literacy, and insight into the Australian culture. International students contribute significantly to the Australian economy, and students who are employed pay tax (Farbenblum & Berg, 2020). Given this profile it is easy to miss the disadvantages of their temporary visa status. Temporary migrants are often viewed as vulnerable and marginalised. They are '...often refugees, migrant domestic and construction workers, low-wage migrant laborers, and undocumented migrants' (Kaur-Gill & Dutta, 2023a, p.21). Around the world, groups of precarious migrants experienced blatant health inequalities during the COVID-19 pandemic. Lack of education, poor health literacy, language, and cultural barriers, overcrowded and unhygienic living conditions, and minimal healthcare are just a few factors that caused trauma and increased their risk of exposure to COVID-19 (Kaur-Gill & Dutta, 2023b). International students make up the largest group of temporary migrants in Australia (Farbenblum & Berg, 2020). Many

of their COVID related difficulties were hidden from the general community. They shared the same inequities as other temporary migrants.

According to the Australian Human Rights Commission (2022), Australia has no legal responsibility within the Australian Constitution to protect migrants from homelessness, hunger, and poor working conditions. Human Rights Acts have been passed in three Australian states and territories but not at a federal level. There are segments of legislation that provide some protection, but, according to the Australian Human Rights Commission, (2022) the information is 'scattered and piecemeal' (p.11). An Australian Human Rights Act would enshrine in law the human rights of all people in Australia, regardless of immigrant status. Despite the absence of a national Act, Australia is a signatory of International Bills which protect human rights. In particular, Australia has signed a commitment to uphold the United Nations (UN) Universal Declaration of Human Rights. The Universal Bill of Human Rights declares that 'all humans have the right to be fed, clothed, housed and access to healthcare and other necessary social services' (Assembly, 1945, Article 25.1).

Profit over wellbeing

Changes to Australian immigration policies over the past two decades has resulted in a significant influx of international students into educational institutes. Changes to Government funding policies resulted in institutions to operate as business. There is some evidence that privatization of educational institutions has allowed neoliberalist agendas to flourish. Not only has there an increase in enrolment, but educational institutions charge more money per student. Since 2008, university revenue from international student fees has more than doubled (Hurley & Van Dyke, 2020). 'International students have become vital to the financial health of universities' (Hurley & Van Dyke, 2020 p.23). International education is a major source of Australia's export income, preceded only by the mining industry (Australian Government Department of Education, 2023). The international education industry continues to grow steadily. According to a study commissioned by the Australian Government Department of Education and Training in 2015, international education was 'estimated to contribute \$17.1 billion to Australia's GDP' (Deloitte Access Economics 2015, p.2). Data collected in 2022-23, shows that income derived from international education had increased to \$36.4 billion (Australian Government Department of Education, 2023). Unlike industries such as mining, the international education industry is comprised of individuals. Neglecting individuals during the pandemic reflected values akin to de-humanization (Berg & Farbenblum, 2020).

Despite the significant profit, neither Government policies nor University responses offered financial support for its contributors. Government policies actively excluded international students from financial aid. Financial relief delivered to the higher education sector targeted providers and domestic students. The government allocated \$100 million in regulatory relief to education institutions (Duffy, 2000). Despite revenue from international students growing at a much higher rate than domestic students (Hurley & Van Dyke, 2020), the domestic market received \$18 billion to design short courses for unemployed Australians (Duffy, 2020). According to a media statement issued by the Federal Education Minister Dan Tehan, the higher education relief package is "unashamedly" focused on domestic students (Duffy, 2020). Delivered one week after the Prime Minister's infamous message to temporary visa holders to go home (Prime Minister, 2020a) it confirmed the lack of Governmental care extended to international students. Universities Australia lobbied unsuccessfully for the Australian government to provide hardship payments for international students (Universities Australia, 2020). Not only were international students excluded from support extended to the educational sector, the criteria for JobKeeper and JobSeeker assistance excluded temporary visa holders. The Australian Government allocated \$7 million to the Australian Red Cross for emergency aid for temporary migrants. While this offered short-term relief, the Red Cross warned the Government it was insufficient to sustain people's needs (Berg & Farbenblum, 2020). As a result of profit-driven policies, international students became trapped in a hopeless situation where the risk of hunger and homelessness were real (Berg & Farbenblum, 2020).

Poverty

Without income, students had no means to purchase food, maintain rent, or pay university fees. Berg and Farbenblum, (2020) conducted a survey to identify the impact of the Government's decision to exclude temporary migrants from benefits. During the first half of 2020 over six thousand temporary migrants (mostly international students) completed the survey. The results identified alarming deprivations of life's basic necessities. A proportion of respondents could not afford food (30%), gas or electricity (18%), to see a doctor (14%) purchase medication (9%) were homeless (4%). Looking ahead to the second half of 2020, respondents indicated that they feared homelessness (42%), would run out of money (35%). Many were afraid of being unable to pay university fees, resulting in discontinuing their studies (Berg & Farbenblum 2020).

According to Kim and Murphy (2023), students reported prioritising other needs over purchasing food. Hunger led to difficulties concentrating on study. Students with financial concerns often experienced increased worry, anxiety, depression, and insomnia (Kim &

Murphy, 2023; Zigmont et al., 2021). In the *Closed Borders* podcast, Lisa describes her experience of financial insecurity in a slow whisper. Her shock at her sudden loss of personal power is palpable. Lisa doesn't focus on her own hunger or potential homelessness. Her mother's needs in Korea were in the forefront of Lisa's mind. Lisa expresses grief, regret, shame, and guilt at her inability to contribute to her family's financial well-being in their time of crises. Lisa's response demonstrates the strength of her connection with her family and country. This provides important insight into additional burdens some international nursing students faced during the pandemic. Lisa's situation was particularly difficult as she was alone.

Susan: Yeah. So, what did you survive on? Can I ask what you were doing for money at the time?

Lisa: I couldn't do anything at that time. There's no option left at that time (pause, whisper). No.

Lisa: ...so ended up I had to borrow some money from my family— [in Korea].

Susan: Yeah.

Lisa: ...which I really didn't want to, but I didn't have a choice at that time, so. Actually, my mom was working early stage of COVID. Then COVID became a pandemic situation. Then actually, she got fired. So anyway, so because of the situations getting worse and worse, yeah, the company had to fire her as the situation. So, she got fired, and then she couldn't get things comfortably at the time.

Susan: And she was sort of supporting you as well. Well, she'd lent you money.

Lisa: Actually, borrowed money from my relatives. Because my family situation wasn't great enough to borrow money from them that's the reason why. But she got fired, so. And I sort of blame myself that I couldn't help them.

Susan: No.

Lisa: At least if I do part-time-- if I could do a part-time job here, I don't have to be at least the burden or something although I didn't borrow money from them. But still, I feel-- I felt so guilty. I feel sorry for them. I couldn't do anything for them."

University Fees

Aida also lost her job and describes the pressure of paying university fees. According to Kaphle et al., (2023), paying university fees was a major source of anxiety for most international students. Farbenblum and Berg (2020) state that despite the pandemic crises, the requirements to pay university fees remained consistent and the consequences unaltered. Without keeping up payments, students knew they would be unable to continue their studies. The consequences could mean visa cancellation and custodial detention until borders reopened.

Susan: Yeah. So, what did you do for money?

Aida: I lost my job. I live with a little savings, but the huge strain put on the Uni fee that international students have to pay.

Susan: Because it's really quite a lot. I don't know how much difference, but it's a lot.

Aida: It's a lot different, I would say. And we can't make a wrong step with that because the Uni didn't allow us to pay later, be late with payments or do the instalment plan.

Susan: No way!

Aida: No...

Susan: ...because I remember, at the time, there was quite a lot of support for [Australian] people. There was the Job--

Aida: Job Keeper. Job Seeker.

Susan: Yeah. Yeah. But nothing for international students.

Aida: Nothing to us.

The Australian Federation of International Students lobbied the Government for a 20% fee reduction. Aside from a social justice issue, they made the case that the shift to Online studies reduced the quality of education (Nguyen, 2020). Universities disagreed with this viewpoint, claiming that Online classes were of equal quality (Qi & Ma, 2021). Reducing fees, or creating payment plans, would have significantly relieved financial pressure. Students would have been better positioned to prioritise food and housing. Maslow describes a person when they feel extremely and dangerously hungry. 'He dreams food, he remembers food, he thinks about food, he emotes only about food, he perceives only food, and he wants only food' (p.374). While Maslow's description may sound extraneous, pre-COVID research confirms that hunger is a chronic issue amongst university students. When a student is hungry it's almost impossible for them to concentrate on their study (Broton & Goldrick-Rab, 2018). There is a growing awareness amongst university students of the relationship between food insecurity amongst their peers and inequities of race, gender, or class. The pandemic has highlighted the inadequacy of Australian universities to address food inequities for students (Jeffrey et al., 2022). While international students' hunger was caused by low income during COVID, managing it was also influenced by the university's lack of commitment to address hunger in general. Encouraging the involvement of international students in the development of food movements in universities could improve their own post pandemic experiences.

Accessing Support: Universities and State Government

Universities assisted with limited housing support, financial assistance/hardships grants and one- off payments to cover basic needs. Some education providers helped to cover education costs such as laptops and stationery. Counselling was also available as well as special study considerations, such as Assignment extensions (Farbenblum & Berg 2020; Morris et al., 2020). All students were eligible to receive one to two cash payments, up to around \$1000 (Farbenblum & Berg, 2020). Universities Australia continually lobbied the Federal Government for more student support, having the foresight to know that these supports were unsustainable and could not cover students' needs. (Farbenblum & Berg, 2020). Some international students stated they did not seek help, fearing that their lack of self-sufficiency would affect their visa (Farbenblum & Berg, 2020). As the pandemic continued, some Australian states and local governments provided financial support of varying amounts (Qi & Ma, 2021).

Accessing Support: Student-Centred

A major source of support came from student groups. According to Deuchar, (2022b) students tend to design and deliver the most effective supports. Students understand the changing needs of their peers and their strategies are often more effective than the universities' (Deuchar, 2022b). Students used social media, such as WhatsApp groups, to alert their peers to where they could find free or affordable food, or financial support. Some students said they were more comfortable accessing these informal sources of support, finding them easier to navigate (Deuchar, 2022b). Even beyond times of crises, there is scope to explore a greater involvement of students as a resource to support international students. Liana describes the key role he played as a student leader in addressing students' physiological needs.

Liana: Students faced a lot of problems when COVID start. Maybe they do not enough money to purchase the food, drinks, and life necessary items. So, I cooperate with Australian Red Cross to provide an emergency relief package [in the Uni] for the students, which involve some canned food, some necessary items like shampoo, yeah, something like that. Yeah

Tony spent much of his time during the pandemic in rural South Australia. With a lower risk of contracting COVID-19, and fewer numbers of international nursing students, he was less involved in delivering student support. However, he continued his connection with his community and was aware of the work of other students in the university.

Tony: And also, the food bank at the time would come to the campus and distribute free food as well. We were also offered with some masks, wipes, medications, I think that's the traditional herbal medications, from the Chinese Embassy in Adelaide. So, in terms of support, I think they've [the university] done a lot for us.

Liana and Tony were well connected to student peers, having been students pre-COVID-19. The other four students had arrived to commence the 2020 academic year. Their lack of connection to peers not only impacted their social isolation but precluded knowledge about practical supports.

Accessing Support: Cultural Communities

Another source of support came through cultural-specific communities and organisations. These diasporic communities are known for offering a range of practical, emotional, or spiritual supports to new migrants during ordinary times (Kelly & Niraula, 2023). Having strong networks, and highly committed volunteers, diasporic communities were able to mobilise COVID assistance with considerable efficiency (Kelly & Niraula, 2023). Again, this may be an underutilised source of partnership for universities seeking to support international students. Kindness Shake, (2023) is a charity established by international students for international students, and other temporary visa holders. Boon Café, (2023) was one of twenty Thai restaurants in Sydney who provided around one hundred boxes of free food a day (The Guardian, 2020). Other charities included Turbans 4 Australia, (2023) and OzHarvest, (2023). Relying on charities to meet basic needs was not always a comfortable situation. It came as a shock to some and was not without feelings of shame. 'Pardeep, a nursing student from India...told Guardian Australia she had never expected to be relying on charities for food and groceries' (The Guardian, 2020).

Accessing Support: Superannuation

Without income from employment, or government benefits, Aida accepted the government's initiative to access her superannuation. International students were initially ineligible to access this (Coleman, 2020). Once the government reversed this decision, two withdrawals were permitted, one for each financial year. The request for the first withdrawal had to be made prior to 30th of June for the 2019-20 financial year. The second withdrawal could occur from the 1st of July and before 24th September, to be paid out in the 2020-21 financial year.

Aida: I would say lucky that I got superannuation, that I have worked and saved when I was in Melbourne, so that money actually saved my life at the time.

Susan: Wow. So, you had built up superannuation before you started study in Melbourne?

Aida: Yes. Yes. Yes.

Susan: Wow, that's amazing that you even had that.

Aida: It was unexpected money that I could get it back because, I mean, superannuation is for a lifetime. It's not sometime that we can just withdraw it unless we leave the country, but thanks that the government allow us to take the money out and support ourself because we don't receive any other support from the government. No.

To the dismay and disbelief of international students, the Australian Government changed its policy and the second application for superannuation was denied to temporary migrants. The decision did not affect Australian citizens or permanent residents (Farbenblum & Berg, 2020). Aida was fortunate that her employer had paid her superannuation. Other international students reported that their funds had never been paid. For some, it was documented on their pay slip but when they went to access the funds there was nothing there (Farbenblum & Berg, 2020; Florez, 2020). Students who tried to locate employers for their funds often found that businesses had gone into liquidation and employers could not be found (Farbenblum & Berg, 2020). Temporary migrants are often paid in cash and superannuation is not always paid.

Housing

Everyone has the basic human right to live in a place that is legally and physically secure, affordable, accessible, habitable, and has the facilities necessary for its occupants to live in security, peace and with dignity (UNSW Human Rights Clinic, 2019 p.11).

Following sustenance, humans need shelter for protection. Limited campus accommodation is available in Australia. The usual option is the private rental market. Regardless of COVID, securing a rental property in metropolitan cities in Australia is difficult and expensive. The reality is that housing is increasingly difficult to secure. During COVID, the impact of housing insecurity amongst marginalised groups became difficult to miss. Again, the status of international students as temporary migrants made them vulnerable to inappropriate housing. Informal living options, landowners,' and agents' lack of accountability to housing authorities, and threats of eviction escalated. Vulnerable populations are those most affected (Gurran et al., 2021). Several recent reports detailed investigative research into the housing crises international students experienced in Sydney, New South Wales, Australia (Berg & Farbenblum, 2020; Morris et al., 2020, & UNSW Human Rights Clinic, 2019). Morris et al., (2020) repeated their 2019 study in 2020, in response to the pandemic. The concerns in their 2019 report had increased in intensity. These include:

Withholding or excessive bonds. Misrepresentation or deceptive conduct and scams, such as property does not exist, does not match description, inaccurate landlord details, excessive rent increases and landlord phoenixing. Lack of written agreements or unfair terms. Unfair evictions. Poor living conditions such as overcrowding, unsafe or uninhabitable properties. Bullying, harassment, assault, and discrimination (UNSW Human Rights Clinic, 2019 p.3).

Although Sydney is one of the larger cities in Australia, the results are transferable to other Australian capital cities. In the *Closed Borders* podcast, international nursing students confirm concerns described in those reports. Students often rent a room in overcrowded accommodation. The head tenant (owner) may live there as well. The accommodation is frequently advertised on social media and tenancy conditions are not always accurate (UNSW Human Rights Clinic, 2019). Students often organised accommodation while they are still overseas, so have no opportunity to visit the property. When Aida moved from Melbourne to Adelaide to study nursing, she found herself in urgent need of somewhere to stay. Despite her misgivings, the semester was about to start, so she moved in. Living in an overcrowded environment does not necessarily mean that the student is unhappy. It can be a place to make friends, and share expenses (UNSW Human Rights Clinic, 2019). It sounds like Aida saw the potential advantages in living in a vibrant household. Instead, her living situation reinforced her social isolation, and she describes feeling lonely.

Aida: So, I got an accommodation from a Facebook marketplace.

Susan: Oh, my goodness.

Aida: It's not that bad. Well, it was advertised as a share house, girls-only, and then, 'Okay, I'm really happy with girls' house. I, yeah, feel safe.' And then when I came there on the first day, the landlord, who is a middle-age Australian guy, he actually lives there as well...

Susan: Oh wow.

: ...and I was like, 'I didn't know this. He didn't tell me.' And it said, 'Girls-only,' so I thought only girls, 'how come he is living with us?'

Susan: That was really false advertising!

Aida: Yeah, it's...

Susan: That would've been quite scary, I imagine!

Aida: Luckily, he looks okay. Quite nice.

Susan: Oh goodness.

Aida: Well, it happened already, and it's too late to change because start the Uni soon, so, 'Okay, all right. I move in there.' And then in that house, so we got the landlord that lived with us, myself, another girl, and one girl that she has two children.

Susan: Oh, so there were children in there as well!

Aida: Two children in one room, and her room wasn't so far from my room...

Aida: ...No. Because I think, myself, I would say that I'm quite friendly. I am happy and open to make friends with anyone in the house, but the two girls that I was living with, they also coping with something during the lockdown as well.

Susan: Of course.

Aida: So, they were also stressful. So, we ended up didn't really talk much together, especially the mum because she got her family in her country, and she was stressful with the situation in her country and here. And another girl, luckily, she was still working, so she just worked so hard, so I didn't see her much at all.

Aida: Ended up I feel lonely. Yeah.

Rent affordability has always been an issue. Students rely on employment to make rental payments. Since COVID, large scale job loss has caused genuine anxiety about eviction. Some international students describe skipping meals rather than miss a rental payment (Morris et al., 2020). To split the expenses, some students have resorted to uncongenial living arrangements. 'Hot bedding' describes turn taking to sleep on a bed, often between a day shift and night shift worker (Morris et al., 2020; UNSW Human Rights Clinic, 2019). People rent converted spaces such as the lounge room, balcony, or garage. Tenants may share a bedroom with people who are not their partner (Morris et al., 2020).

Shelter may be a physiological need, but for international students like Aida it can also be an issue of safety. Aida's landlord specifically sought out females to share rooms in his house. From this information, it is not possible to know his motivation or assess student safety. In my field texts I have noted a conversation with another student. She describes messages circulating in her social media feed. Students warned each other about a male offering accommodation. He "hangs around" a food court in one of the large shopping centres near the university. He has learnt to pick out new female students. He approaches the student and offers to organise accommodation for them. It is not clear whether it is his home or his friends' home, but there is always a male living with the female students. Without access to university student forums, Ada lacked a critical source of advice. Students warned each other about 'red flags' when choosing housing. Her decision to move in with an adult white guy 'who looked like a nice guy' could have resulted in tragedy. Once COVID-19 restrictions had lifted and she had commenced Uni, did she learn from her new friends how close to disaster she could have come.

Like Aida, Lisa found herself living in an overcrowded house with people she did not know. Poor hygiene standards contributed to elevated levels of anxiety. Different languages and cultural practices made it difficult to develop connections. Along with the shock of the university closure, her household situation added another layer of difficulty to her COVID experience. Lisa and Aida's feelings of loneliness and isolation confirms trends found amongst international students triggered by the outbreak of COVID-19 (Morris et al., 2020).

Lisa: That time, I lived with three different countries housemates. It was tough to me because of the cultural differences there and I believe Korea, Koreans they have sort of high standard of hygiene. And at that time, viruses happen. They talk about the virus spread everywhere and contagious. So, wash hands or cleaning things, to me,

it's really common and it is very necessary things. But when I look at them, their standard of hygiene was different, and it was difficult to encourage them to do so because I'm not that-- we don't have that much bond between.

Susan: Yes. They were strangers. Yeah.

Lisa: I just sort of avoid them. Put myself in the room and just isolate myself.

Susan: Right, so not only you were stuck not going out, but even in your own home, you were stuck in your room.

Lisa: I was.

Cat came to Australia through a high school exchange program. Being a minor, the schools took more responsibility in setting up household situations. Nevertheless, homestay arrangements can be risky. Students have reported owners stalking them, invading their privacy, or making unwanted advances (UNSW Human Rights Clinic, 2019). Cat describes feeling well supported. Once COVID emerged, she faced major difficulties. The pandemic raised challenges for which the exchange program was not prepared. As minors, the students faced risks and the agency opted to send the students back to their home countries. As Cat describes below, this was not necessarily the safest choice. Again, students' experiences depended on their individual living situation. Cat was the only student from her intake to remain in Australia.

Cat: At the beginning it was great until the pandemic hit, and they [the Agency], wanted to send us home ASAP because they didn't want any responsibility with us. So, they sent us an email one day terminating our program and telling us to go home...

...That was awful. I can remember the feeling and it was just-- I was crying once I read that. They referred to us as "stranded and abandoned" in the subject title of the email. It was awful. My host family was really upset about it as well because they were like, "They're not abandoned. They're with us. We're looking after them." And my family as well, just reading that from the other side of the world, seeing them terminating our program, sending us home.

It required a lot of talking; so, I spoke to my host family, asked how they felt about me staying, and they were happy to have me. They were super supportive, so that completely helped.

Before Tony commenced his nursing degree, he had travelled in rural Australia, supporting himself as a migrant worker. In our interviews, Tony always came across as self- confident and independent. He explained how his English had improved as he travelled, along with insight into the Australian culture. He had developed a strong peer network, beginning before he left China. By the time he was ready to find accommodation in Adelaide, he knew how to access information from other students. This positioned him well to secure a safe and supportive living situation. There is potential for universities to tap into such student networks as a means of support for other students.

Tony: Before I settled in Australia, I actually contacted one of the people in the chat group and they have a Chinese family, more like a boarder family as well, I lived with them for, I think, more than a year or so. Another student was also a nursing student and the landlord, we call him, was actually a PhD student at one university as well and another roommate was the PhD student at a different Uni.

Susan: It sounds like you had quite a bit of student support.

Tony: Yes. I think we have the common background and then we were all students back then, so we have a lot to share.

Participants in the *Closed Borders* podcast generally echo the difficulties described in the housing reports (Berg & Farbenblum, 2020; Morris et al., 2020, & UNSW Human Rights Clinic, 2019). In a market where accommodation demand is higher than availability, international students will continue to experience housing issues. Recommendations in the above reports urge education providers to be more proactive in their service and move beyond an information only service (UNSW Human Rights Clinic 2019). Networks which international students have already developed have potential as a vital source of support. It is important for nursing faculty to be aware of the housing situation and the potential impact on the international students in our nursing degree.

CHAPTER 11 ANTI-ASIAN DISCRIMINATION

'...all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set out therein, without distinction of any kind, in particular as to race, colour or national origin...' (United Nations, *International Convention on the Elimination of All Forms of Racial Discrimination* 1965).

Maslow's Level Two: Safety

According to Maslow (1943), once a person's physiological needs are met, they next need to feel safe and protected. One of the most significant fears some participants reported was exposure to racial abuse. People of Asian appearance were targeted and blamed for the outbreak of COVID-19 (Chen, 2020b). Five out of six participants came from Asian countries. On the podcast, Arianne, Lisa, and Tony describe poignant incidents of racist behaviour. Aida and Liana discuss their experiences in other interviews but not on the podcast. Cat, from Brazil, did not mention racism as a concern.

Blame for COVID-19

With such a large Asian population living in Australia, the incidence of anti-Asian discrimination escalated parallel to the spread of COVID (Chen, 2020b). Chinese students in particular reported being verbally abused for being "responsible" for the virus (Chen, 2020b). It's important to note that blaming someone or something for what is perceived a threat is common to human nature (Barreneche, 2020). Whether Asia's close proximity to Australia, coupled with historical attitudes, contributed to the scale and persistence of blaming China is difficult to know. As COVID spread globally, the blame took on new directions. In Europe, people blamed the 'Italians' and their culture of physical greetings (Barreneche, 2020). The minority group of Roma experienced abuse, based on racist views of poor hygiene. Military in Slovakia, Bulgaria and Romania set up checkpoints preventing Roma persons from entering those countries (Matache & Bhabha, 2020). The wealthy in South American countries were blamed for travelling and bringing the virus home (Barreneche, 2020). In China, their own incoming citizens (including returning international students) were blamed for not remaining in their host countries (Jin & Wang 2022). In many countries, including Australia, nurses and health care workers were blamed for wearing their uniform while shopping (Dye et al., 2020). Travellers from cruise ships were blamed for bringing the virus onshore (Muritala et al., 2022). Antivaxxers, anti-maskers, anti-stay at home people received blame (Labbé et al., 2022). However, China and Chinese people

remained one of the most significant and ongoing recipients of global blame (Wang & Santos, 2022).

Racist behaviour not only targeted people from mainland China, but anyone who appeared Asian, including citizens and people who were non-first generation (Wang & Santos, 2022). Racist behaviour occurred in multiple forms. Asian students reported being stared or glared at, being treated poorly, disrespected, being the butt of racist jokes or racial slurs, recipients of hostile verbal assaults, and receiving physical threats or bodily harm (Wang & Santos, 2022). Lisa's family and friends expressed concern about the possibility of her experiencing physical abuse. Lisa describes feeling vulnerable when she listened to her friends' concerns.

Lisa: But around me, my friends back in Korea or other country friends, "How about there? How about Australia? Because I heard the news from America. I heard the news from European countries and then they discriminate Asian people, and they slap them or kick them or punch them because they're wearing masks or they're looking like Asian, although they are actually citizen of that country. So just make sure. Be careful, Lisa."

I was really worried. I was actually scared.

Lisa: And that time, I didn't know online shopping. I had to go there physically and get something. But people gave me a look and then I was bit scared. It's sort of overwhelming. I shouldn't just go outside. Although, I was hungry. I need to get something.

During COVID-19, the popularity of online shopping increased significantly (Ma et al., 2022). Customers used the option as a safety measure from infection. Online shopping of itself is not a new concept in Western countries. It is likely that either they had prior knowledge of the service or gained knowledge from their networks. Newly arrived from Korea to Australia, Lisa describes how she didn't know about online shopping. At the peak of COVID-19, she tells us about making a choice to manage hunger or to go shopping and face Asian-related abuse. Her account draws us into her trauma incurred by her lone migrant experience. Once Uni begins, Lisa describes how making friends changed everything for her. She tells us, 'it made the whole difference'.

Historical Racism

According to Elias et al., (2021), there are many non-Asian Australians who would feel appalled if they knew the extent of Asian related racial abuse. There are individuals and communities within Australia who have a developing ideology of cultural diversity. Much needed work around the cultural, psychosocial, and physical needs of Aboriginal and Torres Strait Islander peoples is underway within the Australian community. Institutions such as universities have promoted diversity and inclusion of all vulnerable population groups. Yet even within this environment, students from diverse cultures and language groups continue to experience discriminatory behaviour (Elias et al., 2021). Racism is more than negative attitudes and prejudices (Elias et al., 2021). Racism extends beyond overt attacks between people and groups. Racism permeates many of the major structural institutions within Australia (Elias et al., 2021).

According to anthropologist, Ruth Benedict (Benedict, 1943), races have long fought each other for power, land, slaves, or wealth. Yet there is no evidence their battles were ever based on physical characteristics, such as White, Black, or Yellow skin colour. Benedict (1943) proposes that Darwin's 'Origin of the Species' (Darwin, 1859), triggered the belief that one race of people could be superior to another. To determine superiority, or the "true Elect," races commenced the comparison of biological features such as skin colour, hair consistency, eye shape, or nostril width (Benedict, 1943). Benedict's landmark text, 'Race and Racism' was published in 1943 in response to the dogma, not only of White superiority, but a specific type of White superiority (Aryan). This dogma had developed into the dangerous and principal basis of [Nazi] polity' (Benedict, 1943 p.97). Benedict (1943) describes racism as 'the dogma that one ethnic group is condemned by nature to congenital inferiority and another ethnic group is destined to congenital superiority' (p.97). When European (White) explorers discovered the 'New World,' they claimed White superiority over local inhabitants and lands (Benedict, 1943). Australia's deep roots in inequality remain evident today. Elias et al., (2021) states that 'racism at the institutional level permeates social, cultural and power structures that perpetuate exclusion and racial inequality (p. 95).' Racism is particularly evident in Australia's values, attitudes and social structures affecting Aboriginal and Torres Strait Islander peoples, as well as immigrants (particularly non-Whites) (Elias et al., 2021). To address incidents of racial abuse requires an understanding and acknowledgement of the pervasiveness of racism in Australian society.

Aurianne: My first time was here in Sydney Airport when I got here. And then, yeah. So, one Australian, like when I'm getting my luggage, and meeting up with the family who pick me up at the airport, yeah. He said like, he cussed, and then something like, something "Chinese," "Freaking Chinese." Something like that. Yeah, and then it was like of course, it was uncomfortable.

Benedict's definition of racism in 1943 is targeted for that era. Contemporary definitions are more expansive and include racial behaviour. Gee et al., (2019), describes racism as 'an organised and dynamic system in which the dominant racial group, based on a hierarchical ideology, develops and sustains structures and behaviours that privilege the dominant group, while simultaneously disempowering and removing resources from racial groups deemed inferior (p. 543)'. The anti- Asian racism experienced by international students during the COVID-19 pandemic is an important, [and devastating] 'moment' where racially loaded mobilities have (re)emerged' (Ang & Mansouri, 2022 p.3).

'Yellow Peril' in the 19th century

COVID has [re-] triggered a social phenomenon where being Chinese places you as 'other.' Anti- Asian discrimination, particularly towards people from China, extends back to the 1800's. Immigrants arriving from China to Australia's gold fields were viewed with hostility. 'The Yellow Peril' reflects the view that immigrants from the inferior yellow race were a danger to the superior white race. The danger would emerge from 'population peril, or economic or military prowess' (Iikura, 1995 p.257). According to Ang and Colic-Peisker (2022), the theory of 'Yellow Peril' in countries largely populated by White people continues to exist. The image of a "savage" yellow race can be traced back to other ages such as the Hun invasions in the fifth century or Mongolian in the twelfth century (Iikura, 1995). In 'modern times,' Bakunin (1814-1876) is said to have proposed the controversial 'Yellow Peril' concept in September 1867 during a peace congress in Geneva. Although the term was not used, the concept and associated fears were raised (Iikura, 1995). Later, Charles H. Pearson, an Oxford educated British historian and colonial minister (1830—1894), echoed Bakunin's sentiments. He 'forecasted the rise of non-white nations, especially the Chinese, in the near future, the explosion of their population and the industrial as well as military threat from them' (Iikura, 1995 p. 271). It is under this sentiment, common to European countries and the US, that Australia's Victorian Government introduced the Chinese Immigration Act 1855 (Vic) (Parliament of Victoria, 1855).

The motivation of the Act lay in limiting the number of Chinese immigrants travelling to the goldfields (Parliament of Victoria, 1855). A version of the Chinese Exclusion Act appeared in Immigration Acts in other states within Australia (Convery et al., 2006). Following Federation in 1901, Australia's new Federal Parliament formed the Immigration Restrictions Act, 1901 (Australian Government, 1901). Part of a package of legislations, this Act aimed at excluding all non-European migrants. The Act contributed to the development of the White Australia Policy (Australian Government, 1901). (Suspended and superseded by the 1958 Migration Act, (Human Rights Commission, 1958 Report No.13). In 1881, Government spokespersons, assisted by the media, blamed (inaccurately) a smallpox epidemic on Chinese immigrants. Historical characterisation of the Chinese as 'purveyors of disease' and as outsiders in Australia have been revised in the twentieth century (Bashford, 2004 p.148). According to Hooker (2006), the 2003 outbreak of SARS in Asia resulted in renewed policies of biosecurity and tighter monitoring at Australia's international borders. Tsolidis (2018) suggests that Australia's fear of 'yellow peril' is less about health, and more about immigration. With the emergence of COVID-19, not only is there a rise in anti-Asian racism, but also a perpetuation of history (Chen et al., 2020b, p. 556).

Aurianne: I remember that when I arrived in Sydney, because I flew from Philippines and then to Sydney, they're already doing some kind of restrictions, but it's not really that tight. I remember back then that there was this area in the airport. If you're from China, you're going to a different-- you have a different lane, but from anywhere else, it's just like the normal procedure.

In late January 2020, standard protocols for ill passengers were followed by border security and biosecurity staff (Murphy, 2020). Incoming flights from China carried passengers from diverse backgrounds. Yet media singled out passengers of Asian appearance undergoing temperature scans. Media as an institution has a long history of perpetuating racial myths and propaganda (Elias et al., 2021). Social and mainstream media linked 'China' or 'Chinese people,' with terms of racial overtones such as 'escalating threat,' and 'dangerous virus.' Within six weeks of its emergence in Wuhan, China, COVID-19 had spread to twenty other countries (WHO, 2020a). The media became the primary source for information about COVID-19. Their focus initially rested on China. They reported the link between COVID-19 and the live animal and seafood wet market, which are common in Asia (Burki, 2020). Wet markets are a foreign concept in the West. Presented as places commonly used in the

Chinese culture, an attitude of 'otherness' emanated towards Chinese people living in 'white culture' (Ang & Colic-Peisker, 2022). Media across the globe characterised COVID-19 as the 'Chinese virus' or 'Kung flu' (Barreneche, 2020). In 'Go eat a bat Chang,' Tahmasbi et al., (2020) describes how the spike in hate speech in social media matched the evolving COVID crisis.

Public Health Emergency of International Concern

In response to the SARS virus in 2003, the WHO developed a series of International Health Regulations (IHR) (WHO, 2005). The purpose of the IHR is to prevent, protect, control, and respond to, the international spread of disease, while avoiding unnecessary interruption to traffic and trade (IHR, WHO, 2005). The principles of the IHR are based on respect for human rights and dignity, in accordance with the Charter of the United Nations (United Nations, 1945), and the Constitution of the World Health Organization (WHO, 1946). The series of regulations were formed in collaboration with WHO member states (including Australia). In response to numerous human-to-human transmissions of COVID-19 outside China, the WHO declared a 'public health emergency of international concern' (WHO, 2020a). The Director-General, Ghebreyesus described several recommendations to ensure that COVID related actions were reasonable.

I would like to summarize those recommendations in seven key areas. First, there is no reason for measures that unnecessarily interfere with international travel and trade. WHO doesn't recommend limiting trade and movement (WHO, 2020a).

Within forty-eight hours of the WHO announcement, the Australian Government disregarded the WHO's recommendation on restricted movement of people. On February 1st, 2020, travel bans began, commencing with prohibiting all incoming flights from China (Australian Government, 2020a). A series of other travel bans followed, until Australia closed its borders completely on the 20th of March, 2020 (Australian Government, 2020b). Australia's border closures coincided with the beginning of the tertiary academic year. Thousands of international students were unable to return to Australia, many from China. While COVID-19 began as a biological issue, it quickly influenced political, social, economic, and educational institutions. According to Elias et al., (2021) Australia's February 1st 2020 announcement prohibiting flights from China (Australian Government, 2020a), potentially demonstrates evidence of persistent institutional anti-Asian racism.

Closed Borders

On February 1st, 2020, Australia's Prime Minister, Scott Morrison, Australia's prime minister, announces that travellers from China cannot travel to Australia without first isolating in another country for 14 days. The Australian Border Force (ABF) communicated the travel restrictions, using a different transcript from the policy statement. A recording of the February 1st, 2020, announcement was available on ABC News via YouTube. I added this clip to my field notes, but the link is no longer available. The official uniform, manner and language associated with the announcement is threatening. "Do not attempt," "if you do attempt to arrive," "placed in detention," "visa cancelled." The announcement also warned people from China not to travel to Australia either 'directly or indirectly.' The chief officer from the ABF announces,

Effective immediately, [February 1st, 2020] foreign nationals (excluding permanent residents) who are in mainland China from today forward, will not be allowed to enter Australia for 14 days from the time they have left or transited through mainland China...I want to assure Australians that we are doing everything we can, through these increased actions, to protect Australians and keep them safe from what is an escalating threat. (Australian Broadcast Commission news, 2020).

The February 1st, 2020 announcement via the media was not entirely accurate. Travellers could legitimately enter Australia from China indirectly, following a fourteen-day quarantine in another country (Haugen & Lehmann, 2020). It appears that the Prime Minister Scott Morrison, also promoted this alternative option through the Chinese social media platform, WeChat (Zhihu, 2020). I also collected this statement as a Field note, but the link is no longer available. The statement reads, 'The new travel restrictions announced on Saturday apply to all foreigners who have been to or transited through mainland China since February 1st, 2020'. This means they cannot enter Australia until 14 days after leaving or transiting through mainland China' (Zhihu, 2020). The discrepancy between the Australian Border Force media announcement, and Morrisons' social media promotion, caused confusion and distress amongst students. The discrepancy led to media misrepresenting Chinese students as entering Australia through the "backdoor" or applying "scam tactics" to get around the "ban" (Kiloran & Tasmin, 2020). The Australian Government later altered its position on the third country option, to one of policy ambivalence. While traveling to Australia via a third country was never illegal, it was never again mentioned by government sources publicly (Haugen and Lehmann, 2020). The rate of students who accepted the third country option can be viewed through the Department of Education Skills and Employment (DESE) data on student visa holders in and outside Australia in 2020, '...in early February

the proportion of Chinese visa holders outside Australia exceeded 50%. Since then, Australian Border Force has reported that over 47,000 Chinese citizens arrived from third countries up until Australia closed its borders to everyone, on 20 March 2020' (Department of Education, Skills, and Employment, 2020).

Due to reduced flights, businesses took the opportunity to 'assist' with panic buying, both for travel and hotel quarantine in the third country. Not all assistance was bona fide (Haugen & Lehmann, 2020). In a second conversation with Liana, he added that China had also implemented travel restrictions. Not only was it difficult to enter Australia, but it was also hard to leave China.

Liana: Because the Chinese Government pushed the travel restriction for the flying from China- from another country to China. So, it's also impacted the flying from China to the other countries. So now only there are only two or three flights from China to Australia weekly. So, most students are going to have to choose to fly into Singapore first and then, from Singapore to Australia. So, it's a lot of pressure. So, such as, I have a friend, she's studying Paramedics in the University. She's a last year student and she changed her flight ticket at least three times within the one month.

As stated by the WHO (2020a), countries with weaker health systems were less prepared to deal with COVID-19. Australia's decision to require third country quarantine put those countries at risk of virus exposure. The policy 'allowed Australia to externalize the risk of infection while profiting from international student mobility' (Haugen & Lehmann, 2020). Other Asian countries were often in a weaker position to determine their own response to Australia's proposal. Students faced pressure that the third countries may also close their borders, trapping them mid-journey. By mid- February, 2020 countries such as Malaysia, Thailand and Singapore had implemented their own entry bans for travellers from China (Haugen & Lehmann, 2020).

Liana: I had three friends who had gone to Singapore when they got stuck. One got tired of waiting and flew back home. The other two kept trying and eventually they could come to Australia. It wasn't fair for the other student.

In our conversation about the February 1st, 2020, announcement, Liana not only describes his own distress, but highlights the chaos caused to the student community. Liana held the

position of Vice President of the Chinese Student Association before the university year ended in 2019. Although still on semester break, he continued to take his role seriously while in quarantine in Thailand.

Liana: I'm happy students can trust me to help them solve their questions or problems. But also, it's hard work because the University have 400 or 500 Chinese students face the same situations.

Liana felt he needed to keep the students calm and took on the role of spokesperson. He stated that he knew the university could not manage the flood of email enquiries from individual students. He presented the students' questions and concerns to the university and relayed messages back to the students.

Liana: First we were all so angry. Angry at the Australian Government; why couldn't students come back? Angry at the university for sending out the same emails to the student; "just wait," "wait," "wait." I was the middle person, sending the messages from the university and receiving messages from students. So, it's not an option for me; I had to help, it's something I needed to do.

Collectivism and Individualism

When I reflected on our conversations about Australia's border policies, I noticed that Liana tended to replace his "I" with "Us." What concerned his community is what concerned him. This was an important insight for me. While I explored students' individual experiences of racism, I realised that the experiences of their community equally concerned them. An important discovery I made was the concept of 'individualism' and 'collectivism.' In the Chinese culture, 'collectivism' is rooted in Confucianism. The needs and rights of families and the community are considered more important than individual needs (Zhong et al., 2017). Hofstede (2021) describes how culture determines one's world view. Most Asian countries operate from a collective culture. A person's sense of "self" is connected to the group. An individual's actions not only impact the individual, but also the family and

community. Social standing is important, as is group harmony and the deflection of shame (Ong-Flaherty, 2015). In an individualistic culture, such as many Western countries, individual rights, and autonomy matter most. A person asks, “how does this affect me?” (Ong-Flaherty, 2015). After following Liana’s lead, I realised that when asking students from Asian cultures about their experiences, I’m also asking about their community and family. What happened on February 1st, 2020 not only affected Liana personally but affected the way he perceived himself within his community. This is an important insight for the nursing faculty to consider, so that learning support is culturally appropriate. Collaborating with a student body to explore the concepts of individualism and collectivism may be an important start when designing recommendations. It is also possible that Collectivism contributed to students’ desire to participate in the research. Interviews conducted via a podcast are public. Students knew that the experiences they chose to share would reach a certain audience. The nature of collaboration to shape those stories appeared to come easily to participants. Despite a heavy student load, and the unpredictability of COVID-19, all six participants maintained their commitment to a project which lasted for almost three years. Students’ comments about their purpose echoed each other. They hoped that their story could make a difference in preventing future students from experiencing similar trauma. Collectivism is an important concept for nursing faculty to consider when working with international nursing students. Collaborating with a student body to revisit policies and strategies through a collective lens may offer a radical shift to staff-student relations.

Masks

Susan: You mentioned once that your mum sent masks across?

Tony: Yes. At that time, masks are mandatory in China, but here in Australia, it's not. But still, I don't know why there's none in the pharmacy or in the supermarket. So, my mum decided to send a package, I think, which was \$400 worth of masks to me, which ironically, I didn't use at all. I distributed them to my friends and my landlord in the end. I think half of them were surgical masks and half of them were N95. I used some of them. I actually wear the mask to the Uni all the time, but well, I'm a, what do you call? Frugal person and very thrifty. I don't need that many of masks.

Lisa: My parents concern about me pretty much because I'm the one live-- I'm the one live here alone. So, they actually sent masks to me, sort of preparing just in case if something happens. Susan: So, your masks actually came from Korea?

Lisa: Yes. Because they concerned if-- because at that time even they didn't think [about it becoming] a pandemic, but maybe their personality, or they want to make sure everything is all right and sort of precaution should be followed there.

Students from Asia, particularly those from China, faced conflicting values and beliefs about mask wearing. From the onset of COVID, it was mandatory for people in China to wear face masks (Ma & Zhan, 2022). Wearing masks was not uncommon in Asia prior to the pandemic. Most people would have been aware of the devastating SARS epidemic in 2003 (Ma & Zhan, 2022; Smith, 2020). Some also wore masks for protection against the sun, ageing or pollution (Jennings, 2020). In Australia, people who wore masks at the beginning of COVID were viewed with suspicion, which played a role in perpetuating Asian discrimination.

According to Ma and Zhan (2022), students demonstrated their belief in the masks' value by continuing to wear them, despite their stigma. Instead of educating or challenging the racist behaviour, students' quiet persistence demonstrated their cultural coping mechanism.

Unfortunately, students' commitment to mask wearing did not come without a cost to their mental health. Um et al., (2022) explored a potential link between mask wearing and self-harm. Their findings identified that mask wearing, racism, mental health and self-harm are all linked. Although the specific role of mask wearing to self-harm could not be determined, there was sufficient concern for the researchers to recommend further exploration.

Lisa: And that time, I didn't know online shopping. I had to go there physically and get something. But people gave me a look and then I was bit scared. It's sort of overwhelming. I shouldn't just go outside. Although, I was hungry. I need to get something.

Lisa: I was really worried. I was actually scared. And actually, I was thinking to write down something on my mask. Really, because I was scared. I want to prevent the situation...

Aurianne: Also, just some judgmental look because I kind of look ...a little Chinese, as well. So, I'm not Chinese, but you can't know with the mask, people don't know about it, so sometimes you get bad remarks about it.

'Cause I've experienced it here as well like people whispering, and then, of course, you can understand it sometimes. And then saying bad stuff about you. And like, it happened in the supermarket, and then you were doing grocery shopping, and then yeah, that happened. So, it's a bit hard for that.

Tony: And also, we have a chat group of current students, former students, and we hear all kinds of stories from the chat group. So, I think, once, they mentioned-- because it was not mandatory to wear a mask here at the beginning of COVID, but us being very cautious, we already started to wear masks. So, I think in the idea of locals, if you wear a mask, that means you are sick. You shouldn't come to your workplace or to the Uni, but for us, it's just a precaution. So, the tutor asked him to remove the mask or leave the class, which, in the end, he had to compromise, and he removed the mask.

Tony considered the conflict as potentially cultural. Other students were clear about it being racist. The dilemma they held was whether to report it. Tony debated whether it was worth the fight. While racist behaviour is deeply concerning, the association of reporting it with 'a fight' is also concerning. The responsibility for preventing racism within an institution lies at the system level, through the development of organisational policies and practices (Wang & Santos, 2022). Diversity and Inclusion policies and procedures were in place within the participants' learning institution. There is evidence that resources were allocated for staff training and that appropriate committees were in place to ensure policies were implemented (Anon University, 2023). Additionally, the nursing faculty are guided by the Code of Conduct for nurses and midwives, which expect culturally safe and respectful practice (NMBA 2018). Yet participants describe evidence to the contrary. According to Kendall et al, (2020) the presence of institutional policies do not eradicate racism. While such policies

are now commonly in existence, racism in systems continues at various levels (Kendall et al, 2020). An educational organisation aware of increased racism associated with COVID, could have pre-empted inappropriate classroom discussions and practices. A supportive organisation or profession could have taken up an advocacy role and provided the education staff members may have lacked. Lack of clarity amongst staff about appropriate language or behaviour can normalise racism within an institution (Markey & Zhang, 2020). One of the responsibilities for leadership lies in knowing the extent of racism which exists within a profession or organisation (Markey & Zhang, (2020). Leadership modelling is one means to prevent and eliminate racism.

Where racism is recognised and employees are held to account, a culture of racism is less likely to exist (Markey & Zhang, 2020). The institution should model practices by prioritising their intolerance of racist behaviour. Reporting racism should never be considered a fight.

Tony: And also, she was demonstrating how to do an assessment, so she chose one of our-- one member of our group, and when she finished that demonstration, she actually said, "Did anyone have sanitisers?"

It's right, you need to do-- you need to use hand sanitisers after you touch someone, but the way she said it was a total racism behaviour.

Susan: Right, right. The request for sanitising. Was it because she had touched an Asian student?

Tony: Exactly. Yeah, and to be honest I don't like that tutor at all.

Susan: No, very sad.

Tony: ...but again, we have the right to wear masks, I think, at the time. Yeah. I think the student expressed clearly; he was not sick. It was just a precaution. That's what we do in China, so... **Tony:** ...I would wonder what the tutor might feel after we go offline again, and everyone has to wear masks or stay 1.5 metres away from each other. So that must be a slap in the face. Other students said, "This is a total racism, and he should report to the Uni." But like I said, for me, it was probably the different

ideas of different cultures. So, I'm not sure, if it was me, well, I would fight? I don't know. I would remove the mask. I might. Yes.

Feeling disrespected and undervalued as a result of discrimination can reduce a student's self-confidence. According to Walker et al., (2023) nursing students who experience inequality due to discrimination are likely to question their ability to progress in the nursing profession. Nursing leaders in education and clinical settings should be aware of a culture of racist behaviour and work to eradicate it (Walker et al., 2023). Hadian et al., (2022) reminds professors and educators to avoid instigating the feelings of humiliation and frustration [associated with discrimination] of nursing students in the future (p.6).

Tony: I think at the beginning of COVID we were still having our sessions in the classroom, so one of the tutors, she said, "Oh, do you know about the new disease?" She didn't mention the country, but we know what she was talking about, and then she just took it for granted, she said it was just Asian flu. For me, I didn't take it as an offence. Okay, it is coming from the Asian countries. We did have the Spanish flu, the, well, American flu or the H1N1, so yeah, I didn't take any offence.

Employees in major institutions such as government departments, health care, police, and education, understand that they have requirements to respect and practice cultural diversity. The nursing profession has clear principles and guidelines with which to inform professional behaviour (ICN, 2020; Nursing & Midwifery Board of Australia (NMBA), 2016). According to Wang and Santos (2022), while the institution is ultimately responsible for establishing anti-racist policies, it is the staff who must implement these. Pro-active organisations can implement professional development in anti-racism and cultural competence (Shepherd et al., 2019). Exploring one's personal bias can be an uncomfortable but a necessary act to identify unconscious prejudices (Markey & Zhang, 2020). To address institutional racism a balance between the individual responsibility and the collective is required. It is not the victims, as recounted by Tony, who should decide what is and isn't racism. They should trust that their organisations' policy of intolerance to racism is real, and not rhetorical. Unfortunately, international students were one of the most overlooked population groups during the COVID-19 pandemic (Chen et al., 2020a). Similar

to other experiences during COVID, their experiences of racism appear to have gone unnoticed, or unchecked.

CHAPTER 12 MENTAL HEALTH AND WELL-BEING

'Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO, 2022, June 17th).

Maslow's Levels Three and Four: Love and Esteem needs

Background

Pre- COVID literature on international nursing students describes multiple stressors students face which have the potential to cause mental health difficulties. According to Wang (2015), sources of stress have included issues with language, culture, learning styles, racism, and homesickness. Without specific studies on international nursing students since COVID, information about their mental health is unknown. The experiences of international students in general are considered here. COVID has not only exacerbated mental health issues but have triggered new concerns. New and heightened stressors include Asian specific racism (Ang & Mansouri, 2022), poor access to social support (Istiko et al., 2022), increased housing and food insecurity (Kim & Murphy, 2023) social isolation (Ke et al., 2023), exhaustion, insomnia, and depression (Rekenyi et al., 2023), thoughts of self-harm (Um et al., 2022), disaster related trauma (Pavlicic et al., 2023). This research has identified pandemic induced anxiety for family and country and coping with changes to nurse education (*Closed Borders* podcast, 2023). Students have also described social exclusion due to government policies or announcements, such as international border closures, advice to return to home countries (Nowak Migration, 2020), and ineligibility for financial support (Berg & Farbenblum, 2020). According to Gari'epy et al., (2016), in times of personal crises, emotional support is essential. It can sometimes provide a greater protective factor against mental illness than practical support.

Social isolation has the potential to increase the risk of long-term mental illness (Ke et al., 2023). Adults need other adults to confide in during troubled times. International nursing students no longer have their family or longtime friends to provide emotional support. Maslow (1943), states that once physiological and safety needs are satisfied, a person needs to connect with other people. They need to feel as if they belong somewhere. '... now the person will feel keenly, as never before, the absence of friends, or a ...[partner] or a [family]..., and for a place in his group...' (Maslow 1943, p.382). A person who has

reached the need for belonging 'will want to attain such a place more than anything else in the world and may even forget that once, when he was hungry, he sneered at love' (p.380-381). In the *Closed Borders* podcast, participants describe episodes of social isolation, lack of belongingness, and the impact on their mental health.

Lisa: And my whole family is back in Korea. I'm the only one here alone, by myself.

Aida: I was from Melbourne before I moved to Adelaide, and I thought, "Okay. It's okay." He was still living in Melbourne [partner]. I could make more friends in Adelaide. Nobody would expect that the pandemic hit; the border shut... And as I already told you, with how I felt at that time, I couldn't cope well, feeling lonely, and I just put all of the stress on him as well and why he wasn't able to be with me in the weakest time that I was. Yeah.

Aurianne: It's the first time I've been away from home, so it feels very heavy, and you feel like sometimes you don't really have someone to talk to, so. And because I don't have much friends here as well in Adelaide. Because when Uni started, we only did like one week or two weeks of study in Uni. And then it all went to Online studying. So, I mean, two weeks is not really enough time for us to meet people or have friends....

Students develop a sense of belonging when they feel accepted by their peers and engage in positive relationships. Winstone et al., (2022) attribute students' wellbeing and academic progress to their experience of belonging. The wellbeing of international nursing students is also influenced by their sense of belonging to the larger community. Belongingness is a situated process. The COVID pandemic played a significant role in students' experiences of inclusion and exclusion in Australian society. Liana describes the impact of exclusion of travellers from China on students. The sudden prevention of travellers from China into Australia came as a terrible shock for thousands of international students. Liana describes the stress of his ordeal trying to return to Australia to continue his study.

Liana: The 1st of February of 2020, the border of Australia suddenly closed, which announced by the Australian Government. At that moment, I just spent my time with my family in China. So, it's a shock news for me. Yeah.

Like many of his peers, Liana had returned to China from Australia for his summer break. Students panicked, worrying what would happen to their studies if they couldn't return. While some courses offer a mid-year intake, others, such as nursing, do not.

Liana: The border is closed means I cannot be allowed to enter in Australia directly. So, I going to start my study at the University from end of February, and that means I may need to delay my offer. It's very hard for international students if they cannot be allowed to come back.

Students were confused about the implications of not returning on time. Liana describes how the university appeared to be equally confused. Until I met Liana later that same year, I had limited understanding of the magnitude of the February 1st, 2020 decision. Australia's international students on leave in China experienced their first disconnection from the common experience of other students. They coped with their exclusion from Australia without support from the university.

Susan: And what about the response of the university? Do you think they understood?

Liana: They totally understood, and they want to help, they want to try their best to help, university, but at that time information or any ways to solve the students problems. So as the university of course cannot help students a lot and they cannot provide enough information to students, so the only thing they can do is just tell the student we understood your situation, and we want to try our best to help you but certainly, we cannot find appropriate way to solve your problem.

Liana decided to accept the 'third country' option. People could travel from China and quarantine in another country for fourteen days and then enter Australia (Haugen & Lehmann, 2020). While this option provided hope it also caused considerable stress. Noone knew if, when and on what grounds, a country would close their borders. Students worried about the risk of being trapped in these other countries. In addition, there were fears of catching COVID while in transit.

Liana: Yes. Yes. Because I'm not a Thailand citizen or the permanent residence holder, so if I stay in another country, it's very difficult for me and for my family.

Liana shares how he tried to encourage other students to travel.

Susan: So, you made that decision. What about some of your friends?

Liana: Before I decided to go to Thailand, I was communicating with some my friends, and I encouraged them to go to Thailand with me together. But finally, they gave up this opportunity because their family also think it's very dangerous for their self.

As well as their personal stress, international students had to manage their families' anxiety. While Liana's family supported his decision, other students were unable to leave China.

Susan: How are your family coping with your decision?

Liana: To be honest, they are very worried about that because I need to stay in there alone. But finally, they support me because they know what I'm going to suffer if I choose not to select this pathway back to Australia.

Liana describes the confusion and frustration students felt in early 2020, while in quarantine in the third country. The university was unable to provide clear instructions. In the immediacy of the situation, it was student leaders, and not faculty, who volunteered to take responsibility to keep students calm.

Liana: So, as the vice president of the Chinese Student Association, I'm like the communication bridge between the university and international students and I can tell the student upon you all their attitudes or their problems, the University trying to discuss with them how to solve these problems.

Peers could identify with each other. From a distance, universities struggled to manage the crisis. Working in partnership with student leaders is a powerful tool for the nursing faculty to consider when addressing concerns regarding international nursing students.

Liana: They suffer the same situation like me, they cannot go back to Australia directly and China was suffering the COVID still and so they have no idea what they can do and how they can start the new semester in the University.

The support of student leaders may have provided reassurance to students, but it came at a personal cost to leaders.

Liana: Of course, I feel stressed about that because I'm staying in Thailand. I do not get enough support as well. And also, I need to support other students, but I cannot show my emotion to students, especially, look nervous or anxious. Students feel, become more angry or more anxious if I shows the negative emotions because I'm their student leader. Yeah. So, if I show that and the students may give you more strongly feedback.

Like Liana, it's possible that students who made it back to Australia internalised their trauma. It may have been difficult to share with others who had no insight into their experience. According to Pavlacic et al., (2023), most people demonstrate resilience and recover from traumatic events.

Others however find that feelings of stress linger (Weber et al., 2020). Uptake of post disaster emotional support and immediate trauma counselling has demonstrated effectiveness in preventing mental health issues (Pavlacic et al., 2023). Insight into students' trauma upon returning to study, could have provided the nursing faculty with knowledge to better understand and support students' mental health.

Australia as Home

Liana spent much of his time in Thailand trying to purchase a ticket back to Australia. He worried about contracting COVID in Thailand. He describes his discomfort with people not wearing masks, or self-isolating, as was his experience in China. Liana eventually returned to Australia, via Singapore, about three weeks after leaving China.

Susan: So, what a relief when you got your own ticket to come here.

Liana: It's like my home. Yeah. Back to Australia; back to Adelaide. I don't need to face any potential risks about COVID. Yup.

On April 30th, 2019, the Australian Bureau of Statistics (ABS), (2019) released a statement in response to the 2017-2018 report on Australia's international migration statistics. The statement reads, '7.3 million migrants call Australia home.' The majority of migrant arrivals were on temporary visas, including 30 per cent who were international students. The flavour of the report is celebratory, stating that migrants added to the growth of the national population, and had an important effect on the diversity of Australia's population. Migrant communities belonged. They called Australia home. One year later, on April 3rd, 2020, Australia's Prime Minister. Scott Morrison stated that visitor visa-holders and international students who cannot support themselves in Australia during the COVID-19 pandemic should "make [their] way home" (Gibson & Moran, 2020a). According to Berg & Farbenblum (2020), the sense of fear, shock and feelings of rejection prompted by that speech still

lingers within migrant communities. Sidhu et al., (2020) describe contradictory responses by government and universities in other countries. Students are urged by home countries not to return home due to the risk of carrying COVID infection.

Barriers to Returning to Home Countries

Cat: At the beginning it was great until the pandemic hit, and they [placement agency] wanted to send us home ASAP, because they didn't want any responsibility with us...It wasn't even something we were considering because it would be six different flights, staying in different countries for like twenty-four hours. It was taking about a week for people to get home.

Susan: And can I ask how old you were, at that time?

Cat: Yeah. I was seventeen.

There were numerous barriers for students to return home. Berg & Farbenblum (2020) describe how countries' decisions to close their national borders often occurred with minimal notice. There was a real risk of students being stranded in airports. Internal borders were also closing, making it difficult for people to travel to their hometowns. At seventeen, Cat is considered a minor. Managing to negotiate this process on her own left her vulnerable to significant anxiety, and potential misadventure. Cat described the stress her mother experienced after the Agency's directive for students to return to their home country. Another barrier to travelling home was the limited availability and cost of flights (Berg & Farbenblum, 2020). Some countries had suspended flights altogether. From March 2020, Australia had cancelled all domestic flights to key international airports, such as Sydney. If a flight could be secured, the cost was significantly prohibitive (Berg & Farbenblum, 2020). Students were also concerned about the risk of contracting COVID on their homeward journey (Berg & Farbenblum, 2020). In the *Closed Borders* podcast, students were particularly worried about the consequences on their study. Would they be able to return to Australia later to finish, or commence their degree? Would they receive a refund on fees already paid?

Susan: At any point, did you feel like just going home?

Lisa: Yes. Even now I sort of smile and laugh but-- because I don't want to cry again. Yes. I actually checked the flight ticket...It was hard. It was desperate. It was. And I checked the flight tickets several times. Should I go back? But...And I wasn't having enough brave though. I didn't have enough brave, because if I maybe I could go back then there's uncertainty there whether I can come back for finishing my nursing degree. So, I have to make that decision that if the border close, and once the border close, it means they were not going to open for you later on, although I want to come back here again.

Aurianne: But of course, I want to go home. Maybe in December, for Christmas or for holidays [2021]. But I don't know if that's going to be possible or what, because if I go, my only concern is that— like back then, like last year [2020]. I know that I can go to the Philippines, but I'm not 100% sure if I'll be able to come back. You're going to have like consequences and so on. So, I just decided not to go last year. And also, this year, it's just I don't know what's going to happen. So, like I don't know if it's going to be open or I'll be able to go or...come back again.

Cat: That's right. Yeah. So, I had plans since like I finished high school, end of 2020. I had plans to go home, spend Christmas and New Years at home and come back for Uni end of February and beginning of March, [2020] but that didn't happen because of the borders like you said. So, I could actually go home, but I wouldn't be able to come back into Australia and it wasn't something I was willing to do.

Separation from Family

Participants maintained a close connection with their family throughout the pandemic. They kept up to date with news of events in their home countries. According to Sahu et al., (2020) and Zhai and Du (2020), international students experienced anxiety for the wellbeing of their families. They also carried the burden of keeping their own troubles to themselves so as not to worry their family. This is where I observed participants living in a dual world. They lived, studied, went on placement, and communicated with locals about everyday concerns. On the outside they continued to progress in their nursing studies alongside their local peers. Meanwhile, inside they carried a heavy emotional load.

Aurianne: So, of course, I'm here worrying myself, but at the same time worried about my family like, "What's going to happen? Like if it's bad here in Australia, I'm pretty sure it's worse in the Philippines...And then you hear from the news all the deaths, all the positive cases in your country. And then, of course, you're going to worry about your family.

Aida: Well, I am the only child. I am really close to my parents, both of them, both Dad and Mum. I didn't want to worry them. I didn't want to tell the whole story, how I been during that time because COVID, it's happened globally. They might also worry about their job. They didn't tell me either.

That's why we just keep our face happy. "I'm okay. I'm all right," even though I used to tell my mum everything, but not in that situation, no.

Cat: It was rough... because I didn't know how really my family was, because Brazil's situation was really bad, so. It was very challenging times, feeling very homesick, mental health decreasing. So yeah, very challenging.

Tony: The protective measures in China and in Australia, they were quite different. So yeah, to some extent they [parents] were worried more than before.

Aida: So, they [house mates] were also stressed... especially the mum because she got her family in her country, and she was stressed with the situation in her country and here."

Lisa: At that time, Korea was having a really difficult time as well, I think more than here, worse than here. The cases was increasing, increasing. You know Korea's a really small, tiny country-- and really dense population?

So, I was worried, my mom and dad and my brother. They were all there. And the cases was going crazy. It was crazy.

Susan: So, they were worried about you.

Lisa: Yes.

Survivor Guilt

Students' minimised their own COVID experiences when communicating with their parents. This appears to be one way they could help relieve their parent's anxieties. I have wondered if their responses also reflected survival guilt. While this phenomenon has been documented since Freud (1896/1985), there is limited contemporary research into the topic. A summary of the current survivor guilt literature is described in Murray et al's., (2021) paper. Survivor guilt usually applies to a person who has been exposed to, or witnessed death and have stayed alive (Lifton, 2012). The definition can apply to groups who have been exposed to trauma, such as refugees, survivors of terrorist attacks or war, and mass casualty accidents (Murray et al's., 2021). Some research has more recently been undertaken with survivors of COVID-19 (Sahoo et al., 2020; Palladini, 2023). Survivor guilt is felt by an individual when they believe 'they have done something wrong by surviving or

view themselves as undeserving of their perceived benefit' (Murray et al., 2021 p.6). In the *Closed Borders* podcast none of the participants discuss the loss of a loved one through COVID-19. However, some describe feelings of discomfort that they are safe in South Australia while knowing their family and their country are suffering. While it is not in the remit of nurses to ascribe diagnosis, it is important to consider if students require an appropriate mental health referral.

Aurianne: I kind of realised that, oh, yeah, they're not really going to do much in the Philippines because it's we, a different system out there. So, of course, I'm here worrying myself, but at the same time worried about my family like, "What's going to happen? Like if it's bad here in Australia, I'm pretty sure it's worse in the Philippines." So, something like that. That's what I'm feeling back then.

Lisa: At least if I do part-time-- if I could do a part-time job here, I don't have to be at least the burden or something although I didn't borrow money from them. But still, I feel-- I felt so guilty. I feel sorry for them. I couldn't do anything for them...

And I'm the oldest one. And part of the cultural thing that if you're the oldest one, you need to look after your parents and things...

And you have a responsibility on that, but I don't have ability at that time.

Cat: They were happy for me to stay because I was safe here. Until like beginning of 2021 I'd say they were still like under lockdown, and I was like having a normal life, I could go to school, I could go to Uni and they didn't have any of that.

Love and Esteem

Most universities provide a student support service. In the early waves of COVID, university student support services played a vital role. They helped with 'psycho-social development and pragmatic issues around permits and accommodation' (Moscaritolo et al., 2022 p.326). Moscaritolo et al., (2022) described the role of student support services during the first waves of COVID. Most services reported their quick action to develop response teams. In some universities, faculty and student support staff worked together to check the wellbeing of international students, by phone or group chat. Student leaders developed WhatsApp peer groups. They also organised practical supports such as food hampers. In evaluating their approach to COVID assistance, student services recommended changes to future service delivery (Moscaritolo et al., 2022). The most prevalent area of need was social-emotional support. Their recommendations included partnering with mental health services within government and non-government sectors (Moscaritolo et al., 2022). According to Boullion et al., (2020), timely trauma-informed psychological services is of great benefit immediately following a crisis.

International nursing students would benefit from the nursing faculty partnering with internal and external support services. Nurses are accustomed to undertaking assessments and making appropriate referrals to partnered organisations and professionals. The nursing professional model encourages collaborative practice, along with the provision of holistic, person-centred care. The principals of nursing care are designed to extend beyond patients/clients to peers (Nursing & Midwifery Board of Australia (NMBA), 2016, 2.2; Christopher et al., 2020). Aida describes how her need for emotional support reached its peak.

Aida: It was a lot, yes. So, I had a bit of anxiety. I just couldn't sleep, and I sometimes woke up in the middle of the night, heart racing, like I was panicking at something. It was a feeling that I never felt before...and I broke down or cry sometimes. Yeah. Because I was literally got nobody.

Separated from her partner by closed state borders, Aida required an exemption letter for him to cross. Aida shares how she turned to Student Support for this letter.

Aida: So, I went to talk to the counselling at the university, and she really helped me a lot... and she helped me to give the letter that I have consult with her with this emotional distress and I really need the support from my partner. So, with that letter, he need to show this to SA Health first to get it granted so that he could get the letter to SA Police when he crossed the border.

A model of collaboration between Student Support and the nursing faculty could have managed Aida's anxiety from an additional perspective. Aida not only revealed her need for practical assistance but demonstrated potential mental health issues. Nursing with its wholistic focus is well positioned to provide nursing students with a dynamic support service.

Aida, And I could see that she [counsellor] got emotional when I share her my experience, how I cope at that time, and then—she understood. I could see that her eye was a bit teary listening to me, and I just so touched that she feel me.

While listening and demonstrating care is crucial, trauma management requires a specialist psychology service. According to Pavlacic et al., (2023), early intervention with psychological management can reduce mental health symptoms for people already exhibiting significant distress. The primary role of the nursing faculty is to support the learning needs of students. Yet as Maslow (1943) states, lower needs must be fulfilled before self-actualization can truly be achieved. The nursing profession has the knowledge to assess and make appropriate referrals for international nursing students. Aside from managing interventions, nursing is also proficient in developing preventative measures. In Moscaritolo et al.'s study (2022), while Student Support services' response was swift, it's not clear if services followed a pre-designed disaster plan. Preventative services need to be coordinated and pre-planned (Boullion et al., 2020). According to Rekeny et al., (2023) not only can effective communication intervene as a stress reducer, but also as a preventor. When a plan is in place, referral or interventions for emotional support can be implemented as a 'first-aid' measure immediately post disaster (Jacobs et al., 2016). There is significant

scope for the nursing faculty to collaborate with others to establish a disaster plan to manage mental health issues arising from community crises' such as COVID-19.

Meaning in Life

Recovery from trauma can occur along a spectrum. Some recover easily while others may experience post-traumatic stress disorder (PTSD). Survivors can also display signs of post traumatic growth (PTG). This phenomenon exists when a person states that a stressful period has made them a stronger person (Boullion et al., 2020; Pavlacic et al., 2023). An individual's coping factors appear to inform their response to distress. According to Martela and Steger (2016), people who are aware of their 'meaning in life', (not to be confused with 'the' meaning of life) are more likely to experience PTG. Developing meaning in life can be a critical factor in developing resilience (Weber et al., 2020). Traumatic events, such as the COVID pandemic, can make a person question their meaning in life (Weber et al., 2020). Martela and Steger (2016), describe meaning in life as a compilation of three factors. First is the need for an individual to believe their life makes sense. During a disaster such as COVID, what once appeared straightforward might no longer make sense. Second is the need to have personal goals. During COVID people's goals were often disrupted and life unexpectedly changed direction. Third is the need for an individual to believe that their life is worth living. Incidents during COVID had the potential for an individual to challenge the value of their own life. Understanding these three principals of meaning in life is useful in planning post-traumatic mental health support (Pavlacic et al., 2023). Other predictors for post traumatic recovery include social support and self-efficacy (Pavlacic et al., 2023). Self-efficacy is a persons' perception of their capacity to overcome the stressful situation (Bandura, 2018). Early referral to specialist psychological support can provide prevention from PTSD, as well as intervention to facilitate recovery.

Racial Trauma

International nursing students faced an additional factor with the potential to impact their recovery from mental health concerns. Pavlacic et al's (2023) study on post COVID stress amongst international students found that racial discrimination could override the benefits of meaning in life, social support, and self-efficacy. It is important not to overlook the burden of racial trauma. The approach to counselling must be culturally appropriate. This must commence at the first point of contact (Liu et al., 2020). It is important that the service provider is aware of their own biases. In education, there is a risk of assuming that all students from Asia are quiet, high achievers and unwilling to share true feelings (Liu et al., 2020). The *Closed Borders* podcast has presented students with a broad range of

personalities, life stories, coping strategies, languages, cultures, and countries. It's also important for counsellors to understand the implication of students' temporary migrant status. Students may not be able to pay for private services. They may fear visa cancellation and deportation if they reveal their lack of capacity to support themselves (Berg & Farbenblum, 2020). Disclosing personal information to university counsellors may compromise students' capacity to be truly open about their experiences. It may be useful to offer counselling in the students' first language (Liu et al., 2020). A transparent and partnered psychological plan should be undertaken with the student prior to providing psychological support (Liu et al., 2020). Being mindful of these factors may provide the student with the best possibility for recovery (Liu et al., 2020). In turn this provides them with the best opportunity to become successful in their study.

Peer Support

Disasters often occur to a whole community. While this can be devastating, it can also bring people together (Pavlacic et al., 2023). Although a controversial phrase during COVID, 'we're all in the same boat,' it does indicate the possibility for community support. Formal or informal support groups may assist international nursing students to manage mental health issues. Lisa highlights the positive outcomes of reconnecting with their peers following lockdown.

Susan: So, a few months went by, and then finally, the university opened...

Lisa: Yeah! It was much better to meet people in person, and finally, I could make friends there. And not only my country, Korean friends, but also other country friends as well...And because the situations sort of inspire me, and I could have more motivation on it. So, I study hard. I could focus more... So that made all the difference. The whole full difference.

It's not possible in this research to identify if participants fully recovered from COVID related trauma. Some may have experienced significant mental health issues, to the point of PTSD or other mental illnesses. Others may have achieved PTG. Some may reflect on this period as insignificant to their mental health. Before completing their podcast interview, I asked each student to reflect back over their COVID experience. Their final comment may provide a glimpse into the lasting effect on their mental health.

Liana: COVID also let me gain a lot like it's a great opportunity to develop my leadership skill because I need to coordinate the relationship between university officers and students. And also, I need to let me clamp down for my emotions, I won't be anxious or stressed I need to balance my study and my life equally. Yeah.

Aida: I came a really long way! Yes. And I'm finally out here to really help people and change people's life.

Cat: We're both [mum and I] working. [Mum immigrated from Brazil once the Australian borders opened]. So exciting times. It's been a learning curve...I was able to work through that, seeking support from friends, family, also counsellors, but it was a massive learning experience.

Lisa: I don't know how could I put the words in English, but just pop in my head, I'm alive. I survived. I'm all right now. I survived...I'm happy that I'm here. And thanks for everyone who supports me, and thanks for myself that I... (unclear).

Tony: I invited my, the local family I stayed with [to Graduation]. They are actually my family now. So yes, they attended my graduation ceremony, and they feel happy and proud for me.

Aurianne: I'm ok, it's just time for me to spend time with my mum [visiting from the Philippines] and to settle into my new job.

The mental health and wellbeing of international nursing students played a significant role in their COVID-19 experience. While international nursing students were coping with significant, and unique influencers on their mental health, they were also in the process of becoming Registered Nurse.

BECOMING A REGISTERED NURSE DURING COVID-19

'Even if all these needs are satisfied...a new discontent and restlessness will soon develop, unless the individual is doing what he is fitted for. A musician must make music, an artist must paint, a poet must write, [a nursing student must become a Registered Nurse] if he is to be ultimately happy...' (Maslow, 1945 p. 382)

Maslow's Level Five: The Need for Self-Actualization

Maslow's model states that a person has arrived at their need for self-actualization after reaching the fifth and final level. According to Maslow (1943), this desire is motivated by the drive to 'become more and more what one is, to become everything that one is capable of becoming' (p.382). Maslow's framework has been a useful guide to discuss students' needs. However, I have avoided using the hierarchical perspective associated with the model. From my observation, participant's needs are intertwined. The complete satisfaction of needs in any one level is unlikely. At the time of writing, Aida, Aurianne, Lisa and Tony have become Registered Nurses. Liana and Cat have almost finished their final year of nursing study. The participants' goal to achieve self-actualization, that is, to become Registered Nurse, occurred while meeting other needs. This is evident in the following discussion of nursing specific experiences. Issues already described continue to appear in students' narratives. To avoid separating students' experiences of becoming a Registered Nurse from other COVID experiences, I have instead returned to Connelly and Clandinin's (1990) three-dimensional metaphor.

Temporality, Sociality, and Place in becoming a Registered Nurse

Caine et al's., (2013) statement provides a review of the three-dimensional metaphor. Accordingly, the metaphor refers to an intimate study of an individual's experience over time. Experiences are positioned within a social context, and occur in a place, or series of places. Dewey (1938) underpins the metaphor with an explanation of experience as the intersection of time and interaction. The point in time where participants' nursing journey intersected with their COVID journey defines the temporal context of their overall experience. The social environment which contextualised participants' experience depended on their position and circumstances on the timeline of their nursing and COVID journey. For example, students who were on clinical placement in early 2020 had a vastly different placement experience than those on placement in late 2021 or throughout 2022. Acknowledging these differences are crucial in understanding the grand narrative of the

experiences of international nursing students during COVID-19. In 2022, Cicek and Altuntas analysed nursing publications relevant to COVID-19. They found that in 2020, researchers discussed 'coronavirus infections, infection control, global health, health policy and nursing policy' (p.1892). Time passed, the initial shock settled, and COVID-19 research shifted to nurses' educational needs, and impact of the pandemic on their mental health and wellbeing. As nursing students' journeyed to become Registered Nurses during the pandemic, they faced a similar progression of challenges described by Cicek and Altuntas (2020). The lack of publications regarding challenges specific to international nursing students has prompted this PhD. To support the following discussion, literature on the topic of nursing students in general has been examined. Initially nursing students 'concerns included 'fear of contracting COVID-19' (Canet-Vélez et al., 2021) and 'worry about global health' (Zhu et al., 2020; Liu et al., 2020). International nursing students' fear of COVID was particularly influenced by global news from their home countries. As time passed, emergent issues in nursing literature included worry about clinical placement and 'concern about new approaches towards nurse education' (Metin et al., 2022). Participants' narratives reflect similar themes. The temporal, physical and social environment contextualising participants' challenges makes their experiences unique.

Fear of Contracting COVID-19

In my role as clinical facilitator, I learnt that some nursing students had requested not to be placed in 'front line' clinical placements. In 2020, the Emergency Department and Intensive Care Units were considered 'front line' (Nie et al., 2020). While many nurse academics and clinicians expressed empathy for the students, others grumbled. "Why become nurses if they're scared of becoming sick?" (Nurse academic personal communication, 2020). When the government established drive-through COVID testing sites, these were added to the list of potential placement sites for nursing students. Nurses' collected nasal samples from people potentially affected by the virus. Initially only people referred by their General Practitioner could attend. The service allowed the person to remain in their car, reducing the risk of infection. These sites were considered by some students as a new frontline (Undergraduate nursing students, personal communication, 2020). Again, some students tried to avoid placement in these settings. Tony discusses the reaction of his two student peers (international) when they learnt of their allocation to the largest drive-through clinic in the region.

Tony: My friends...two Chinese girls, they were allocated to [drive-through] clinic. And I think at the time, the volume of the drive through clinic, it was huge.

So, they were a little bit worried that without a good idea of what COVID was, without the right PPE at the time. How could they ensure they wouldn't get COVID after placement? And they were girls, and their family were more worried. So, they decided to postpone their placement, which means they had to redo the topic all over again. They actually have to defer into another year.

Postponing a placement is a crucial decision for an international nursing student. It's unlikely that another placement could be arranged before the following year. Nursing topics are usually consecutive. Without meeting pre-requisites, students could not progress in their study. This could lead to complications with their student visa. It's also possible that students had already paid for the placement topic. Students' fear of contracting COVID-19 during placement outweighed those considerations. To gain insight into the extent of students' fear, it's important to understand their personal-social circumstances. Tony's friends came from China. According to Huang et al., (2020), China initially experienced an insufficient production of PPE, causing a serious shortage of supplies. Due to close contact with patients and insufficient PPE, Huang et al., (2020) described nurses as one of the most vulnerable groups in China at risk of contracting COVID. The risk was not unfounded. Within the first six months of COVID, at least 600 nurses were known to have died worldwide (ICN, 2020). The actual figures and distribution of deaths amongst countries remains unknown. Given the high rate of COVID in China in the initial period, it is likely that some nurses died of COVID-19. Nursing students in Australia who came from China were in regular communication with their family and friends. According to Magnat and Guichon (2023), Chinese international students drew information from their host country as well as their home country. This resulted in a bombardment of information, which increased confusion and stress. Referring to China, Smith et al., (2020) state that the accuracy of social media could not always be dependable. 'Social media and sensationalist reporting of the outbreak have generated panic and mistrust in the general public' (p.1426).

Once PPE improved, hazmat suits added to nurses' discomfort. According to Farber, (2020) circulating rumours purported that nurses shaved their heads to prevent cross infection, and to change their PPE more efficiently. Nurses reported difficulty drinking water, trouble with breathing and impaired vision. To avoid having to remove the hazmat suit to go

the toilet, nurses were also reported to be wearing diapers (Smith et al., 2020). A shortage of healthcare staff in China meant that nurses worked long hours, and at times were unable to go home. If their own family members became sick, they couldn't leave work to be with them (Smith et al., 2020). Huang et al., (2020) state that nurses in China experienced 'stressful work, sleep deprivation, low freedom, heavy responsibility...physical, mental, and environmental stimuli, increased psychological load... [and experienced] serious emotional problems...anxiety, terror, fear, and guilt that they might infect their families' (p.11). Later, a reported reduction in the rate of positive cases of COVID in China, correlated with an increased rate in other countries (Graham-Harrison & Kuo, 2020). Haugen and Lehmann (2020) describe Chinese international students' anxiety in host countries. Some considered preventative measures as insufficient in comparison to their home country. Refusal by citizens to wear masks, and associated mass rallies added to their worry.

It's not difficult to imagine international nursing students' in Australia experiencing fear of contracting COVID. If nursing leaders were more familiar with students' personal-social circumstances, they may have been better positioned to problem solve options.

Understandably, the competing priorities prompted by the sudden onset of COVID-19 for nursing management were considerable. Yet evidence suggests that local students also experienced fear of contracting COVID-19. Evidence also suggests that a sufficient interest in gaining experiencing working with COVID-19 patients existed amongst students.

Ulenaers et al., (2021) states that 'some students, often those with more experience, explicitly wanted to have the opportunity to work in COVID-19 specific settings' (p.104746). Their study found that there were more nursing students not actively involved in the care of COVID-19 patients (67.07% n = 446) than those who were (p.104746).

Ulenaers et al., (2021) concluded that nursing students 'would like to be given a choice, depending on their competences and their domestic situation...' (p. 104746). In a time when nurses were most needed, negotiating placement options may have produced better outcomes for nursing students, and the workforce. Moxham et al., (2022) urges nursing leaders to consider ways to support students to continue and complete their studies. With the declining healthcare workforce this should be a priority.

Fear provoked by news from home, did not to impact all participants. Also from China, Tony appears to have protective factors which helped him to manage his anxiety. In his final semester of study, he had developed a proficient level of nursing competence. His personal goals to gain diverse nursing experience added to his self-confidence. His experience in the

drive-through COVID testing clinic did not appear to cause him as much distress as his friends. Initially nervous, Tony said his anxiety settled very quickly.

Tony: It was interesting. I was scared at first... It was at the Roxby Downs Hospital. When I first arrived, they just started their drive-through testing clinic.

Unlike the other students, this drive-through testing clinic was not a stand-alone service. Tony knew his allocation could include other areas in the hospital.

Tony: But my [nurse mentor] says, "You are a nursing student only you don't necessarily need to take part in the drive-through testing clinic."

Tony's mentoring nurse had the capacity to offer him a choice. By discussing options with Tony, the nurse engaged in developing a safe and supportive space for his learning. Goni-Fuste et al., (2021) states that supportive mentoring or supervision is even more important for student learning during a global pandemic.

Tony: But it came to one stage that we had a pregnant nurse and she was pretty big at that time. So, I stepped out and did the swabs for her...

Susan: Were you worried about COVID?

Tony: At the time, I think being in a remote area, that was a bonus. So, I don't think at that time, Roxby Downs will have a positive case.

Tony undertook his own risk assessment and decided that the other nurse might feel less secure than he did. He told me that his decision made him feel that he had actively contributed to the team working to manage COVID-19. He demonstrated to the team that he was open to contributing support and well as receiving support. Developing collaborative professional relationships are critical to achieving competence in nursing standards (NMBA, 2016 Standard 2). Tony's opportunity to participate in COVID related nursing care offered him not just clinical, but broad professional experience.

Susan: You were a big help there.

Tony: I think I was.

The remote rural location of the placement also provided Tony with a safety factor. At that time there were no known COVID-19 cases in the region. Conversely, his friends' placement was in a COVID 'hot spot' where the numbers of positive cases were steadily rising. Tony reflected on the decision made by his peers.

Susan: Did you have contact with them? What was their experience like?

Tony: Yes. I actually asked both of them how they felt. Well, if you were in this situation, if you don't know what might happen, of course, you will make the most informed decision based on their situation. For me, I'm reckless, I will say. So, I decided to go.

Susan: Not reckless, but I guess more calculated. You looked at the risks.

Tony: I looked at the pros and the cons.

Susan: Yes

Tony: They decided to be more cautious. Which also makes sense. So having seen me and the other Malaysian girl graduated one year earlier before them, they feel

regretful they haven't done that, but having said that, you never know, me and the other girl might caught COVID, and they might be safe. So, I might be regretful if I've decided to go. So, you never know. I think they just made the right choice at that time.

Knowledge about COVID-19

Lack of knowledge about COVID-19 may have added to nursing students' fear. Information sources were abundant but not always accurate. In Moxham et al's., (2022) study, students reported that avoiding TV news and social media provided a coping mechanism. Goni-Fuste et al., (2021) states that accurate updates from the university, and placement sites, in infection control and caring for infectious patients may have allayed students' fears.

Aida: Because I didn't expect myself to be in a COVID [ward]...in this close. It was, honestly, scary because we just can't see it...every single day before we come to the shift. And it just traumatises experience under our nose. And even a small symptom like sometime-- because we wear mask, and we didn't get much chance to take the mask off, only when we have a break, so we pretty dehydrated. We didn't drink enough water. And some time, it just makes us have a bit of headache or sometime just feel so dry and you just cough, and then you were thinking like, "Was it a sign of-- did I catch it already?" Yeah, it's just stressful--

Aurianne, It was funny and at the same time it's confusing. You don't know what's really happening because it's a virus. And then you don't know how serious it is. We don't have any information about it. And also, at the same time, I'm worrying because of my family in the Philippines because when I left Philippines, I kind of knew that there's already virus. And then we didn't close the borders in the Philippines. And then I did nursing in the Philippines. So, I have an idea what's really happening.

Adding new information into an established curriculum mid topic can be a challenging task. From my observation, individual academics, clinical facilitators, and nurse mentors accepted the initial responsibility for educating nursing students about COVID-19. A more coordinated approach to COVID-19 education may have allayed student fears. The work of Goni-Fuste et al., (2021) and Moxham et al., (2022), demonstrates the value of knowledge, confidence, and support required to enable nursing students to work comfortably within the COVID-19 context.

Personal Encounters with COVID-19

Actual, and not vicarious, trauma, sometimes prompted fear of contracting COVID-19. In China when COVID first emerged, Liana experienced firsthand the chaos as lockdown measures were implemented. Along with thousands of other citizens, he travelled between cities to return to his home province before provincial borders closed. At the same time, he fell ill with COVID like symptoms. With so little known about the virus, it's understandable that Liana and his family felt stressed and fearful.

Liana: It's about 39, 40 degrees for that, it was a very high-level temperature, and the symptoms is very similar like the COVID. I was very scared. We have to drive into another city to meet with my grandma and my aunties. When I got to my home province, and my hometown, I went to the best hospital. I had the chest x-ray, and the blood test, and something else and I was very scared. I have to do the self-isolation. I'm very scared that...because ... because like I say I have extended one year because my study was not good, I don't want to extend one more year, because COVID. So, I just said oh my god, do not have COVID! But finally, luckily, I do not have COVID. But at that time, I was very scared. I realised, wow, COVID is a very series thing, yeh.

Each time Liana shared his 'COVID' story with me, his emphasis changed. On the *Closed Borders* podcast, he mentions that it was difficult for him and his family but doesn't really explain why. In this earlier interview, conducted closer to the event, Liana's distress is clear. While he expresses fear of COVID as an illness, his main concern was how to complete his nursing studies. After considering a number of options, he managed to return to Australia.

Not only was he closer to his goal of becoming a Registered Nurse, but he felt safer from contracting COVID.

Liana: It's like my home. Yeah. Back to Australia; back to Adelaide. I don't need to face any potential risks about COVID. Yup

University Lockdown

A few weeks after the first semester commenced, the university closed due to COVID-19. Students' goals of becoming a Registered Nurse were unexpectedly thwarted.

Lisa: I just went to Uni for a few weeks, I guess, three weeks maybe. Then it closed suddenly. All of a sudden it happened. This was supposed to be my source of a security in a time of change.

Aida: When the pandemic hit, it was only three weeks after everything happened: the Uni, my first day, my first class. And then we just have to move to Online, and I was still in shock with new environment and with everything just happen...

Aurianne: Because when Uni started, we only did like one week or two weeks of study in uni. And then it all went to online studying. So, I mean, two weeks is not really enough time for us to meet people or have friends....and then you meet different people in every subject... So, yeah, it's different to make friends in three or four days in the two weeks of study, so, yeah.

In Moxham et al's., (2022) study, nursing students reported that staying connected to friends and family provided a positive coping strategy during university lockdown. Conversely, losing contact with friends and family increased social isolation, stress, and mental health issues (Michel et al., 2021). According to Rasmussen (2022), some students

doubted their academic ability when unable to interact with others, reducing their motivation to learn. Rasmussen et al., (2022) found that students living in their family home, especially ones with reliable income, had a decreased likelihood of developing anxiety. Some participants had minimal to no social connections in Australia during lockdown. Their contact with family and friends overseas often added to their distress. Living in shared households with strangers, they were often isolated in their own rooms.

Aida: ...the two girls that I was living with, they also coping with something during the lockdown as well...So they were also stressful. So, we ended up didn't really talk much together... And another girl, luckily, she was still working, so she just worked so hard, so I didn't see her much at all.

Lisa: That time, I lived with three different countries housemates. It was tough to me because of the cultural differences... we don't have that much bond between.

Susan: Yes. They were strangers. Yeah.

Lisa: I just sort of avoid them. Put myself in the room and just isolate myself.

University Disconnection

During lockdown (s), university buildings closed but nursing courses continued Online. Rasmussen et al., (2022) and (Michel et al., 2021) describe practical difficulties reported by students. Not everyone had adequate equipment. Internet cost and reliability were prohibitive for some. Shared technology with others living at home reduced access to classes, making attendance sporadic. Finding a quiet place to study proved a challenge. Savitsky et al., (2020) suggests that nursing faculty offer support beyond the confines of Online classes. They state that staying connected with students in times of isolation can be a useful strategy to build students' confidence and connection. Some participants described the university closure as a loss of their source of security. Lisa describes being alone in

Australia. Once she had selected an Australian university, she considered this as her place of belonging.

Lisa: I felt very frustrated and I was expecting a lot. That I could make friends there. I can learn something new. It was very challenging, very harsh. It was really out of control. I couldn't do anything in terms of the circumstance that was pandemic.

Aida also describes her disappointment in the disconnection she felt from the university. She expresses frustration that the university did not recognize her need for support as their responsibility. Aida refers to her overall needs, not those specific to learning. In Australia on her own, there was nothing, or no one else to rely on.

Aida, 'It feel like, "Did I make the right decision? Did they see me as a student, that they should support me through the whole journey, or just because it's our choice, so we have to put up with it?"

Coursework

The shift from classroom to Online learning triggered significant stress for students, and international students in particular. Lin and Nguyen's (2021) study of international students experience of e-learning found 'signs of disconnection, isolation and emotional instability associated with the establishment and development of the e-learning environment' (p. 241). A study undertaken by Michel et al., (2021), found that not all students felt comfortable with the Online learning style. Christopher et al., (2020) suggests that a caring pedagogy is essential to Online learning. An atmosphere of mutuality has demonstrated improvement in 'student evaluation scores in understanding course material, interest, meeting learning objectives, and increased knowledge' (Christopher et al., 2020 p.3). According to Sahu (2020) not all nursing educators feel confident in conducting Online classes. Faculties should address the need for teaching staff to be equipped with knowledge and skills to effectively apply this mode of teaching. For example, there is variation between staff and students who do and do not use cameras. There are many reasons why cameras are not used. Given the increased uptake of Online teaching in nursing, further research may be useful. Without English as their first language, participants struggled to understand all the information. International students rely on non-verbal communication as much as verbal. Participants reported that without a camera, information from the tutors' face is missing.

Aida: When we changed to Online classes, I would say not being able to see the tutor's face, because not every tutor will put the camera on, and see how they talk, how they gesture, and mouth moving.

Aurianne: Like doing the lecture Online it's a bit hard because as an international student sometimes like with the communication its bit hard for us especially...can't see the face...

Participants described feeling worried they might make a mistake while Online and give the wrong answer in front of everyone. They concluded that it was better to keep quiet. Saving face can be an important value in the Asian culture (Ong-Flaherty, 2015). If a student did not understand something they would ordinarily wait until after class and speak to the tutor privately.

Aurianne: because if you have questions, we are not really that assertive. I don't know if it's our culture for some Asians or something like that, we don't really assert ourselves. So, if you have some questions, we usually wait for the class to end. We usually wait for the class to end and go to the tutor and then ask our questions. So, if we do that Online, it's a bit different, here it's a bit different because I feel shy.

Lisa: But it was really difficult for international student, I think. It is because English is our second language. It's not our mother tongue. So, some people, I would say majority, they prefer to ask question in person because sometimes it can make

misunderstandings. They couldn't understand well. And if you email them, it should be back and forth several times;

Christopher et al., (2020) encourages Online teachers to make better use of break out rooms to create caring spaces. Break out rooms in Online teaching provide a safe space for students to share their experiences with smaller groups of peers. The teacher can engage with the small group and foster peer relationship building. Break out rooms can also provide space for teacher-student conversations. According to Deuchar and Gorur (2023), mutual peer to peer and student to teacher relationships are vital for student engagement and learning. University closure caused rupture to the connection produced by social relationships. When international students go to university they connect with the Australian community, learn about the Australian culture, and improve their English. As Lisa points out, this lack of opportunity risks their competency to communicate with staff and patients.

Lisa: If you come across and if you face English people around you, then we can say hi and hello. Then we can have a sort of chit-chat, even not for the nursing study things. We can learn English from them, right, during daily conversation. But we didn't have any time to do that. No. So, it was difficult to improve English and as we know that-- as a nursing student, the English-- the language is really important because of communication.

Clinical Placement

In addition to coursework, students were required to undertake clinical placements. This added another set of challenges.

Aida: Unluckily, another COVID hit again when I was having my placement...

at 3:00 PM, I remember I was just started my shift a few hours ago, and the placement coordinator from the Uni called to the hospital say, "It's lockdown tonight."

"Come back to Adelaide." And we were like, "What? I was just started," and everything is in the middle. And it was like, "Oh, I haven't say goodbye to anyone." We just need to rush back to Adelaide.

Disruption

Inconsistency existed between placement venues as to who would allow students to attend during COVID. Small private hospitals experienced high cancellation rates of elective surgery. This decreased opportunities for clinical experience, and student placements were cancelled. Aged care centres aimed to reduce the flow of potential COVID carriers to their residents, and they too cancelled students. Various stages of the COVID outbreak determined placement cancellations.

Significant disruption occurred in early 2020. As time passed, knowledge improved, along with the availability of adequate PPE, COVID testing and immunizations. Clinical placements were less erratic. However new COVID-19 variants still prompted unpredictable clinical placement closures. According to Palese et al., (2020) disrupted placements impacted negatively on nursing students' mental health. Students worried about not finishing their studies on time. Delays have the 'potential to impact the student as an individual, nursing as a profession, as well as the healthcare system' (Usher et al., 2023 p.583). The practice of removing students during COVID outbreaks has been questioned by the profession (Bogossian et al., (2020). Incomplete placements inhibit student learning. They also reduce the valuable support nursing students provide in the healthcare setting. Removing nursing students from placement counteracts goals to improve the shortage of nurses and runs the risk of attrition from nursing degrees (Bogossian et al., 2020). International nursing students have the additional burden of meeting visa requirements. Their student visa is timed to expire soon after study is complete. According to some participants, the university aimed to support them in addressing these concerns. However, the uncertainty became a persistent source of stress. Aida describes how she felt after experiencing a number of disruptions, including her final placement.

Aida: So initially, my visa would be finished in 15th of March [2022] because our last placement should occur during October to December 2021, but because of the delay,

it's going to start in January [2022] and finish before March [2022]. That would leave us enough time to graduate and finish all the paperwork and move on. And then when the hospital cancel our placement, we were left in the middle. We were left in the limbo... the stress that you want to be able to finish in time for the visa. You would definitely need to extend it one way or another. We wouldn't want to be through that.

Clinical Placement - Employment

Clinical placement plays a significant role in students' employment journey. Clinical placements are a potential source of employment, both during and after their study. Lisa had planned to seek work as an assistant in nursing, or a health care worker once she had placement experience. Although she had completed sufficient theory, without clinical placement experience she was ineligible to apply.

Lisa: 'End of first year, one semester then you can work as a Carer or something or assistant in nursing. But because we couldn't finish our semester on time because of postponed, even though they provided Online course because the placement is including the course. The placement was postponed.'

In the infamous "Go Home" speech (Prime Minister, 2020a), Scott Morrison adds that international students in health or aged care would be able to extend their working hours because they could contribute to a gap in the workforce (Gibson & Moran, 2020). At that time, only 6% of international students worked in these sectors (Berg & Farbenblum 2020). While Morrison's proposal was a bonus for some, associated conditions were a barrier for others. Nursing faculties do not allow nursing students to undertake paid employment during their period of clinical placement. This is a health and safety rule. Placements are often undertaken in blocks of a fulltime load over a number of weeks or months. Students are expected to inform their employers when they are on placement so that they can be removed from the roster. If the clinical placements were cancelled, it didn't automatically mean there was a place on the roster in their workplace. In addition, the university would try

to find another placement. Students couldn't risk being unavailable for their placement because they had returned to work.

Aurianne: Because during that time you can't work while you're in placement because they want the staff to just stay in one-- to avoid cross-contamination-- so when we did the lockdown, we really weren't sure if they're going to take us back yet because there are no exact instructions if we're going to be lock down in one week, and then you can go back to the hospital, so.

And so, it was a little bit confusing if we can go back to work now or not yet or do, we just stay at home or what. So, it's just we wait for whatever they're going to tell us. So, it's a bit confusing. You don't know what's going to happen and then you know what to do. And then you have to support yourself as well.

Nursing researchers, Usher et al., (2023) predicted that there may be delays in nursing students completing their studies as a result of the pandemic. However, the participants in this study have either achieved their goal of becoming a Registered Nurse or are on track for late 2023.

CHAPTER 14 ACADEMIC HOSPITALITY

Ontology of Care

Opportunities for change emerge when our view of international nursing students shifts from one of deficit to strength. In the 2021-2030 Australian Strategy for International Education, the Australian federal government highlights the benefits international students not only bring to the Australian economy but also to our classrooms. The Strategy (Australian Government Department of Education, 2021) states that Australian students can benefit from ‘...having international students study alongside them...[which] can improve the learning experience for both Australian and international students...[through] different cultures and perspectives...’ (p.16-17). According to Deuchar and Gorur (2023), academic institutions are more likely to listen to international students if they are considered to hold intrinsic value. An atmosphere of care is possible; ‘infuse [ing] all aspects of institution–international student relations’ (Deuchar & Gorur, 2023 p.1203). Caring ensures that ‘students have access to resources, such as nutritious and affordable food, as well as spaces, technologies and information that are conducive to study...and rejects...[that] these considerations [are] beyond their scope of concern’ (Deuchar and Gorur 2023, p.1202). An ontology of care rejects the one-sided approach to ‘student support.’ Students will always require a place to seek support during times of distress. However, mutual responsibility for student care shifts student services from a place of student passivity to mutual cooperation. As Jayadeva (2020) states, during the pandemic, students caring for each other demonstrated positive and effective outcomes.

Susan: So once the lockdown finished, Uni eventually went back to campus.

Aida: Yay.

Susan: So, what was that like?

Aida: I was so happy, and when we all met each other, we just feel like, "Hey, longtime no see you," and we just reconnected really quickly...and I still have good friends that I keep contact with from that class that we met.

Susan: ...And did you talk about your-- between you, did you talk about your experiences during lockdown or what that was like?

Aida: A little bit, I would say, but we just sort of move on because, in SA, they were doing really well. We just like, "Okay, is there anything we can help each other? Have you got a job? Have you got a job back? How is your study?" and we were just excited for the next step that we are going to be later on, better than just talk about the bad time.

Ada appears to minimize her experience once she commences Uni. She tells us how she and the other international students just wanted to leave their experiences behind. Yet listening closely to her words tells us how critical their shared experience and mutuality was within their group. They asked each other questions which acknowledged an unspoken understanding of their common trauma. 'Okay, is there anything we can help each other?' Would local students, who had never met, ask this question of each other when Uni opened? It's only possible to speculate, but comparing potential priorities highlights how essential mutual support is to the international student. According to Deuchar (2022a) conversations describing peer support highlight 'the importance of notions such as mutuality and reciprocity among the international student cohort' (p.1). Caring is a mutual responsibility where students and faculty can develop processes to address student wellbeing. Additionally, student care cannot be compartmentalised into different spaces within the university. The nursing academic environment is the first place from which to extend hospitality to international nursing students. It is also the first place to demonstrate genuine respect for cultural diversity.

Care in the Nursing Academy

Bennet (2000) coined the term, 'academic hospitality' to challenge his academic peers to avoid 'bland congeniality' (p.23) towards visiting scholarly peers. Bennet (2000) also challenges the host- guest relationship by suggesting that academics hold visitors' knowledge equal to, or even superseding their own. 'Intellectual hospitality involves welcoming others in openness in both sharing and receiving claims to knowledge and

insight' (p.24). Ploner (2018) and Deuchar and Gorur (2023) apply the term and concept of academic hospitality to international students who come to our academies to study. According to Ploner (2018), academic hospitality 'generates a sense of place and belonging [which] impacts on the wellbeing and educational success of students from different social and cultural backgrounds' (p.165). The philosophy of academic hospitality challenges the nursing faculty to consider international students as more than our guests. They add knowledge and value to university life. Hong et al., (2022) proposes that the strength of international students lies in their very diversity. Deuchar (2022b), states that academic respect ensures that 'the aims of international education are learned from—rather than defined for—international students' (p. 512). Genuine acts of academic hospitality must extend beyond special induction packages, guided tours, language support and peer mentoring (Hayes, 2017).

While these are important, they are more meaningful if they are integrated, intentional, coordinated and partnered (Deuchar, 2022b). Bennet's (2000) work suggests that genuine, committed hospitality is core to all educational and institutional interactions that involve international nursing students.

Aurianne: *The nurses were really supportive of the students [during their hospital placement]. It doesn't matter if she is Australian or Asian. They're all really accommodating, and they really help us out not just with our nursing stuff, because sometimes we talk, like during our breaks and so on, they ask us.... like how are you going with your Uni, where do you live? We can help you out, if you have to catch the bus you can go home early, so they've been really supportive.*

Aurianne expresses appreciation for the respect students from all cultural backgrounds have experienced during this placement. Although unintentional, in highlighting moments of cultural acceptance, Aurianne reveals that cultural rejection continues to exist in nursing. A commitment to no tolerance of racial discrimination within the nursing profession may be one of the highest forms of cultural respect we can demonstrate to international nursing students.

Active Contribution to Experience

International nursing students were not passive recipients of their COVID experiences. According to Deuchar (2022a), experience is 'a process that students 'actively shape and

participate within' (p.4). Deuter (2022a) encourages the academy to acknowledge the impact of international students in 'classrooms, campuses, and other sites of sociality... [and on] build[ing] and sustain[ing] social relations marked by reciprocity, mutuality and generosity' (p.510). As vice president of the Chinese Student Association, Liana assisted a large number of Chinese students in transit in Thailand to return to Australia. At that time, the university faced many priorities and were unable to contribute adequate support. Liana knew firsthand the urgency of the students' situation. The efforts of student leaders played an essential role in streamlining information to the university to maintain communication.

Susan: Yeah. Okay. So let me bring you forward a bit to Thailand. Now, I know that you were at that time the assistant vice president of the Chinese Student Association.

Liana: Yep.

Susan: And that role was a very important role at that time. Can you tell me about that?

Liana: Yes, because most of the Chinese students suffer the same situation like me, they cannot back to Australia directly and China was suffering the COVID still and so they have no idea what they can do and how they can start the new semester in the University. Also, first of all, they wanted to send email to the university international team, but too much students face that problem. So, the team cannot solve the questions very quickly. So as the vice president of the Chinese Student Association I'm like the communication bridge between the university and international students and I can tell the student upon you all their attitudes or their problems, the University trying to discuss with them how to solve these problems.

Liana later tells us that he too experienced stress while in transit in Thailand, waiting to purchase a ticket to return to Adelaide. A few weeks earlier he had experienced the fear of a positive COVID- 19 test. He had witnessed firsthand the high rates of people dying or suffering from serious associated health issues. It's likely that he experienced stress travelling through China to reach his home province before cities were locked downs. During this period, he had to decide whether to stay in China or face the difficulties of flying out. He also had to manage the emotional concerns and fears felt by his family. Liana later

expresses that his fear of COVID remained during his stay in Thailand. Without a reported case, the country had not adopted protective measures. He remained in his apartment for most of his stay.

Meanwhile, in Australia, the international student support service experienced an overwhelming crisis. According to Moscaritolo et al., (2022), a global survey of international student support services during COVID-19 described student needs as 'emotional stress (96%), ...challenges...to return home (88%), financial challenges (74%), and fear (67%) (p.331)'. Moscaritolo et al., (2022) evaluated the performance of student services from questionnaires delivered to relevant staff. They concluded that services provided to international students could improve if modernised. 'It gives another way to think about [a] modern way to internationalize student affairs and services: that services can be given without social interaction.' While student services may have identified spaces to replace social engagement, Liana's narrative has identified the opposite. A piecemeal approach to addressing student needs by departments with different values does international nursing students a disservice. Identifying the strengths of international nursing students within the nursing faculty shifts our perspective from fixation with their difficulties. This thesis has of necessity identified difficulties international students face while undertaking their nursing degree. This thesis has also identified strengths with which students effectively apply to address or prevent difficulties. To be carefully targeted, culturally appropriate and devised in partnership with international nursing students, recommendations must acknowledge students' strengths as well as their concerns.

A SIGNIFICANT ORIGINAL CONTRIBUTION TO KNOWLEDGE

Research conducted into the experiences of international nursing students during the COVID-19 pandemic

The WHO initially referred to COVID-19 as '2019-nCoV acute respiratory disease'. The 'n' refers to novel and 'CoV' refers to coronavirus' (WHO, 2020g). Once the results of research into the genetic structure of the new coronavirus were released, the development of best practice for infection control could begin (WHO, 2020h). Protocols for the use of PPE and other protective measures were implemented. Viral screening tools were developed. Vaccines eventually emerged. Antiviral medications became available. COVID-19 changed the world of nursing. We had to learn these new procedures. We had to learn to care for patients with a new illness. We were the first nurses to live through the global upheaval caused by the COVID-19 pandemic. The impact of COVID-19 permeated every system of society. COVID-19 marked a period change. There will forever be a 'pre-COVID' and 'post-COVID' era. Even now, our globe has not yet reached the post-COVID era. I conducted research with international nursing students while we lived through the pandemic. My PhD findings are dynamic, evolving, and original. They offer significant knowledge applicable to nursing in future disasters, and regular practice. My PhD findings not only benefits international nursing students, but all international students, and local students. Likewise, my PhD findings not only benefit the nursing faculty, but any faculty in any university which hosts international students. As the acute nature of the pandemic subsides, it is easy to forget the initial trauma caused by COVID-19. My PhD ensures that the experiences of international nursing students studying in South Australia during the COVID-19 pandemic are contained as an artefact of remembrance through a podcast available in cyberspace.

A new perspective on the experiences of international nursing students

At the beginning of this narrative inquiry, I examined literature describing the needs of international nursing students. I identified that students have faced similar needs for decades. Equally, educational facilities have continued to make similar recommendations. To recap, in 2012, Edgecombe et al., identifies students' needs as 'isolation, loneliness, discrimination, stereotyping, communication, pedagogical, cultural, and social disjunctions' (p.141). Their research recommended 'increased language support, peer support programs, culturally safe socialisation, and specially educated support staff (Edgecombe et

al., 2012, p.141). A more recent, pre-COVID study, undertaken by Eden et al., (2021) concluded that, 'there is a need for increased language support, peer support programs, culturally safe socialisation, and specially educated support staff' (p.7). This PhD has found that these needs persist, and that they have been exacerbated by the COVID-19 pandemic. The research has exposed needs and nuanced challenges particularly associated with learning nursing through a pandemic. This PhD has also found that it is helpful to view the needs of international nursing students from a new perspective. While struggles were evident, they did not prevent students from achieving their goal of 'self-actualization' (Maslow, 1943). That is, their goal of becoming Registered Nurses

At the end of each participants' podcast episode, I asked the participant to reflect on their COVID experience. Listening closely to the student's voice, each one acknowledges their difficulties. The student then shifts perspective and celebrates their achievement. It is this backward reflection on trauma, and forward reflection on celebration, which reveals the wholistic nature of the students' experience. This PhD has found that students' experiences cannot be understood through a solitary, deficit lens. If we shift our perspective and view students' experiences with a strength-based lens, new possibilities emerge. The underlined sentences in the transcripts below identify this crucial finding. While the written words confirm this shift of perspective, it is the nuance of the audio and the animation on the speaker's face during the interview, which truly relays their meaning.

Aida: Whole new experience. Good friends. New friends. Yeah. And then bang. All of a sudden— [Backward]...I came a really long way! [Forward]

Aida: Yeah. Yes. And I'm finally out here to really help people and change people's life. [Forward].

Aurianne: With the hospital environment here, I really-- it was the first time where I realised that it's actually good to be a nurse as well. [Forward] If you have these people, this kind of workload, and then you get respected. So, yeah.

Susan: It's been a positive experience for you then?

Aurianne: It's been a positive experience for me. Yeah, so. Yeah. [Forward]

Aurianne: That's it.

Susan: Thank you so much. You shared quite a lot and quite deeply.

Aurianne: Thank you.

Susan: It's not easy to do, is it?

Aurianne: Yeah, it's not. [Backward]

Susan: I'm really happy to see how much you-- you've worked so hard to make sure that you have kept yourself together.

Aurianne: Yeah. (nervous laughter) [Backward]

Cat: We're both working [Mum, who has since immigrated from Brazil]. So exciting times. It's been a learning curve. [Backward and Forward] ...

...but I was able to work through that, [Forward] seeking support from friends, family, also counsellors, but it was a massive learning experience. [Forward]

Susan: That's awesome. So yeah, looking back, two and a half years later, how do you feel?

Liana: COVID start, COVID's hard for our people. It's not only for me, [Backward]

but COVID also let me gain a lot like it's a great opportunity [Forward]

to develop my leadership skill because I need to coordinate the relationship between university officers and students. [Backward and Forward]

And also, I need to let me clamp down for my emotions, I won't be anxious or stressed I need to balance my study and my life equally. Yeah. [Forward]

Susan: When you look back over the past couple of years, how do you feel about what you went through?

Lisa: I don't know how could I put the words in English, but just pop in my head, I'm alive. I survived. [Backward and Forward] Maybe through this sentence, this same statement that you could imagine that how struggled-- but I'm all right now. I survived. [Backward and Forward] Susan: Yes.

Lisa: I'm happy that I'm here. [Forward]

And thanks for everyone who supports me, and thanks for myself that I-

Susan: And China, where does that figure in your plans at all? Would you go there for a holiday?

Tony: We are in lockdown at the moment, again [Backward].

So, if I chose to go back now, even for a visit, that means I have to be in quarantine for fourteen days. [Backward]

I don't have that longtime long time. So, from my perspective, everything will be back to normal in the end of next year, probably. [Forward]

Susan: Yeah, 2023.

Tony: I was thinking about going back at that time, and of course, bringing my local family with me. [Forward]

Collaborative relationships are essential

This PhD has revealed the importance of exploring students' experiences with students. Podcast development facilitated the student to tell their story over and over. This mutual commitment to telling and listening allowed students' issues to gain clarity. According to Deuchar, (2022b) students tend to design and deliver the most effective supports. Students understand the changing needs of themselves and their peers. Their strategies are often more effective than the universities' (Deuchar, 2022b). When international nursing students and the nursing faculty work in partnership they share a mutual power. Again, the possibilities for change increase in depth and breadth.

Educative needs do not exist in isolation

This PhD has revealed that the educational needs of international nursing students cannot be separated from their whole of life needs. The COVID-19 pandemic highlighted the impact of students' temporary migrant status on their basic human needs for survival. Stakeholders should become cognisant of the implications of students' temporary visa status in relation to meeting their basic needs for survival. Where a student is hungry, worried about safe housing, maintaining university fee payments, or fearful of visa cancellation, study goals can be difficult to achieve. When addressing educational needs, stakeholders must consider the interconnectedness with basic human needs.

The extent of anti-Asian racism in nurse education is under researched

This PhD has revealed that during the COVID-19 pandemic some nursing students from Asian backgrounds believed that they experienced Asian related racism from university nursing staff. Some students expressed feeling nervous about activating a response from the university. Prolific research into anti-Asian racism exists in the international student literature (Ang & Mansouri, 2022; Berg & Farbenblum, 2020; Dong et al., 2023; Gallagher et al., 2020; Gomes, 2020; Hong, 2022). There is minimal discussion in the nursing literature of issues pertaining to anti-Asian racism and international nursing students.

Disaster preparedness plan to support international nursing students is absent

This PhD has revealed that the nursing profession did not have a pre-existing plan in place to meet the needs of international nursing students in the event of a disaster. The PhD has highlighted the impact of students' temporary migrant status on their capacity to sustain their livelihood in the case of an unforeseeable disaster. For as long as Australia has no legal responsibility to protect migrants from homelessness, hunger, and poor working conditions, international nursing students remain at risk of experiencing significant hardship

(Australian Human Rights Commission, 2022). A disaster preparedness plan could prevent the physical, psychosocial, economic, environmental, and educational shortfalls students experienced during the COVID-19 impact.

CHAPTER 16 CONCLUSION

A narrative inquiry doesn't ever have a true beginning or end. I commenced this inquiry at a moment in my life when it collided with the emergence of COVID-19. I was fortunate that I had the professional and personal resources to undertake this research. I met six wonderful, engaging, and brave people who wanted to collaborate with me to share the influence COVID-19 had on their life. The research invitation had resonated differently with each person, each with their own motivation to participate.

Their generous commitment to co-create a podcast episode with me, resulted in the accumulation of new knowledge. As each person returns to the flow of their life, I hope they will know how valuable their contribution has made to the nursing profession, and possibly to the wider community. The six participants came from the same university. They were in various stages of undertaking their Bachelor of Nursing. Some participants had lived in Australia prior to commencing their studies. Others arrived to commence their nursing degree just prior to the new semester. Participants came from China, Thailand, Korea, Brazil, and the Philippines. Each student volunteered to become part of the project after seeing a flier on campus. The Human Research Ethics Committee approved the research in July, 2021 (Appendix 3).

By July 2021, the initial upheaval caused by the pandemic had subsided. Each participant drew me back to the initial catastrophe, recent enough to re-live the rawness of their trauma. Yet, enough time had passed for their narrative to prompt reflection. This backward and forward approach to trauma and reflection produced a series of new insights. Recording and reflecting on field texts facilitated the broadening and burrowing of data required in the analysis and interpretation phase. The research design had already been established prior to recruitment. The lived and unfolding stories I heard, experienced, observed, analysed, interpreted, and edited were amalgamated.

Major themes were identified and portrayed through a twenty-minute podcast episode. Before writing this Conclusion, I returned to the WHO (2023a) website. I reflected on the summary they published at the end of the 'public health emergency of international concern' in May, 2023 (WHO, 2023a). This PhD nestles into a global catastrophe. Just as I began, I

need to end, by positioning my experience, my findings, and my recommendations within this wider social context.

In the three years since then, COVID-19 has turned our world upside down. Almost 7 million deaths have been reported to WHO, but we know the toll is several times higher – at least 20 million. Health systems have been severely disrupted, with millions of people missing essential health services, including lifesaving vaccinations for children. But COVID-19 has been so much more than a health crisis. It has caused severe economic upheaval...disrupting travel and trade, shuttering businesses, and plunging millions into poverty. It has caused severe social upheaval, with borders closed, movement restricted, schools shut and millions of people experiencing loneliness, isolation, anxiety, and depression. COVID-19 has exposed and exacerbated political fault lines, within and between nations. It has eroded trust between people, governments, and institutions, fueled by a torrent of mis- and disinformation. And it has laid bare the searing inequalities of our world, with the poorest and most vulnerable communities the hardest hit, and the last to receive access to vaccines and other tools...

...In 1948, the nations of the world came together in the aftermath of the bloodiest war in history to commit to working together for a healthier world, recognising that diseases have no regard for the lines humans draw on maps. They forged an agreement – a treaty: the Constitution of the World Health Organization. Three-quarters of a century later, nations are once again coming together to forge an agreement to ensure we never repeat the same mistakes again (WHO, 2023a).

I undertook this PhD research during a period of immense global upheaval. Stemming from a pandemic, nurses were at the centre of the chaos. The extent of the trauma varied between and within countries. International nursing students studying in Australia during this time lived in ‘two worlds.’ As they stayed connected with their family and friends, they experienced COVID in their home country vicariously. Meanwhile, they lived the daily life COVID experience in the Australian context. International and national border restrictions limited their choice whether to travel home or remain in Australia. Rates of COVID-19 in many of the students’ home countries were far higher than those in Australia. This led to students trying to manage persistent anxiety, with limited opportunities to share emotions and feelings with family or friends. Students worried about their families worrying about them. Both sides tried to mask their reality to avoid worrying the other. Students explained

that hiding genuine feelings tended to be a cultural response to stress. This deepened their sense of isolation and loneliness.

Although students lived in Australia, there were times during COVID when they did not feel like they belonged to Australia. Their Asian appearance made them targets for racist behaviour. The upheaval caused by COVID-19 appeared to trigger a lax in behavioural norms. Anti-Asian racism soared, and students experienced this from people and in places ordinarily not visible. This not only included the local shopping centre, the airport, but also the university classroom. Lockdown policies resulted in mass unemployment. The government of the day chose not to provide migrants with financial support. Without a source of income, students reported episodes of hunger, fear of homelessness and worry about the capacity to afford to continue to study. Students' stories demonstrate evidence of poor mental health. Some students accessed counselling services, with different experiences of effectiveness.

While participants struggled with the challenges of COVID, they persisted with their studies to become Registered Nurses. Soon after arriving in Semester One, the university closed in response to the national lockdown policy. Without time to establish friendships with peers, a period of intense isolation followed. Online learning soon came into place. Some participants felt too self-conscious to ask questions. Some tutors did not use the camera and without seeing non-verbal actions, some students found the classes difficult to understand. During new outbreaks of COVID, some clinical venues preferred not to host students. Clinical placements were sometimes cut short, or unexpectedly cancelled. Students worried their visa would expire before completing their nursing degree. In some clinical placements, nursing students worked directly in COVID-19 related care.

Some students expressed fear and panic if placed in those areas. Students were impacted by information from families and countries, where working with COVID had caused high mortality rates amongst nurses. During the research, I amassed a comprehensive body of literature about the experiences of international students in non-nursing courses. Professional perspectives of authors of those works are wide, and include law, social justice, medical, education and migrant studies. The combination of creating the *Closed Border* podcast and reading extensively, resulted in being able to identify four significant themes. These are, the impact of students' temporary migrant status on their basic human needs, anti-Asian racial discrimination, poor mental health, and the complex journey of becoming a Registered Nurse during the COVID-19 pandemic.

The most critical point of a PhD is to produce a significant original, or at least a re-interpretation of a body of knowledge, to benefit a particular phenomenon or community. This PhD has achieved this goal in several ways. This PhD has identified that international nursing students, while they have genuine challenges, also demonstrate great strengths and capacity to contribute positively to nursing and the Australian community. Shifting our view of students from a deficit mode to a strengths-based perspective opens new possibilities for mutual problem solving. This PhD has demonstrated, through podcast creation, the benefits accrued while working in partnership with international nursing students to identify and successfully resolve issues. As a result of reading a wide range of literature while studying for this PhD, I recognised how much discussion is in progress in the field of international students on the topic of racism. This has made it clear that nursing would benefit from more research into racism within the nursing profession. Undertaking this PhD during COVID-19 demonstrated that educational challenges cannot be addressed without considering if other needs are unmet. If a student is hungry or deeply affected by grief those challenges must also be addressed. Finally, conducting this PhD during the COVID-19 pandemic demonstrated how vulnerable international nursing students are as temporary migrants. A well thought out crisis management plan which can be activated in the case of a future emergency will prevent international nursing students from suffering as they did during the COVID-19 pandemic.

This research has demonstrated the wealth of knowledge gained when taking the time to listen to students' narratives. The accumulation of new knowledge helps the nursing profession to understand the experiences of international nursing students from a wholistic perspective. Like a group of concentric circles, students' needs are intertwined. To address students' educational needs is to address their overall life experience.

CHAPTER 17 RECOMMENDATIONS

If we don't make these changes, then who will? This is the right generation to make those changes. And if we don't make them now, then when? ... COVID has changed our world, and it has changed us. That's the way it should be. If we all go back to how things were before COVID- 19, we will have failed to learn our lessons, and we will have failed future generations. This experience must change us all for the better (WHO, 2023a).

In the following recommendations, the term 'stakeholders' refers to individuals or organisations who play a significant role in the experiences of international nursing students. These may include, but are not limited to, international and domestic nursing students, international and domestic general students, university departments such as nursing, student support services, other faculties, and the executive body. Stakeholders outside the university may include clinical nursing staff and the wider nursing profession. Government and non-government agencies also have important roles to play.

Recommendation 1: Develop a pathway for international nursing students and nursing faculty to work in partnership to identify and address topical issues

This recommended pathway can be used to address issues such as those identified throughout this PhD.

Recommendation 2: Ensure basic human needs are met

This research has highlighted the impact of students' temporary migrant status on the basic human needs for survival. Stakeholders should become cognisant of the implications of students' temporary visa status in relation to meeting their basic needs for survival. Where a student is hungry, worried about safe housing, maintaining university fee payments, or fearful of visa cancellation, study goals can be difficult to achieve. When addressing educational needs, stakeholders must consider the interconnectedness with basic human needs. An example of addressing a basic human need could be the establishment of a working group to develop a university food policy or other food social enterprises.

Recommendation 3: Address racism in nurse education

This research has identified that during the COVID-19 pandemic not all university nursing staff and students were able to interpret the racism policy, identify racist behaviour and/or navigate associated processes such as reporting. Given the extent of anti-Asian racism that became evident in Australia, and the high percentage of nursing students from Asian backgrounds, the nursing faculty could benefit from exploring research opportunities to examine this topic.

Recommendation 4: Improve students' education on, and access to, mental health and well-being resources

This research has identified that international nursing students have numerous risk factors which could contribute to poor mental health. Factors identified in this research include unpredictable access to basic needs for survival, extent of social support, experience of racism, concerns about the well-being of family and their home country, studying under a different education model, communicating in a language other than their first, lack of awareness of why, how, and where to access support, and other personal and social pressures. Students may benefit from education on preventing poor mental health, early identification, early intervention, and effective management.

Recommendation 5: Prepare for future disasters

Stakeholders should consider that it is feasible for other local, national, or global emergencies to emerge at some time in the future, and that an emergency plan is a necessary, responsible, and achievable proposal. The activation of a disaster readiness plan aims to protect international nursing students' security and safety and mitigate risks that were evident during COVID-19. In the absence of pragmatic disaster preparedness plans, the conditions for marginalization of international nursing students will continue to exist. The disaster plan must be developed in collaboration with stakeholders and international nursing students. The plan should address the potential impact of a disaster on the physical, psychosocial, economic, environmental, and educational needs of international nursing students. The disaster preparation plan should be developed prior to a crises event and should reflect good governance. Emergency communication plans should be clear and easily accessible. Infrastructure for professional development and ongoing evaluation of the disaster readiness plan should be instigated. Protective measures to minimise trauma should be included, such as immediate access to professional counselling, and acute to long term practical support. Structures to ensure students can continue their education should be developed and easily instigated. The disaster

emergency plan should be created in partnership with students, presented in a culturally appropriate manner and facilitates empowerment to feel safe. These recommendations aim to offer international students who come to South Australia to study nursing, a safe, hospitable, and memorable experience as they learn to become Registered Nurses.



CODA

May 7th 2023

Several important events happened this week. On May 3rd, our youngest daughter turned 18. The last of our children to become an adult. May 3rd is always a date of mixed feelings for our extended family. May 3rd, 1941 was the date of the Liverpool Blitz in the UK when generations of my family took shelter in the local school. The school was bombed and there were no survivors. On this date I think especially about my father's father, the man who was supposed to be my grandpa, but died at 21.

Another event this week was the coronation of Prince Charles as King of England, on May 6th. The global media presented the day as one of great importance, extending well beyond the English borders.

In the royal fanfare in the media, I almost missed an even more important date, at least from my perspective; May 5th, 2023. The WHO declared the 'public health emergency of international concern' for COVID-19 over.

I think about the focus of the media on January 31st, 2020, when the WHO declared COVID a 'public health emergency of international concern'. I didn't even know what that meant. There was so much uncertainty; an 'infodemic' of fake, partially true, and possibly true information. As I worked alongside international nursing students in those early weeks a seed of an idea to conduct research formed. And now, soon after the international emergency ends, so too will this research. Am I glad I undertook the research? It depends. I think any PhD student at this stage is plagued by uncertainties. But, in terms of my topic? Yes, I have no doubt that I have captured something that could otherwise be forgotten. Like the public health emergency, compared to its beginning, the end slid into oblivion, literally lost in the fanfare of a

coronation. Many international nursing students, within, and beyond this research, have spoken quietly to me, "we are glad someone wants to know."

June (2023) is nearly here, bringing our daughter home from her international studies at last; after 5 years. We had booked a flight in 2020 for her graduation. Like my students in this study, as her parents, we missed travelling over for her graduation. We missed other experiences she faced as an international student living in the UK during COVID. But at least I have some knowledge now; enough to show that I care and understand the scar that won't disappear. I just hope that anyone who comes across my research improves their knowledge, will care about what they learn, but most of all, will have the desire to champion for change.

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Literature Review, (2020-May, 2023)

1. International nursing students,

Table 1: International nursing students, COVID-19, Australia	Author/Year	Title	Background	Key words	Methodology
1	Moxham, Fernandez, Lord, Halcomb, Middleton 2022	Life during lockdown: Coping strategies used by preregistration nursing students during COVID-19	<p>‘Staying connected was the key coping strategy to ensure emotional and mental health wellbeing.</p> <p>Heightened vigilance in infection control measures was also evident, personally and for others. Routines, including exercise, facilitated physical and mental wellbeing.</p> <p>Overall, coping strategies identified by nursing students demonstrated applied resilience during the isolation period’ (Moxham et al., 2022 p.1).</p>	<i>nursing students, coping strategies, COVID-19, pandemic, qualitative</i>	Online survey

Literature Review, (2020-May, 2023)

2	<p>Research on international nursing students, Lowe, Wynter, 2020</p>	<p>The impact of covid-19 on psychosocial well-being and learning for</p>	<p>Three major themes associated with the impact of the pandemic on psychosocial well-being and learning were identified: psychosocial impact</p>	<p><i>Australia, COVID-19, learning,</i></p>	<p>Online survey</p>
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Literature Review, (2020-May, 2023)

1. International nursing students,

	Redley, Holton, Manias, Phillips McDonall, McTier, Kerr 2022	Australian nursing and midwifery undergraduate students: a cross-sectional survey	of the pandemic, adjustment to new modes of teaching and learning [including clinical placement], and concerns about course progression and career' ().	<i>psychosocial well-being,</i> <i>nursing student,</i> <i>student midwife,</i>	
3	Usher 2020	The mental health impact of COVID-19 on pre-registration nursing students in Australia	COVID has resulted in extensive and extended disruptions to student learning, their normal support systems, and social activities... Nursing students are able to continue to participate in high-quality learning activities from their home but we raise concerns about the long period of social disruption...' (p.)	<i>Editorial</i>	Editorial

Literature Review, (2020-May, 2023)

4	<p>Usher, Gordon, & Mause, Wijnaden, Grant, West, McGough, Hopkins, Muller, Byfield, Smith, Ngune, Wynne 2023</p>	<p>Students, mental health impact of COVID-19 on pre-registration nursing students in Australia: Findings from a national cross-sectional</p>	<p>The pandemic was the catalyst for the closure of...universities across many countries. This necessary measure caused additional stressors for many students, including nursing students, leading to uncertainty and anxiety. Despite these...students displayed levels of resilience and</p>	<p><i>clinical placement, COVID-19, mental health, nurse education, nursing, students</i></p>	<p>Online survey</p>
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Literature Review, (2020-May, 2023)

1. International nursing students,

		study	utilized coping strategies to adapt to their situation' (p. 582).		
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Table 2: International non-nursing students, COVID-19, Australia	Author/Year	Title	Background	Key Words	Methodology
1	Bia, Yeoh, Jiang, Wienk &Chen, (2022)	Psychological distress and everyday discrimination among	'During the COVID-19 pandemic, Chinese international students (CISs) experienced distress associated with both unique and universal stressors, among which everyday discrimination may be especially	<i>COVID-19, Chinese international students, depression, perceived discrimination, intersectionality, minority, stress</i>	Online survey (s)

Literature Review, (2020-May, 2023)

1. International nursing students,

Chinese international
students one year
into COVID-19:

a preregistered

comparative study

harmful...' (p.1). '...an often overlooked
population (i.e., CISs), individuals who are
non-heterosexual or perceive themselves to
lack adequate social support may suffer

more psychologically in the face of

everyday discrimination... (p.13).

Literature Review, (2020-May, 2023)

1. International nursing students,

2	Chen, Hong, LeLi, YunWu, Anise M. S. Tong, Kwok Kit	The overlooked minority: Mental health of International students worldwide under the COVID-19 pandemic and beyond	[International students] have less access to public resources due to monetary, informational, language, or cultural barriers...minority on campus, the specific needs ...[are] neglected by their host countries... [No]accessibility to a safe return...due to closed borders, reduced number of international flights, and potential exposure to COVID-19... Psychosocial problems associated with the society's responses to COVID-19...and blatant discrimination (p.1).	<i>COVID-19, international students, minority students, neglected, psychosocial problems, discrimination.</i>	Letter to the Editor
3	Farbenblum & Berg, (2020)	“We might not be citizens, but we are still people”: Australia’s disregard for the human rights of international students during COVID-19	‘...July 2020 survey of over 5,000 international students and recent graduates reflecting widespread inability to pay for essential medical needs, lack of access to secure housing and emergency support, and their experiences of racism, discrimination, and social exclusion, in Australia during the pandemic’ (‘p.486)	<i>COVID-19, international students, migrant workers, wage subsidies, racism.</i>	Online survey

Literature Review, (2020-May, 2023)

1. International nursing students,

4	Gomes, (2022)	Shock temporality: international students coping with disrupted lives, and suspended futures	'Shock temporality takes place when the expected and finite temporary/transitory experience becomes forcefully broken and appears to be ongoing outside of the individual's control... Transient migrants such as international students, 'shock' immobility has resulted in disrupted lives with professional and personal futures suspended as careers and relationships become stuck in limbo'. (p.527).	<i>International students, research students, Australia, transience, temporality/temporalities, pandemic.</i>	Online interview via Microsoft Teams
5	Haugen & Lehmann (2020).	Adverse articulation: Third countries in China–Australia student migration during COVID-19	'...early in the COVID-19 outbreak when travellers from China could enter Australia only via stopovers in third countries' (p.169). The risk of contagion associated with mobility was dealt with by elongating travel routes rather than by inhibiting them. The paths of Chinese students were redirected to shift risk from Australia onto third countries' (p.172).	<i>Australia, brokerage, COVID-19, international students, migration.</i>	Data collected on Chinese social media platforms

Literature Review, (2020-May, 2023)

6	<p>1. International nursing students, Kaphle, Shrestha, A; Karishma, & Shrestha, L. (2022)</p>	<p>Living with Insecurities During COVID-19: The Impact of Hard Restrictions on South Asian</p>	<p>'In Australia, international students experienced various forms of hardship due to state mandated public health restrictions... impacts of hard restrictions on South Asian international students...Visa temporality, limited work</p>	<p><i>International students, COVID-19, wellbeing, South Asian, temporary migrants.</i></p>	<p>Online survey and in-depth interviews</p>
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Literature Review, (2020-May, 2023)

1. International nursing students,

		International Students in Australia	rights, concentration into precarious and low-paid work, obligations to pay costly higher education fees, and exclusion from social security and universal healthcare...’ (p.1).		
7	Ke, Li, Sanci, Reavley, Williams & Russell, (2023)	The mental health of international university students from China during the COVID-19 pandemic and the protective effect of social support: A longitudinal study	‘During the COVID-19 pandemic Chinese international students were reported to experience racism, food security issues and social isolation...The pandemic appeared to have had a strong negative effect on Chinese international university students’ mental health. Those living in Australia were more likely to experience poorer mental health, highlighting the need for increased support to this group’ (p.327).	<i>Depression, anxiety, COVID-19 related stress, social support, Chinese international students.</i>	Online survey (s)
8	Ma & Miller, (2021).	Trapped in a Double Bind: Chinese Overseas Student Anxiety during the COVID-19 Pandemic	‘Chinese international students experienced high levels of anxiety primarily stemming from discrimination from the media, fear of COVID-19, and mixed messages from their social connections...increased anxiety. Perceived social support negatively correlated with anxiety, and those experiencing a double	<i>Chinese international students, COVID-19, Double Bind, anxiety, stress.</i>	Online survey

Literature Review, (2020-May, 2023)

	1. International nursing students,		bind felt the greatest stress, particularly		
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Literature Review, (2020-May, 2023)

1. International nursing students,

			those unable to effectively differentiate the opposing messages’ (p.1598).		
9	Mihrshahi, Dharmayani, Amin, Bhatti, Chau, Ronto, Turnip & Taylor, (2022).	Higher Prevalence of Food Insecurity and Psychological Distress among International University Students during the COVID-19 Pandemic: An Australian Perspective	‘There was a high level of food insecurity and psychological distress... particularly international students, during the early stages of the COVID-19 pandemic in Australia. ...a positive association between food insecurity and psychological distress in this student population, which emphasizes a strong call for all stakeholders in the Australian education sectors to take action to address food insecurity issues and provide appropriate well-being support to university students’ (p.11)	<i>COVID-19, food insecurity, psychological distress, university students, international students.</i>	Online survey
10	Moscaritolo, Perozzi, Schreiber & Luescher, (2022).	The Impact of COVID-19 on International Student Support: A Global Perspective	‘Specific challenges [for IS] ... mental well-being, inability to return home, financial hardships, fear, and uncertainty. Discrimination of certain groups... assist [ed] international students in navigating	<i>COVID-19, international students, mobility, student affairs services, student support</i>	Online survey

Literature Review, (2020-May, 2023)

	1. International nursing students,		these challenges across world regions, including services declared essential for international student support...financial		
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Literature Review, (2020-May, 2023)

1. International nursing students,

			implications and the future of international student support...' (p. 324)		
11	Russell, Reavley, Williams, Li, Tarzia, Chondros & Sancti (2023)	Changes in mental health across the COVID-19 pandemic for local and international university students in Australia: a cohort study	The pandemic had a substantial negative impact on international students, particularly those living outside of their country of origin during the pandemic. The inequalities exacerbated by the pandemic were present prior to the pandemic and are likely to continue post-pandemic without action. Interventions to build the supports for international students need to be urgently explored (p.1).	<i>Depression, Anxiety, university students, pandemic, social support, International student, social support</i>	Online survey
12	Sanci, Williams, Russell, Chondros, Duncan, Tarzia, Peter, Lim, Tomy & Minas, (2023)	Towards a health promoting university: descriptive findings on health, wellbeing and academic performance amongst university students in Australia	'International students... culture shock, parental and cultural pressure to succeed, social isolation, language proficiency issues, discrimination, and financial pressures. Visa insecurity can also render them more vulnerable to interpersonal violence. International students may also be less likely to seek help...especially for mental health issues. This is a baseline for a 12-month follow-up of the cohort in 2020 during the COVID-19 pandemic' (p.2). (Refer Russell et al.,2023).	<i>University student, young person, international student, mental health, academic outcomes, pre-COVID</i>	Online survey

Literature Review, (2020-May, 2023)

1. International nursing students,

13	Sidhu, Cheng, Collins, Chong, Yeoh, (2021).	International student mobilities in a contagion: (Im)mobilising higher education	'The pandemic plunged international students into hardships, highlighted racial antagonisms, caused serious academic disruptions, and exposed students to precarious after-study pathways. By laying bare the political, economic, and cultural effects of cross-border vulnerabilities, the COVID-19 crisis compels us to ... address broader issues of justice and equity' (p.320).	<i>digital infrastructure, higher education, international student mobilities, market making, subject making</i>	Authors' reflections
14	Watson & Barton, (2020)	Using Arts-Based Methods and Reflection to Support Postgraduate International Students' Wellbeing and Employability through Challenging Times	'Due to border closures, travel restrictions, quarantining and even job losses international students have particularly faced hardship in the first six months of the 2020 academic year in Australia. ...a reflective process involving mindfulness and body mapping to support international students in expressing their experiences and feelings during this time...students gained a deeper understanding of what they experienced personally and how these experiences were both different and similar to their peers' (p.101).	<i>international students, reflection, wellbeing, challenges, future, employment</i>	Author program report

Literature Review, (January 2020-
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Table 3: Common themes.	Identified issues	International nursing students (n 4 studies)	International students (n 14 studies)
	Anxiety/mental health/ stress/ psychosocial	4/4	10/14
	Education	4/4	3/14
	Clinical placement	3/4	0/14
	Support required/provided	2/4	6/14
	Exclusion from financial & health care support / housing/poor working conditions	1/4	7/14
	Resilience	1/4	1/14
	Visa/border restrictions	1/4	7/14
	China/Chinese students/Asian students	0/4	8/14
	Social justice/equity/rights	0/4	4/14

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	Discrimination/Racism	0/4	4/14
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