Exploration of Public Health Students' Remote Course Learning Experience and Mental Wellbeing during the COVID-19 Pandemic

by

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Abstract

The COVID-19 pandemic has significantly impacted students' learning experiences. While many universities have switched the in-person courses to online courses, few have taken the next steps to explore the effects on students academically and personally. The purpose of this study is to explore the implications of COVID-19 on Public Health undergraduate students at East Carolina University and explore the effects that these students may be experiencing on their remote course learning experience and personal wellbeing. Public Health students represent a key demographic in that they are training in the prevention and management of diseases such as COVID-19, and subsequently, experience a unique curriculum. In this study, the change in the students' course delivery methods due to COVID-19 was assessed. Additionally, the impact on the students' learning experiences and wellbeing due to the change in course delivery and COVID-19 learning was determined. Students completed a survey sharing their opinion and an optional, virtual semi-structured interview further. This study will help to uncover how Public Health students are being affected and how University resources can contribute to the students' wellness and smooth transition from traditional campus courses to distance learning courses. It will also provide data to support infrastructure plans for students and faculty members to succeed in their academic learning during the pandemic.

Keywords: remote instruction, learning obstacles, learning experiences

Exploration of Public Health Students' Remote Course Learning Experience and Mental Wellbeing during the COVID-19 Pandemic

According to the Centers for Disease Control and Prevention, SARS-CoV-2 is a virus newly discovered in 2019 that causes the disease COVID-19 (2020). It was first isolated from three people with pneumonia in Wuhan, China and has evolved across multiple countries and continents. There are now more than 41.1 million confirmed cases of COVID-19 globally and more than 1.1 million people who have died from the disease (CDC, 2020). COVID-19 spreads when infected individuals release respiratory droplets while coughing, sneezing, or talking (CDC, 2020). These droplets can infect a person nearby when they are inhaled or when they enter the mouth or nose (CDC, 2020). In order to prevent the transmission of COVID, protective behaviors are encouraged, such as mask wearing and social distancing (CDC, 2020). Social institutions, particularly colleges and universities, have implemented remote instruction in efforts to reduce the transmission of COVID-19. This has significantly impacted not only the academic endeavors of students, but has also impacted their personal health and wellbeing.

Undergraduate Public Health students represent a key student demographic significantly impacted by COVID-19. While these students experience the typical stressors associated with remote instruction, they also face unique stressors due to their academic discipline. Since Public Health students are training to become the world's leading health educators, Public Health courses emphasize key community health topics of disease prevention, protective behaviors, risk factors, etc. Thus, Public Health courses today have come to focus widely on COVID-19, including its severity and long-term complications. As compared to other university students, Public Health students may find themselves experiencing even more anxiety and other psychological disruption due to constantly being immersed in the learning of COVID-19. Thus, this study will explore the unique effects that Public Health students may be experiencing on

their learning and mental health due to COVID-19 implications. Methods section, which follows, will explore a mixed method embedded design that describe the results of remote course instruction on the learning and wellbeing of Public Health students. The paper will conclude with a discussion of how the results of the study will inform future research on the effects of COVID-19 on students and, more broadly, how universities can support students' personal and academic success during the pandemic or other situations of unique transitions in university learning initiatives.

Literature Review

The pandemic has been found to vastly effects students in various capacities. Students have had to adjust to personal barriers impeding academic success while balancing multiple responsibilities, which has contributed to increased feelings of anxiety and less motivation (Gillis & Krull, 2020). A research study conducted in Malaysia found that nearly 30% of participating University students were experiencing some level of anxiety due to remote online teaching and academic uncertainty, with symptoms ranging from minimal to extreme anxiety (Sundarasen et al., 2020). International and domestic students alike have experienced varying impacts due to the impact of COVID-19 on educational institutions and have found to be particularly focused on financial support and obtaining medical services (Chirikov & Soria, 2020). While the research on the effects of COVID-19 on Public Health students has scarcely been explored, there has been research conducted on students in similar health-related disciplines. The mental health status of medical students has been found to decline upon experiencing curriculum restructuring (O'Byrne et al., 2020). In fact, a study published in the Pakistan Journal of Medical Sciences found 44% of Medical student participants to exhibit a decrease in their work performance and even exhibit emotional detachment from family and friends (Meo et al., 2020).

Methods

A mixed method embedded design was utilized in this project to examine (1) the course delivery method of the students prior to the pandemic and how it has changed, (2) the students' online learning experiences and obstacles, and (3) how the wellbeing of the students has been affected, including their mental health and use of coping strategies. The data was collected through an online survey and virtual semi-structured interviews in this study.

Data Collection

The online survey was developed through Qualtrics, a virtual platform for creating and distributing web-based surveys. The Qualtrics survey was an anonymous questionnaire, composed of three sections: (i) a demographic information section (e.g., academic year, major concentration, etc.), (ii) a Change in Course Delivery section, which was designed using four open-ended questions gauging the previous course delivery method of the students prior to the pandemic and how it has changed, and (iii) a Personal Wellbeing section using a 5-Point Likert scale to assess COVID-19 effects on personal wellbeing and learning experience. The Likert scale had responses ranging from (1) strongly agree to (5) strongly disagree and explored the onset of anxiety, feelings of pressure, and other indicators of personal wellness. At the end of the Qualtrics survey, students were given an option to indicate their interest by sharing their email to engage in a virtual, semi-structured interview to further share their perspective. See Appendix for sample items.

Virtual semi-structured interviews were conducted using the WebEx tool to explore the Public Health students' perception of the change in course delivery method, integration of COVID-19 material into their coursework, and impacts on their academics and personal wellbeing. WebEx is a cloud-hosted tool for video conferencing and online meetings with

features such as screen share and recordings. Students who provided their e-mail address and indicated their interested in participating in the virtual interview at the end of the Qualtrics survey were contacted to schedule the virtual interview. The students were able to schedule the interviews by considering their personal obligations and school schedules. The interviews lasted approximately 25-35 minutes each. Some interview questions are given as examples: 'How do you feel about the COVID-19 learning that has become a part of the instruction of your Public Health classes?' 'What were the major changes in the instructional delivery methods of your courses before and during COVID-19? "Does learning about COVID-19 as a Public Health student cause you to feel more stressed about COVID-19? What are your coping mechanisms for such stress?" The interviews provided further information on the students' outlooks towards the shift to remote learning and its implications on their academics and personal wellbeing.

Data Analysis

The quantitative data was collected through the Qualtrics survey, specifically the 5-Point Likert Scale and Change in Course Delivery section. The responses to the 5-Point Likert scale were quantified based on 1 - 5 where (1) was strongly agree and (5) was strongly disagree. For each of the ten statements on the Likert scale, the average score was calculated for each student and categorized among the three major concentrations, Pre-Health, Community health, and Worksite Health. The quantitative data from the Change in Course Delivery section was derived from the frequencies of the students who had face-to-face, online, blended, or other delivery methods before and during the pandemic. Quantitative data was also derived from this section by quantifying responses related to the average number of classes that shifted to include COVID-19 material. Lastly, quantitative data was derived from quantifying the number of COVID-19 assignments most highly reported by students as being a part of their course work. Qualitative

data was collected from the virtual interviews, in which student comments were recorded and common themes were analyzed from their discussions.

The quantitative data was calculated by using Statistical Package for the Social Sciences (SPSS Version 25, International Business Machines Corporation, 2017). This software was used to create frequencies, mean, and standard deviations for the scores on the 5-Point Likert Scale. The SPSS software was also used to create participants demographics by using frequencies provided by participants for gender, race, major, age, academic year, and student status.

Participants

This study recruited students majoring in the Public Health program at East Carolina University. Researchers recruited survey participants through three primary methods: (1) Contacting Public Health faculty members and requesting the dispersion of study information with their students; (2) Sending an invitation flyer and the study's information through a targeted e-mail list; (3) Connecting with student organizations that support Public Health students. Once participants were recruited, they were sent a Qualtrics survey to complete. Researchers recruited interview participants by contacting survey participants who indicated their interest in further sharing their perspective through a virtual interview.

Approximately 110 participants completed the Qualtrics survey. About 31 participants were excluded in the final analysis because they did not have a Public Health major or they did not complete the 5-Point Likert Scale. Subsequently, the responses of these 31 individuals were excluded. Thus, about 79 participants were included in the final analysis, including the 7 survey participants who also completed the virtual interview via WebEx.

Apart of the survey participants, about 86.1% (n=68) were female with males comprising 12.7% (n=10). Non-binary/third gender identifying individuals made up 1.3% (n=1). As far as

race, most were Caucasian or White at 55.7% (n=44). Asian Americans made up 7.6% (n=6) of survey participants and African Americans or Blacks made up 31.6% (n=25). As related to academic year, most were seniors at 49.4% (n=39). Juniors made up 30.4% (n=24) of participants and sophomores made up 8.9% (n=7). About 9 freshmen participated in the survey (11.4%). In terms of major, about 100% were Public Health students (n=79). In terms of age, 39% were between the ages of 18-20 (n=31) with 61% between the ages of 21-23 (n=48). As related to area of Public Health concentration, about 37% were Pre-Health (n=29) and 47% were Community Health (n=37). The remaining 16% were Worksite Health (n=13). All survey participants had full time student status, 100% (n=79) (See Table 1).

Apart of the interview participants, 85.7% (n=6) were female with males comprising 14.2% (n=1). As far as race, most participants were Caucasian or White at 42.9% (n=3). Asian Americans made up 14.2% (n=1) and African Americans or Blacks made up 28.6% (n=2). As related to academic year, seniors made up 42.9% (n=3). Juniors also made up 42.9% (n=3) and sophomores made up 14.2% (n=1). There were no freshman interviewees. In terms of age, 57% were between the ages of 18-20 (n=4) with 43% between the ages of 21-23 (n=3). In terms of major, 100% were Public Health students (n=7). As related to area of Public Health concentration, about 57% were Pre-Health (n=4) and 43% were Community Health (n=3). As far as student status, 100% of interviewees had full time student status (n=7). (See Table 1)

TABLE 1.

Demographics of survey and interview participants by gender, race, academic year, age, major concentration, and student status

	Survey Participants		Interview Participants	
	n	%	n	%
Total Participants	110	94	7	5.6
Excluded	31	100	0	0
Participants	79	91.8	7	8.1
Gender				
Male	10	12.7	1	14.2
Female	68	86.1	6	85.7
Non-binary/Third Gender	1	1.3	0	0
Race				
Caucasian or White	44	55.7	3	42.9
Asian American	6	7.6	1	14.2
African American or Black	25	31.6	2	28.6
Academic Year				
Freshman	9	11.4	0	0
Sophomore	7	8.9	1	14.2
Junior	24	30.4	3	42.9
Senior	39	49.4	3	42.9
Age				
18-20	31	39	4	57
21-23	48	61	3	43
Public Health Concentration				
Pre-Health	29	37	4	57
Community Health	37	47	3	43
Worksite Health	13	16	0	0
Student Status				
Part-Time	0	0	0	0
Full-Time	100	100	100	100

Results

The results are organized based on the project's research questions with the first question being 'Before COVID-19, what was the more common course delivery instruction/method in your program?' The results for this question explored the prevalence of varying course delivery methods among both survey and interview participants, including face-to-face, online, blended, etc. The second research question is, 'Have you observed any changes in the course delivery method during COVID-19 that have affected your satisfaction with your learning?' The results for this question centered on what courses look like during COVID-19 and included common themes taken from the virtual interviews. In this way, the shift from the course delivery method before and during COVID-19 and the students' perspective on this shift was analyzed. The next research question is, 'In what ways has your coursework as a Public Health student shifted to include COVID-19-related information?' The results to explore this question displayed the extent to which COVID-19 material been included in topics covered in Public Health courses, including projects, lectures, assignments, etc. The results to answer the final research question, 'What are the effects of remote learning and COVID-19 learning materials on personal wellbeing and learning experiences?' was answered by score values for wellness and learning experience indicators.

Figure 1

Most Common Course Delivery Method Before and During COVID-19 for Survey Participants

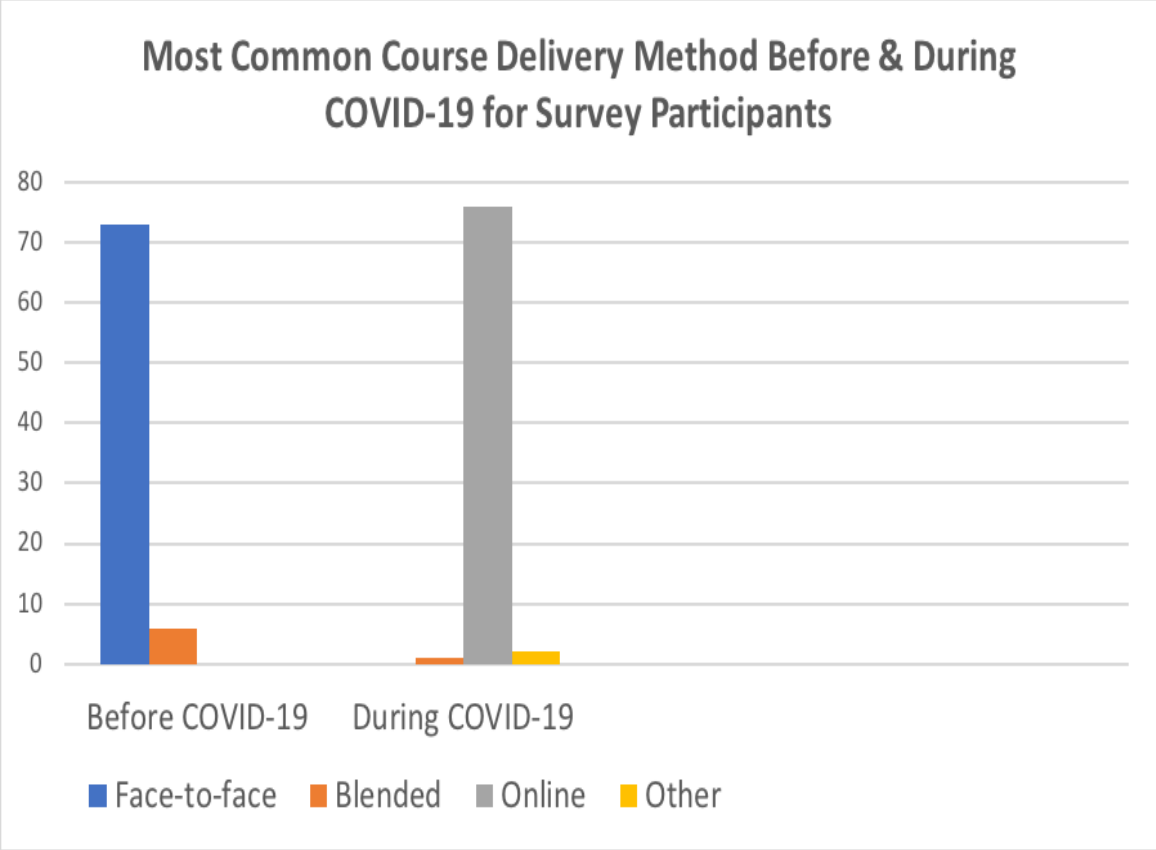


Figure 1 displays the common course delivery methods before and during COVID-19 for survey participants. Before COVID-19, 73 participants reported face-to-face as the most common course delivery method. About 6 participants reported a blended method as the most common course delivery. During COVID-19, 76 participants reported online as the most common course delivery method, 1 participant reported blended, and 2 reported COVID-19 internships (other).

Figure 2

Most Common Course Delivery Method Before and During COVID-19 for Interview Participants

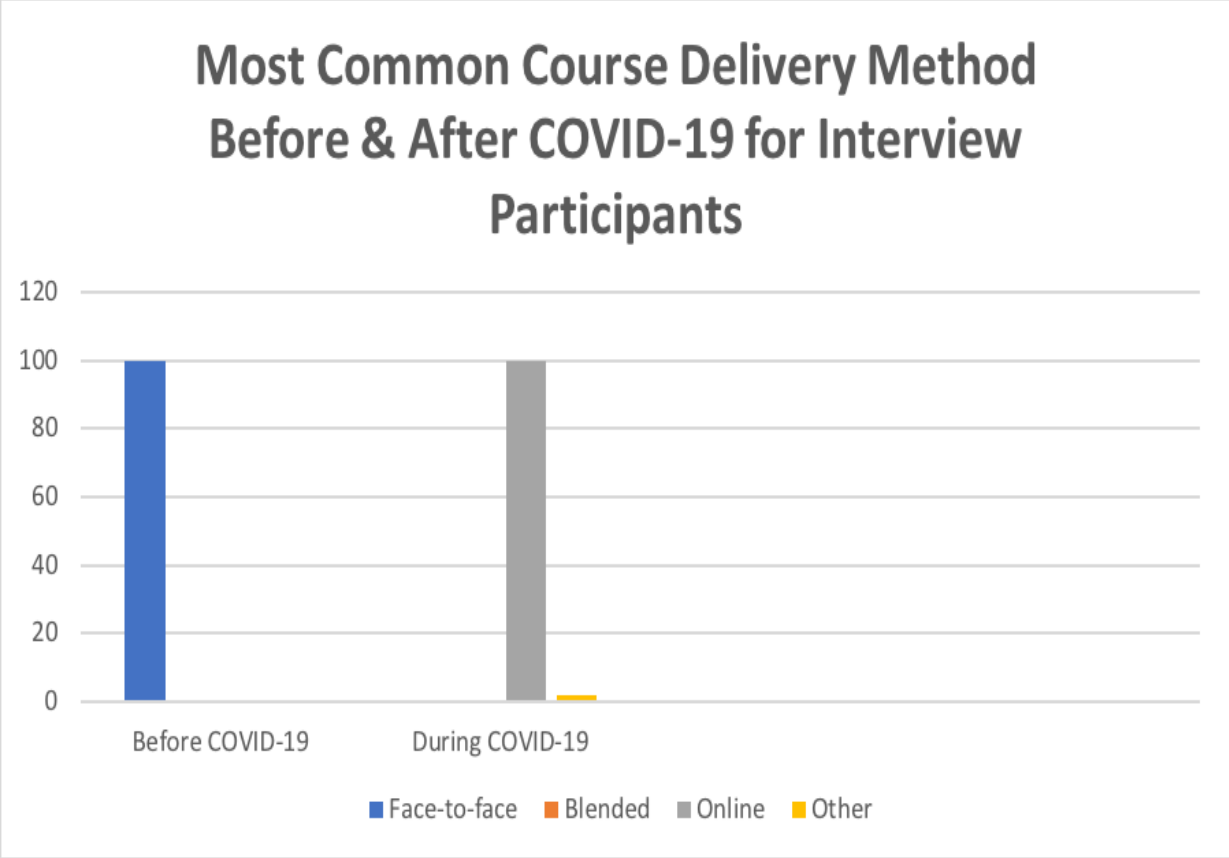


Figure 2 displays the common course delivery methods before and during COVID-19 for interview participants. Before COVID-19,100 participants reported face-to-face as the most common course delivery method. During COVID-19, 100 participants reported online as the most common course delivery method and 2 reported COVID-19 internships (other).

Table 2

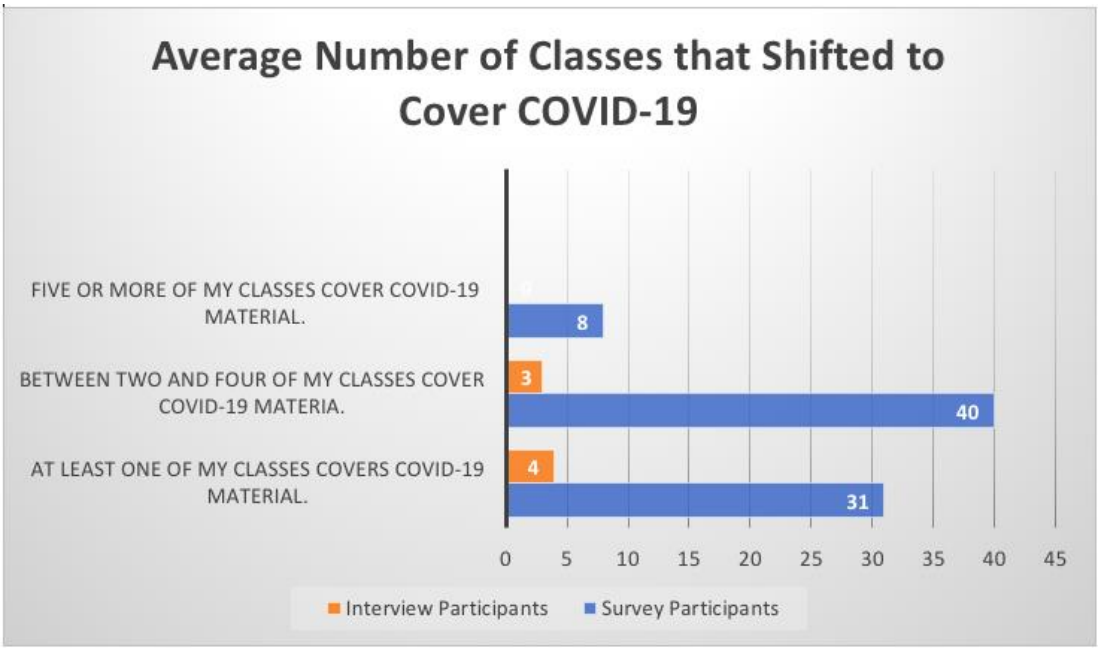
Summary of Interview Question Category, Students Feedback, and Themes

Question Category	Students Feedback	Themes
Perception of COVID-19 Learning	"I am happy with learning about COVID-19 because I enjoy learning about diseases as a Pre-Health student." "As a Community Health student, I am not interested in learning about the symptoms of COVID-19."	Pre-Health Students are more satisfied with the content COVID-19 learning compared to other major concentrations.
Importance of COVID-19 learning	"I enjoy learning about COVID-19 because it is important that we know about diseases." "It's extremely important that we learn about it, but there's so many other things that are important to learn about, as well."	Students think it's important to learn about COVID-19 as Public Health students but wish to not neglect other important Public Health topics.
Change in Course Instruction Delivery Method	"I'm not someone who particularly enjoys online class." "I know what I'm like when I have to do an online course. And I don't think that I would learn as much, be as knowledgeable as I can be."	The transition to online classes was difficult for students and they excelled more academically in face-to-face courses.
Satisfaction with the Amount of COVID-19 Material Apart of Course Instruction	"I think we are learning too much about COVID-19." "The material we are learning is very repetitive across different classes."	Students are not satisfied with the amount of COVID-19 material as they think it's repetitive.
Stress Response to COVID-19 Learning Material	"Learning about it, kind of helps me to not be scared or stressed because you kind of see the statistics." -Pre-Health student	Pre-Health students believe that learning decreases their stress.
	"They're trying to give us all the information, but it's not easing our worries; it's creating more and creating more." -Community Health student	Community Health students believe that learning COVID-19 material creates more stress.
Coping Mechanisms for Stress Response	"I used to go to the gym, but most are closed and the ones that I have found don't require masks…so I don't go much anymore." "To deal with stress, I mostly just eat.." "I don't really have coping mechanisms. I don't think coping mechanisms are super helpful."	Students do not have healthy stress coping mechanisms or have coping mechanisms that are inaccessible due to the pandemic.

Table 2 displays common themes taken from virtual, semi-structured interviews through students' feedback and comments. Themes relate to the satisfaction students have with the type and amount of COVID-19 learning material, the importance of this material, and their stress response to learning about COVID-19.

Figure 3

Number of Classes that Shifted to Cover COVID-19



Participants reported that the classes of 100% of survey and interview participants shifted to include COVID-19 material (n=79). Figure 3 displays the average number of classes that shifted to cover COVID-19 for students. For interview participants, 4 reported that at least one of their classes shifted to cover COVID-19 material while 3 reported that between two and four of their classes shifted to cover COVID-19 material. For survey participants, 31 reported that at least one of their classes shifted to cover COVID-19 material, 40 reported that between two and four of their classes shifted, and 8 reported that five or more of their classes shifted.

Figure 4

COVID-19 Integration into Public Health Courses

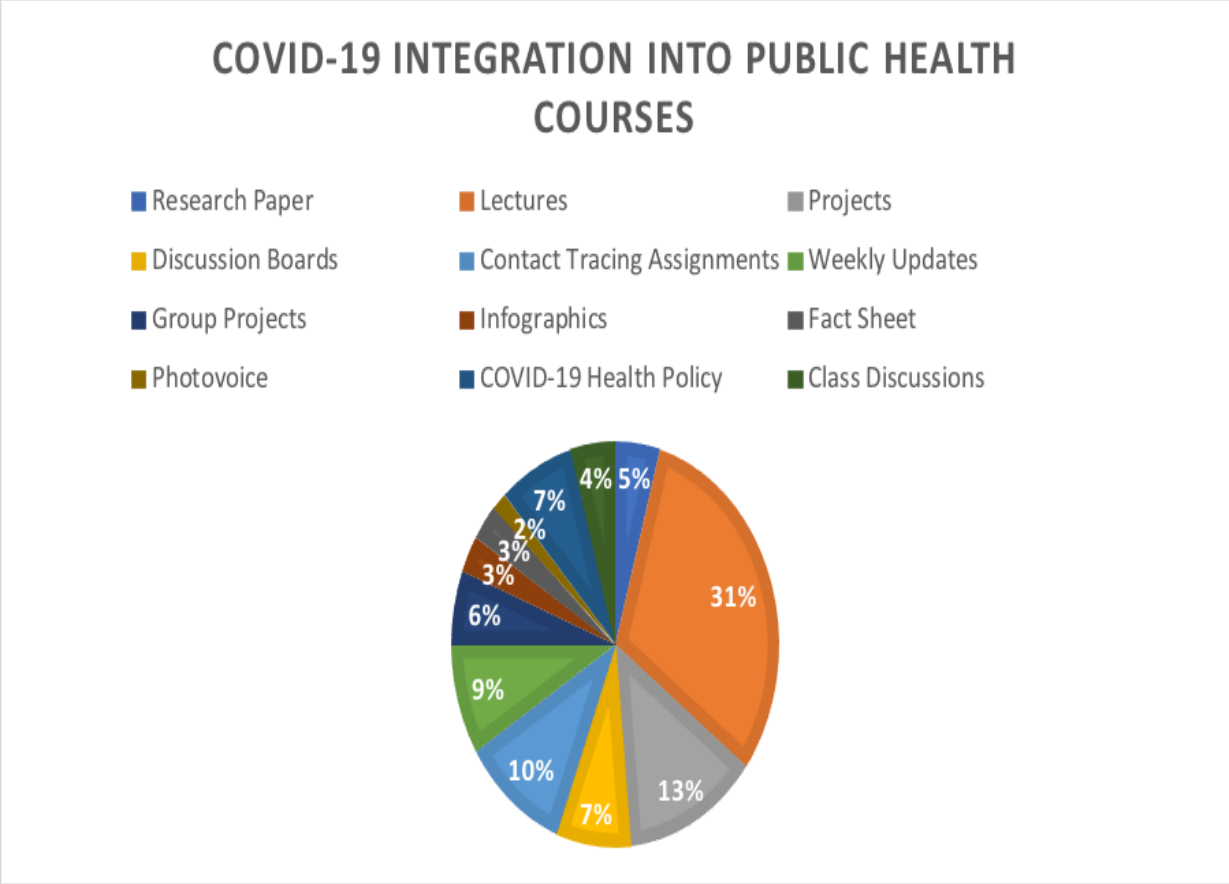


Figure 4 displays the ways through which COVID-19 material was integrated into students' Public Health courses. Lectures were reported by 31% (n=21) as the most common avenues by which COVID-19 material was integrated by students with COVID-19 projects also highly reported at 13% (n=9).

Table 3-1

Means and standard deviations of personal wellbeing

	Pre-Health (*n* =29)			Community Health (*n* = 37)			Worksite Health (n = 13)			Total (n=79)		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
Since learning about COVID-19 as a Public Health major...												
I feel more fear and worry about my own health and the health of my loved ones.	29	2.24	1.24	37	2.46	1.26	13	2.31	1.11	79	2.35	1.22
I feel more anxious or worried about the current COVID-19 pandemic in Greenville, NC.	29	2.55	1.15	37	2.57	1.14	13	2.62	.96	79	2.57	1.11
I feel emotionally detached.	29	3.14	1.38	37	2.78	1.11	13	3.31	1.82	79	3.00	1.23
I am unable to concentrate on coursework.	29	2.31	1.31	37	2.32	1.23	13	2.08	1.26	79	2.28	1.26
I have experienced a decrease in my work performance or grades.	29	2.76	1.30	37	2.95	1.43	13	2.54	1.506	79	2.81	1.39

Table 3-2

Means and standard deviations of personal wellbeing

	Pre-Health (*n* =29)			**Community Health** (*n* = 37)			**Worksite Health** (n = 13)			**Total** (n=79)		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
I have experienced a decrease in the time I spend studying.	29	2.14	1.19	37	2.22	1.40	13	2.00	1.08	79	2.15	1.26
I find it hard to complete COVID-19 coursework or stay on topic.	29	2.76	1.12	37	2.97	1.42	13	2.85	1.3	79	2.87	1.30
I feel unsure about my major or future career plans.	29	3.28	1.44	37	2.68	1.27	13	3.46	1.45	79	3.03	1.39
I feel more pressure to take a direct role in reducing the spread of COVID-19.	29	2.10	1.01	37	2.05	.100	13	2.23	1.01	79	2.10	.10
I have experienced difficulty in coping with stressors related to COVID-19.	29	2.41	1.48	37	2.46	1.28	13	2.31	1.25	79	2.42	1.34
Wellbeing	29	2.57	.79	37	2.55	.67	13	2.56	.83	79	2.56	.74

Table 3 displays scores to the 5-Point Likert Scale used to gauge effects on personal wellbeing and learning experiences. The scores of (1) strongly agree to (5) strongly disagree were quantified to find the frequency and mean average score to the 10 prompts and categorized among the three major concentrations. Students most strongly disagreed with feeling unsure about their major or future career plans and most strongly agreed with feeling more pressure to take a direct role in reducing the spread of COVID-19. Among the three major concentrations, Pre-Health students slightly indicated the highest overall wellbeing while Community Health students slightly indicated the lowest overall wellbeing.

Figure 5

Responses to Prompt 'I have experienced a decrease in the time I spend studying' based on Major Concentration

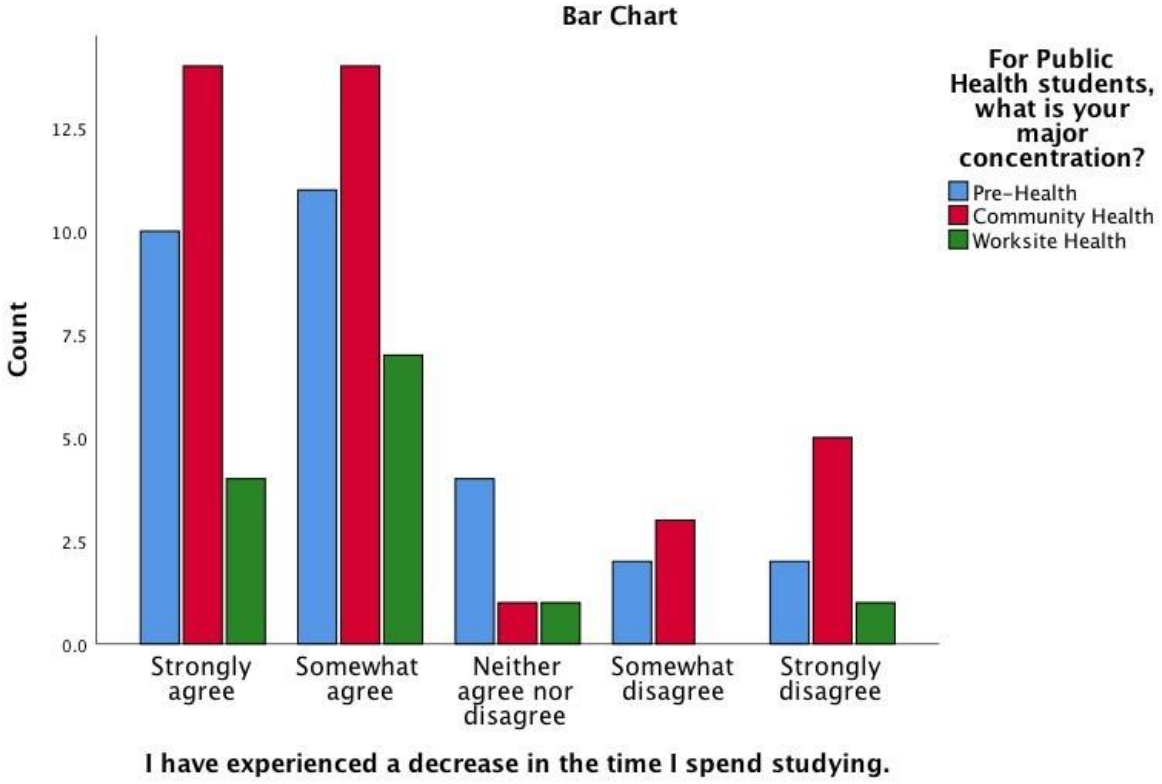


Figure 5 displays that Community Health students most strongly and somewhat agreed with the prompt, indicating that these students most strongly struggled with this mental health indicator compared to students of other concentrations.

Figure 6

Responses to Prompt 'I feel more pressure to take a direct role in reducing the spread of COVID-19' based on Major Concentration

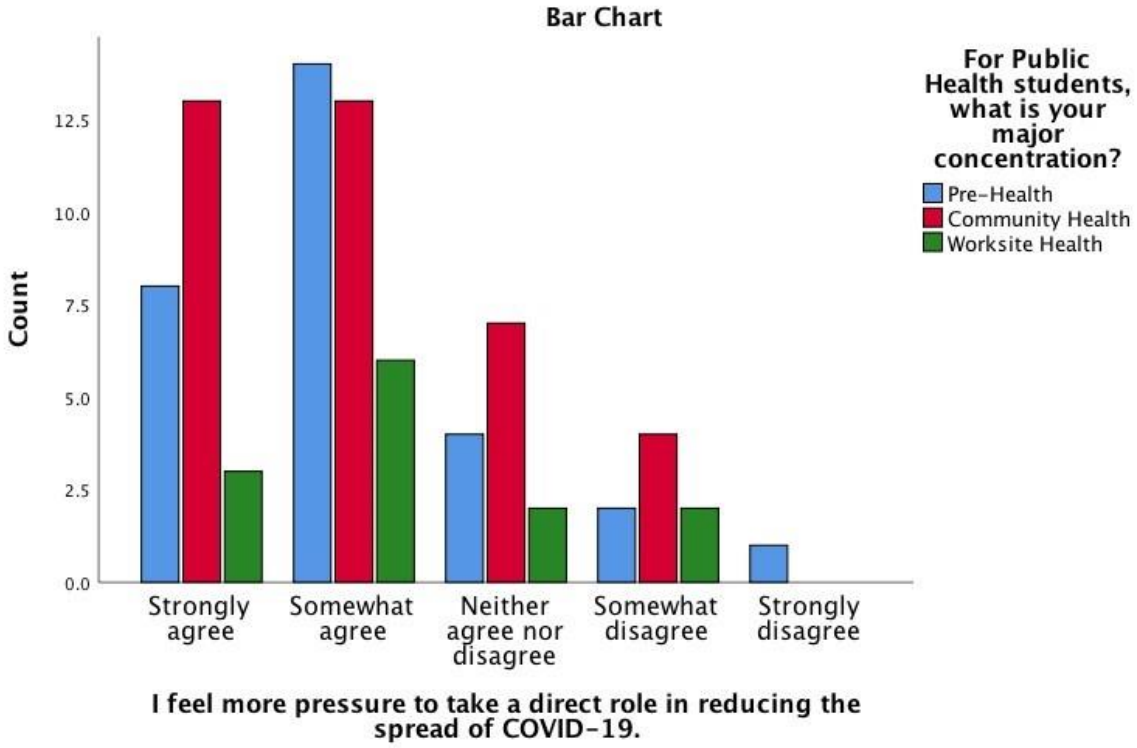


Figure 6 displays that Community Health students most strongly agreed with the prompt while not strongly disagreeing, indicating that these students most strongly struggled with this mental health indicator compared to students of other concentrations.

Conclusion

COVID-19 was found to cause a shift to remote learning for Public Health students. While they previously took mostly face-to-face courses as students of the Public Health Program, the pandemic resulted in a shift to mostly online classes, with notable COVID-19 internships for graduating students of certain major concentrations. The shift to remote learning was accompanied by a shift in the curriculum of Public Health courses for students. Students begin learning COVID-19 material as a part of their course topics. Students had varying experiences with the transition to remote learning and the integration of COVID-19 material into course material. From interview reports, students of the Pre-Health concentration were more satisfied with COVID-19 material while students of other concentrations were more dissatisfied and found the information to be too excessive in amount and repetitive across multiple courses. All students reported discomfort and dissatisfaction with remote learning, with students reporting an inability to concentrate on course work, form academic and professional networks, and excel as academically as they would if they were taking face-to-face classes.

The mental wellbeing and learning experiences of student participants were found to be negatively affected by the learning changes caused by COVID-19. Students reported learning concerns and obstacles stemming from being unable to complete COVID-19 assignments or concentrate on general coursework, study for adequate amounts of time, and maintain school performance/grades. Students experienced personal effects on their wellbeing and learning experiences by feeling pressure to take a more direct role in the prevention of COVID-19, feeling more anxious or worried about the health of their loved ones and community, and finding it hard to complete COVID-19 coursework or study for an adequate amount of time. The changes in learning experiences and mental wellbeing were directly caused by the students learning about

COVID-19 as Public Health students. Students of the Pre-Health concentration were found to score slightly higher on the indicators of wellness and learning experiences. For example, Pre-Health students were found to disagree more with prompts of 'Since learning about COVID-19, I feel more pressure to take a direct role in reducing the spread of COVID-19' and 'Since learning about COVID-19, I have experienced a decrease in the amount of time I spend studying' while Community Health students agreed more with these prompts. Subsequently, Pre-Health students were shown to have better mental wellbeing and more positive learning experiences (less anxiety, emotional detachment, and learning obstacles/concerns). This could due to the fact that Pre-Health students are interested in pursuing medical specialties and subsequently more so enjoy clinical issues, such as COVID-19, compared to other concentrations.

Discussion and Implications

The results and findings are supported by a study by Zhong et al. on the COVID-19 pandemic's impact on the psychological wellbeing of college students. The study found the anxiety levels of college students to be heightened, the unease of risk exposure to be a risk factor, and the official channels as the main means to obtain information about COVID-19 pandemic to be a protective factor (Zhong et al., 2020). These results relate to the study, at hand, in that the channel from which COVID-19 information was derived also served as a protective factor for participants. Some interviewed students, specifically Pre-Health students, reported the opportunity to learn about COVID-19 from Public Health professors to be a stress-relieving event in keeping them well-educated and informed, which increased their satisfaction with COVID-19 learning and led to more positive learning experiences and mental wellbeing. The study also uncovered heightened anxiety scores among participants with an increased worry of their loved ones' and community's exposure to COVID-19.

The study also compares to research conducted by Son et al. on the effects of COVID-19 on the mental health of college students in the United States. At least 54% of participants indicated negative impacts (either mild, moderate, or severe) of COVID-19 on academic-, health-, and lifestyle-related outcomes (Son et al., 2020). Students displayed impacts in areas of concern of one's own health and the health of loved ones, difficulty with concentration, and concerns about academic performance (Son et al., 2020). Participants also reported using various self-management methods with little efficacy (Son et al., 2020). Similar results were found in this study with 100% of participants (n=79) reporting personal and academic effects with various intensity levels. Students scored on prompts related to the Son et al. study's prompts, such as difficulty concentrating on COVID-19 coursework, a decrease in work performance/grades, and fear or worry about the pandemic in Greenville, NC. Interviewed students also reported a lack of coping mechanisms, inaccessibility to usual coping mechanisms due to the pandemic (such as attending gyms), or unhealthy coping mechanisms (such as binge eating).

Recommendations for Public Health faculty members relate to the type and amount of COVID-19 material being made a part of the course topics. Students suggest that before teaching COVID-19 material, faculty should gauge what students already know about COVID-19 and what they want to know to ensure that information is not repetitive but appeals to the interests of students. Once taught, material should be presented in a way that allows room for class discussion and participation among class members. Students also recommend that Public Health faculty confer teaching material with other faculty to ensure that learning material isn't repetitive and that the same assignments aren't given across multiple courses.

Recommendations for University administration includes providing academic and personal support for students to make the transition to remote emergency instruction smooth and

efficient. These resources can include information on how to excel academically with online course work and helpful information for virtual professional and academic networking. Resources should also support the mental health of students and can include increased virtual counseling services or tools/resources to manage remote learning and COVID-19 instruction. Future studies can further explore the difference in effects among different Public Health concentrations (Pre-Health, Community Health, Worksite Health) and provide more analysis of the coping mechanisms of students. Future studies may also analyze the grit and determination of students in response to COVID-19 learning and remote emergency instruction.

Significance and Impact of the Study

This study is important because it will add to the small amount of pre-existing knowledge on the impacts of COVID-19 on Public Health students. Although there is some existing information on the impact of the pandemic on university students and other students studying medicine or health, there is not as much information that specifically pertains to Public Health students. This study is also beneficial because it sheds light on the perspectives and experiences of a crucial demographic in society. Public Health students will one day be leading professionals who will provide crucial advice to communities around the world, so it is important that they are being supported both personally and academically. The lack of such support could result in a diminished quality of academics and impair their future ability to serve communities.

This study is important to the university, East Carolina University, in that it displays how students are being affected by environmental changes and subsequent academic changes. Since the disease is novel and much research has not been conducted on its effects on university students, this study allows University administration to determine how their students are being affected. This allows the University to uniquely support their students and create resources and

tools to support their learning. It also provides ways for University counseling services to better support the mental health of students by relieving student anxiety and create strategies to appeal to them through virtual learning. The study can extend to students at other institutions to learn how to better support them and ultimately ensure that students are continuously being supported throughout their college careers.

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Appendix

5-Point Likert Scale apart of Qualtrics Survey to Measure Personal Wellbeing and Learning Experiences

Please mark an "x" for each question based on your experiences and opinions	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree
I feel more fear and worry about my own health and the health of my loved ones.					
I feel more anxious or worried about the current COVID-19 pandemic in Greenville, NC.					
I am unable to concentrate on coursework.					
I feel emotionally detached.					
I have experienced a decrease in work performance/grades.					
I have experienced a decrease in the time I spend studying.					
I find it hard to complete COVID-19-related coursework or stay on topic.					
I feel unsure about my major or future career plans.					
I feel more pressure to take a direct role in reducing the spread of COVID-19.					
I have experienced difficulty in coping with stressors related to COVID-19.					