

Title: Innovations in nurse education: creating the multisensory learning approach of The WISE Room

ABSTRACT Background: Nursing students often face anxiety and cognitive overload, leading to high attrition rates; meanwhile, traditional pastoral interventions have proved insufficient. A novel, digitally enhanced learning environment named The Wellbeing in Student Education (WISE) Room, was introduced as an alternative at a UK university. Aims: This study investigated the impact of The WISE Room, a 4m x 4m digital platform containing touch-interactive walls, co-created with students and academic staff, designed to promote insight through immersive experiences beyond traditional learning settings. Methods: A mixed-methods approach was adopted, collecting data from nursing students, healthcare staff and academic faculty. Data were collected at three stages, each corresponding with the iterative development of The WISE Room, including an evaluation of the intervention. Results: Feedback from 240 participants was positive. In Phase 2 of the study, 93% of the 79 students and 21 staff who visited the room and completed a survey were satisfied with the room's suitability in three key areas: emotional wellbeing, academic readiness, and placement preparedness. Conclusion: The WISE Room has proved effective in supporting nursing students' wellbeing, and educational and placement preparation requirements. Its multisensory, digital and experiential nature is beneficial for students throughout their learner journey. Additional trials and content development will be required to enhance the learning and teaching experience further.

Key words: Human-computer interaction ■ Experiential learning ■ Nursing education ■ Preparation for practice ■ Student wellbeing ■ Immersive rooms

Keywords: Innovation; Nursing education; Preparation for Practice; Nursing Research; Health and Wellbeing; Digital Intervention; Experiential, Enactivism.

INTRODUCTION AND INTERNATIONAL NURSING CONTEXT

Nursing students encounter significant challenges in assimilating theoretical knowledge and practical skills, often within varied sociocultural contexts. Navigating these complexities, especially while adhering to standards set by the Nursing and Midwifery Council (NMC, 2018), can be daunting. This is exacerbated by the strain on healthcare systems, such as that on the NHS, which impacts both educational and clinical experiences (Castro-Ayala et al, 2022). Similar scenarios are prevalent across global health care, highlighting the necessity for innovation in nursing education. Educational institutions are increasingly recognising the need for novel approaches to support the wellbeing of nursing students. The high attrition rate in nurse education, as evidenced by Hamshire et al (2019), means that innovative educational strategies are needed from the outset of training. Meanwhile, digital educational technologies have shown promise in offering personalised and adaptable learning solutions. A study involving 480 nursing students (Urstad et al, 2021) underscored the value placed on visual and interactive digital resources. Despite this, the incorporation of these technologies in nursing education is still slow in emerging (Loureiro et al, 2021). In response to this need for innovative educational practices, the authors' team developed an immersive technology-based wellbeing intervention, involving stakeholders in its creation. This approach is aligned with the enactivist perspective, emphasising, in this study's context, learners being less passive receivers of their reality, and more interactive participants with agency (de Haan, 2020). Enactivism is an approach within

cognitive science that argues that cognition arises via a dynamic interaction between an organism and its environment. Such an approach in nursing education is not only about meeting learning objectives but also about preparing students for the complex realities of their profession. The integration of innovative practices and immersive learning tools in nursing education not only equips students with essential skills and knowledge for their professional roles, but also highlights the importance of self-care and wellbeing. Such innovations have significant implications for nursing policy and practice internationally, advocating for a paradigm shift towards more experiential learning environments (Bruce et al, 2022).

METHODS

Recruitment, sample and data collection The present study embraced co-design principles, originating from the 1970s' Scandinavian participatory design movement. This often intertwines with 'co-creation', encompassing methods such as contextual inquiry and human-centred design (Manzini and Rizzo, 2011; Davis et al, 2021). This emphasises how design processes evolve with user integration, leading to socio-technical transformations. The present study witnessed a participatory narrative shift from initial usage queries to developing implementation strategies, laying groundwork for future system integration. Participants were aged between 18 and 66 years. They represented students from all four fields of nursing, key stakeholders from the Health and Life Sciences Faculty at Northumbria University and NHS practice partners. The authors' team implemented two data collection methods: one was to invite all current students to focus groups and the other to employ opportunistic data collection on campus. The latter involved engaging students in discussions about creating a wellbeing space, with ideas sketched in an A3 pad. The data were primarily qualitative, complemented by quantitative aspects, adopting a convenience sampling strategy.

DEVELOPING A HUMAN-INTERACTIVE, DIGITAL EXPERIENCE

The construction of The WISE Room was a 4-month process (March to June 2023), marked by detailed content in parallel, coinciding with feedback from students and staff as study participants at three stages. This involved sketching, storyboarding, audio recording, video production, asset development and wireframing (drawing an overview of the room to establish the structure), geared towards a sensory-rich, interactive user experience. These were integrated using Intuiface software, enabling a dynamic presentation, reflecting the room's functional aspects. This process led to a comprehensive design brief, formulated from the data and guiding the project's iterative stages, developed to enhance student wellbeing and academic preparedness.

The three stages of development were:

- Phase 1. Rapid low-fidelity prototype: this initial version featured basic functionalities such as sensor-commands for room colour/mood control and a simple menu. It laid the groundwork for further enhancements based on stakeholder feedback (n=75)
- Phase 2. Medium-high fidelity prototype: this improved upon the preliminary design, incorporating more sophisticated features and functionalities – in response to feedback (n=100)
- Phase 3. High-fidelity prototype: this final version integrated advanced elements and refinements, preparing the system for trial evaluation – in response to feedback (n=65).

The process of inviting stakeholder feedback at each stage of iterative development underscored the importance of creating a responsive and user-focused digital environment with endusers effectively involved. Figure 1 shows the basic backdrop that was created in the room, to show how information could be displayed and ways in which colours could be changed via touch-command. This was revised as the study progressed.

The WISE Room

The WISE Room was designed to enable a unique experiential learning setting, engaging students through multisensory interaction and immersive information delivery. This environment includes preparatory tools for nursing placements through an array of guidance videos, recorded by academic and clinical practice staff, and digital prompts as shown in Table 1. It combines technological diversity with the integration of AI and includes the potential for virtual reality (VR) head-mounted display experiences (although head-mounted devices could be used in The WISE Room, they were not used during the © 2024 MA Healthcare Ltd study). This distinction shows the difference between a walk-inexperience and using a head-worn device and also demonstrates the versatility of walk-in settings. Currently, the innovation includes 17 virtual spaces in one immersive room, each with a specific purpose, as detailed in Table 1. This number has the potential to expand significantly. Simulated immersive rooms allow students to physically interact with their surroundings. By touching the walls and opening different rooms, they engage with various technologies that support their learning process.

Table 1. The WISE Room: the purpose of each experience

Multisensory Digital Environments	Description
The Student Journey	Video of Year 3 student describing their vocational experience
Wellbeing Signposts	Signposts from Internal, Student Union, and External Teams
Nutrition	An interactive vending machine
The Timeline	An integrative approach to psychotherapeutic intervention
The Medicine Cabinet	Videos and charts offering insight into medications
Maslow's Room	An experiential way of exploring Maslow's Hierarchy of Needs
Cognition Room	A room aimed at viewing a 360-degree perspective of a student's life
Anatomy	Video and links to immersive journeys through the body
Nature and Meditations	Backdrops and Instructional videos based on yoga
The Fears Box	Examples of types of fears a student might encounter
Death and Dying	Key videos relating to realities of death and dying
Realities on a Ward	Videos of hospital-based scenarios

360 Experiences	Wraparound panoramic scenes
Escape from Academia	Options for students to re-imagine their lifestyle
Roles in Practice	Clinical staff insights
The Debrief Room	A room for debriefing
Your Data	A seamless way to gather valuable information

ETHICAL CONSIDERATIONS

The ethical considerations for this study were meticulously addressed. Before initiating both Phase 1 and Phase 2, as well as during the study's evaluation, ethical approval was obtained from the University Ethics Committee (Ref: 2885). This step ensured adherence to established ethical standards, safeguarding participants' rights and ensuring integrity within the research process. Committee approval was a crucial aspect of the study, validating the methods and protocols employed.

DATA ANALYSIS

All qualitative data were imported into NVivo for analysis. The Braun and Clarke six-step method was used (Braun and Clarke, 2006) to extract codes and themes. This approach allowed the team to explore both the explicit 'semantic' meanings as well as the more implicit 'latent' meanings within the data (Maguire and Delahunt, 2017). Results: phase 1 The team initially collected qualitative responses from a focus group of five participants (n=5). Subsequently, two rounds of data collection were conducted involving students (n=35) and staff (n=35). The primary research question was: 'What features of an immersive room would be beneficial in supporting students' emotional, academic, and placement wellbeing?' Focus group data (n=5) Participants included year 1 and 2 students in adult nursing, mental health and learning disabilities, who engaged in discussions about their perspectives on emotional, placement and academic wellbeing. The data revealed that students often experience an emotional roller coaster once placements commence, with a lack of clarity on how to access counselling and wellbeing support. They suggested the need for self-care guidance and space for relaxation. Regarding a dedicated wellbeing room for nursing students, the focus group wanted an environment catering to both auditory and visual learning styles. The group emphasised th

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RESULTS: PHASE 1

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FOCUS GROUP DATA (N=5)

Participants included year 1 and 2 students in adult nursing, mental health and learning disabilities, who engaged in discussions about their perspectives on emotional, placement and academic wellbeing. The data revealed that students often experience an emotional roller coaster once placements commence, with a lack of clarity on how to access counselling and wellbeing support. They suggested the need for self-care guidance and space for relaxation. Regarding a dedicated wellbeing room for nursing students, the focus group wanted an environment catering to both auditory and visual learning styles. The group emphasised the overwhelming amount of information they need to assimilate as they transition into their roles as nursing students, particularly in the first semester. They identified specific points in the programme where guidance and information would be beneficial, such as during the transition between university attendance and clinical placement in the same week. The university's delivery model, which includes three days of placement and two days of theory, was mentioned. Students expressed feelings of isolation and the need for accessible information, citing the need for financial guidance as an example. This extended to requiring support with academic writing, addressing challenging topics, assistance with practice assessment documents, and tools for reflection.

STUDENT SURVEY DATA (N=35)

This research was conducted to comprehensively capture and understand student perspectives regarding their emotional needs, academic support requirements, and experiences during placements. The analysis of their responses elucidated three distinct yet interconnected themes, each comprising two subthemes (Table 2). These collectively encapsulate the multifaceted nature of the students' experiences and needs in their academic and placement journeys.

THEMES	SUBTHEMES
Emotional wellbeing	1. Mental and Emotional Wellbeing
	2. Relaxation Techniques
Academic Practice	1. Learning Aids and Techniques
	2. Study Support and Environments
Practice Placement	1. Simulation and Preparedness
	2. Information and Guidance

Table 2. Themes and subthemes from the student survey

Theme 1: Emotional Wellbeing

Emotional wellbeing feedback was primarily related to mental health and wellbeing and relaxation techniques:

Subtheme 1: Mental and Emotional Wellbeing

- Support for Mental Health: *"I think it would be helpful to have mental health checks weekly after placement [...] to help us go through the different scenarios we face."*
- Meditation and Mindfulness: *"A room to practice meditation, yoga and mindfulness – to teach breathing techniques we could use in clinical practice."*

- Motivation and Encouragement: *"Encouraging positive words would help motivate on down days, e.g. You're making a difference."*

Subtheme 2: Relaxation Techniques

- Natural Scenes and Tranquillity: *"A room with rainforest or beach – something tranquil that will relax students in spare time (natural scene)."*
- Special Rooms for Relaxation: *"I would find it relaxing to have a quieter relaxing room for students to spend breaks in [...] Comfortable seating and visual, big screens."*

Theme 2: Academic Practice

Academic practice feedback highlighted learning aid and techniques and study support and environments as important subthemes:

Subtheme 1: Learning Aids and Techniques

- Visual Learning Aids: *"It would be helpful to have different drug categories on a mind map format to help us remember the different types of medication."*
- Simulation and VR: *"I think a room for hospital simulations that could link to our assessment case scenarios and provides different ways of how to care for the patient."*
- Understanding through Immersion: *"I would find it beneficial to have visual understanding of medications used, especially in mental health field."*

Subtheme 2: Study Support and Environments

- Study Rooms and Comfort: *"Study room – more calming than library – salt lamps, classical music, videos to watch on topics. Sofas to sit on to be more relaxed."*
- Environments for Reflection: *"The option for a quiet reflective room [...] as well as rooms to support learning around PBS and restrictive practices used on placement, e.g. restraint."*

Theme 3: Practice Placement

This theme links to preparation for on-the-job experiences, authentic simulation, and understanding real-world scenarios:

Subtheme 1: Simulation and Preparedness

- Authentic Simulation: *"Medication rooms to experience them before placements begin. Acute wards such as ITU or CCU with lots of monitoring and machine beeping."*

- Addressing Specific Challenges: *"I've just gone into an acute ward and an incident involving aggression occurred and I was unprepared – more awareness."*

Subtheme 2: Information and Guidance

- Visual Guides and Tours: *"A visual video of placement environment would be helpful for students to visualise and have a better understanding of what placements will be like."*
- Feedback from Other Students: *"Book with comments from different students about different placements so when your allocated you can go and have a look/get hints/tips and know what to expect."*
- Real-life Scenarios and Exposure: *"I think live scenarios of what the patients have been through, so we know how to support the patients."*

Staff Survey Data (N=35)

A further three themes and aligned sub-themes resulted from the staff responses to the research question: *What features of an immersive room would you find useful to support student emotional, academic and placement wellbeing?*

THEMES	SUBTHEMES
Preparation for Practice	1. Identifying Roles
	2. Addressing Fears
Space for Reflection	1. Simulated Reflection
	2. Information and Debriefing
Simulating Real World Scenarios	1. Clinical Insight
	2. Visual Assists

Theme 1: Preparation for Practice

Preparation for practice feedback relates to nursing students' typical engagement in a blend of theoretical learning and hands on placement in the workplace:

Subtheme 1: Identifying Roles

- Expectations for Practice: *"More information/preparation for practice. Role of Practice Placement Facilitator, Practice Supervisor, Academic Assessor."*
- Talking Heads: *"A visual resource hub to access key information, talking heads, related to a range of programme matters, e.g. preparing for placement."*

Subtheme 2: Addressing Fears

- Academic and Practice Fears: *“For complex needs modules the learning covers chronic and acute care and presents many different challenges to students. It would be good for them to be able to visit the room to address any fears in relation to their academic or practice learning.”*
- Normalising Death: *“Need to normalise dying and this would be an excellent concept/platform in which to do this. It’s okay to talk about death/dying; it’s okay to be upset. Love the idea of the Fears Box also – Death and Dying certainly a fear.”*
- Distraction Techniques: *Student wellbeing – fun games and ways distract self from the fears, anxieties, how to socialise and integrate within the teams.”*

Theme 2: Space for Reflection

Space for reflection centres around two ways that nursing professionals combine techniques to support their wellbeing in practice:

Subtheme 1: Simulated Reflection

- Reflection for Practice: *“Fitness for practice – students who have made mistakes, could they use the room to reflect in a simulated scenario?”*
- Guided Reflection: *“Useful to use from ICU perspective, when things occur. Used to guide-through process of reflection, either individual or group.”*
- Private Space: *“On a weekly basis I would envisage this room will offer a space for a student(s) to retire to for a quiet space – for reflection from placement.”*

Subtheme 2: Information and Debriefing

- Interactive Updates: *“It would be great to use this space as an interactive learning forum for the students with up-to-date information.”*
- Space for Debriefing: *“Could this be utilised as a debriefing room for clinical/critical incidents?”*
- Debriefing Tool: *“Team building and debriefing for wards. Good tool for helping staff who experience traumatic shifts with deteriorating patients.”*

Subtheme 3: Clinical Insight

- Hospital Insight: *“How things look/appear from a patient perspective, e.g. image of lying in an ITU bed surrounded by machines. Chairs, beds with movement. Fans.”*
- Virtual Exposure: *“To be used with patients – simulate scenarios (mental health; seclusion) – process trauma, mindfulness relaxation, exposure with phobias, de-escalation.”*
- Patients in Distress: *“Could be used to stimulate scenarios such as distressed patient-patient in seclusion.”*

Subtheme 2: Visual Assists

- Visible Tools: “Use of colour circles on wall to suggest how the user is feeling, e.g. feeling normally, feeling today.”
- Supportive Imagery: “Visual images of NUTH hospitals (internal and external). Equipment used on wards.”
- Understanding Impairment: “Visual impairment sensory room: experiences what it is like to have visual and auditory impairment.”

PHASE 2

A total of 100 participants were shown a high-fidelity prototype of The WISE Room, with students and staff receiving a demonstration of the technology. A total of 79 students and 21 staff took part in phase 2, with 93% being satisfied with the room’s suitability in the three key areas: emotional, academic, and placement wellbeing. The evaluation tool asked participants to respond to whether they considered The WISE Room applicable to any one or all three areas, or none. Two incomplete surveys were returned. An abbreviated selection of this data is presented in Table 4 in response to the research question: ‘Can you describe your experience of The WISE Room in the context of nursing or your role?’ In summary, nursing students and staff emphasised the intense nature of their course programme, which demands balance between theoretical learning and practical workplace tasks. The feedback highlighted the high volume of information and practice-based assessments, requiring students to be effective multitaskers from early in their training. This is evident in their responses regarding emotional, academic and placement aspects of their experience. Students appreciated environments that offer a safe space for emotional wellbeing, providing diverse learning perspectives, and simulating real-world placements in secure settings. Figure 2 shows students accessing videos describing the types of medications that are common in physical and mental health care. Each of the 100 participants were presented with the option to select their top three preferred rooms or experiences, as detailed in Table 5. The most popular choices included ‘Realities on a ward,’ ‘Anatomy,’ and ‘Nature and meditations’. Notably, 35 out of the 100 participants selected between 4 and 17 different rooms, highlighting that over one third of the participants expressed a preference for a wide variety of experiences in The WISE Room (multi rooms in Table 5). This occurred despite the instruction in the data collection resource to choose only three rooms.

P	ROLE	RESPONSE
EMOTIONAL		
001	Student	<i>It’s very open to everyone and it would be interesting to dig a bit deeper. I would use it if I felt depressed or a little bit anxious.</i>
015	Student	<i>Great. Would make students feel they had a safe space to go to.</i>
049	Staff	<i>Would be excellent for personal wellbeing and time out. This is excellent! As a new member of staff. I would use this for personal wellbeing and would most definitely implement it into my teaching.</i>
055	Student	<i>Good for development, down time and Year 3 would use it for dealing with stress.</i>
ACADEMIC		
009	Staff	<i>We didn’t get enough about autonomy when I was a student nurse – you are always panicking about knowing all medications.</i>
020	Student	<i>It offers a different perspective on learning. I wish I’d had a different perspective on learning during training.</i>

035	Student	<i>To see the roles and have them explained is very helpful. This system would have been great to have had in the first year as someone who better understands things visually.</i>
063	Student	<i>Different to anything else. Think I'd learn better in this environment than the normal classroom setting.</i>
PLACEMENT		
040	Student	<i>Ability to use it in first year before placements; use it as a study method, 3rd year before exam.</i>
067	Student	<i>Provides helpful insight into the course and placements with further room for applications on other courses.</i>
070	Student	<i>Very interactive and simulates placement in a safe environment.</i>
087	Student	<i>Helpful to ease students into a daunting placement or career. It is easy to become overwhelmed by things and I would've appreciated and utilised this at the start of my university journey.</i>

Table 4. Selection of survey data from demonstration and trial

In summary, nursing students and staff indicate the intense nature of their course programme, which demands balance between theoretical learning and practical workplace tasks. The feedback highlights the high volume of information and practice-based assessments, requiring students to be effective multitaskers from early in their training. This is evident in their responses regarding emotional, academic, and placement aspects of their experience. Students appreciate environments that offer a safe space for emotional wellbeing, provide diverse learning perspectives, and simulate real-world placements in secure settings. Their ability to adapt to and utilise their environment aligns with the enactivist approach.

In Phase 2, each of the 100 participants was presented with the option to select their top three preferred rooms or experiences, as detailed in Table 3. The most popular choices included 'Realities on a Ward,' 'Anatomy,' and 'Nature and Meditations,' followed by 'The Medicine Cabinet' and 'The Fears Box.' Notably, 35 out of the 100 participants selected between 4 and 17 different rooms, highlighting that over a third of the participants exhibited a preference for a wide variety of experiences in The WISE Room. This occurred despite the instruction in the data collection resource to choose only three rooms.

ROOM	TOTAL	POSITION
Realities On A Ward	25	1
Anatomy	24	2
Nature and Meditations	20	3
The Medicine Cabinet	16	4
The Fears Box	13	5
Wellbeing Signposts	12	6
Patient Perspective	12	6
Roles In Practice	12	6
The Student Journey	10	8
Cognition Room	11	7
Escape From Academia	11	7
Nutrition	5	9
360 Experience	5	9
The Debrief Room	5	9
The Timeline	3	10

Maslow's Room	3	10
Multi Rooms	35	-

Table 3: Each Room Graded by Popularity of Choice

Implementing The WISE Room in practice

Between October and November 2023, 170 Nursing, Midwifery, and Health students were invited to The WISE Room for educational activities, with 94 participating and 65 completing evaluations. The initiative, assessing student satisfaction and effectiveness in wellbeing, education, and placement preparation, received positive feedback: 56% rated it 'very good' and 43% 'good'. The WISE Room's interactive videos, immersive discussions and comfortable setting were particularly appreciated, as were its emotional support elements and unique educational approach. Students favoured its immersive learning experience over traditional classrooms, citing more effective engagement and understanding of placement challenges. Notably, 80% found The WISE Room accessible and meeting diverse learning needs, including neurodivergence. A limitation was the need for academic-led facilitation due to technical requirements, diverging from the initial concept of a self-directed experience.

DISCUSSION AND LIMITATIONS

The WISE Room's success demonstrates the potential of immersive digital environments in enhancing nursing education, reflecting global trends towards interactive, student-centred learning experiences. Its impact on student wellbeing, academic readiness and clinical placement preparedness underscores the effectiveness of such innovative approaches. Overcoming the challenges of co-design, resource allocation and technological implementation is crucial for the future development of similar educational tools. These findings have implications for nursing practice, education and policy. Integrating tools such as The WISE Room in nursing curricula can revolutionise educational goals, emphasising self-care and wellbeing alongside clinical skills. This emphasises the need for a shift in nursing education policies towards more experiential, holistic learning environments. For nursing practice, these tools can better prepare students for healthcare environments, potentially improving patient care outcomes. Future research should explore the long-term impact of these technologies on nursing education and practice, optimising them to meet the evolving needs of the nursing profession. Limitations fell into three categories: co-design, resources, and technology. The co-design approach faced challenges due to limited preparatory time and difficulties in engaging a representative participant group. Although initial efforts with a small group (n=5) were less successful, expanding recruitment across the Health and Life Sciences faculty improved engagement. Resource constraints were significant, involving tight timelines and co-ordination between the study team, the immersive room and a freelance content developer. Ideally, the design and data collection phases would benefit from being extended over a full year. Technologically, post-study reflections identified potential enhancements for The WISE Room. These include automating room setup (lighting and computer systems), introducing interactive elements such as a virtual assistant and more engaging user interfaces, such as 3D features in the Nutrition Room. A comprehensive 'snag list' was developed to address these system design gaps and estimate the cost and time for improvements. Future considerations include examining The WISE Room through a human-computer interaction lens to maximise its effectiveness and inspire other researchers in system development to adopt this specific classification of immersive technology. The team is also conducting a study to look at The WISE Room from the viewpoint of students who are neurodiverse

Conclusion and recommendations At this exploratory stage, the team's research demonstrates that The WISE Room has promising potential in addressing academic progression, clinical placement readiness and the wellbeing needs of nursing students. At a time when digital tools are being considered for more rapid integration into conventional classroom settings, the research represents an advancement in creating an experiential educational environment that fulfils the multifaceted needs of nursing students. The WISE Room goes beyond addressing academic and vocational challenges, offering a unique, supportive space where students integrate their educational experiences with their wider life, encouraging holistic personal and professional growth. This innovative educational approach combines academic rigour with personal care, enriching the learner journey and containing possibilities to facilitate a transition from the classroom into the workplace. It is one in which students themselves can be pioneers in shaping what their education looks, sounds and feels like, literally taking the control of their future into their own hands.

Recommendations for nursing practice

- Encourage the integration of immersive learning tools into nurse learning: including the adoption of tools such as The WISE Room in nursing education to enhance learning experiences and prepare students for real-world clinical environments
- Focus on holistic development: emphasise the development of both academic and personal wellbeing skills in nursing curricula to ensure well-rounded professional growth.

Recommendations for nursing policy

- Support innovative learning environments: advocate for policies that support the creation and maintenance of immersive, experiential learning spaces such as The WISE Room
- Champion holistic education standards: incorporate guidelines that ensure nursing education not only imparts clinical knowledge but also focuses on the emotional and psychological wellbeing of students.

KEY POINTS

- Nursing students face significant challenges in balancing theoretical knowledge and practical skills, often within stressful and complex healthcare environments
- Traditional pastoral interventions have proven insufficient in addressing the high attrition rates among nursing students, indicating a need for innovative support methods
- The Wellbeing in Student Education (WISE) Room, a 4m x 4m metre immersive digital platform, was developed to support nursing students' emotional wellbeing, academic readiness and placement preparedness through interactive and multisensory experiences
- Feedback from 240 participants indicated that 93% of students and staff found The WISE Room beneficial in the areas of emotional wellbeing, academic support and placement preparation
- The integration of innovative, digital and experiential learning tools such as The WISE Room in nursing education highlights the importance of holistic student development, including both professional skills and personal wellbeing

Reference List

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77-101. Available at: <https://doi.org/10.1191/1478088706qp063oa> [Accessed 31 January 2024].

Davis, A., Wallace, N., Langley, J. and Gwilt, I. (2021) Low-Contact Co-Design: Considering more flexible spatiotemporal models for the co-design workshop. *Strategic Design Research Journal*, 14(1). Available at: <https://shura.shu.ac.uk/28142/25/Langley-Low-ContactCo-Design%28VoR%29.pdf> [Accessed 31 January 2024].

De Haan, S. (2020) *Enactive Psychiatry*. Cambridge: Cambridge University Press.

Hamshire, C., Jack, K., Forsyth, R., Langan, M.A. and Harris, E. (2019) The wicked problem of healthcare student attrition. *Nursing Inquiry*, 26(3). Available at: <https://doi.org/10.1111/nin.12294> [Accessed 31 January 2024].

Loureiro, F., Sousa, L. and Antunes, V. (2021) Use of Digital Educational Technologies among Nursing Students and Teachers: An Exploratory Study. *Journal of Personalized Medicine*, 11(10), 1010. Available at: <https://doi.org/10.3390/jpm11101010> [Accessed 31 January 2024].

Maguire, M. and Delahunt, B. (2017) Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *AISHE-J: The All-Ireland Journal of Teaching and Learning in Higher Education*, 3. Available at: <https://ojs.aishe.org/index.php/aishe-j/article/view/335/553> [Accessed 31 January 2024].

Manzini, E. and Rizzo, F. (2011) Small projects/large changes: Participatory design as an open participated process. *CoDesign*, 7(3-4), pp. 199-215. Available at: <https://doi.org/10.1080/15710882.2011.630472> [Accessed 31 January 2024].

NMC (2018) *The Code*. Available at: <https://www.nmc.org.uk/standards/code/> [Accessed 31 January 2024].

RCN (2022) 8 in 10 shifts unsafe: RCN survey reveals shocking extent of staffing crisis. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-rcn-survey-reveals-shocking-impact-of-nurse-staffing-crisis-on-patient-safety-060622> [Accessed 31 January 2024].

Urstad, K.H. et al. (2021) Usability and value of a digital learning resource in nursing education across European countries: a cross-sectional exploration. *BMC Nursing*, 20, 161. Available at: <https://doi.org/10.1186/s12912-021-00681-5> [Accessed 31 January 2024].