

COVID-19 pandemic, emergency remote teaching and Nursing Now: challenges for nursing education

Pandemia da COVID-19, ensino emergencial a distância e Nursing Now: desafios à formação em enfermagem

Pandemia da COVID-19, enseñanza remota de emergencia y Nursing Now: desafíos para la educación en enfermería

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ABSTRACT

Objective: To discuss remote activities in nursing education in the context of the COVID-19 pandemic for strengthening nursing from the perspective of the “Nursing Now” campaign.

Method: Theoretical-reflective study based on literature and critical analysis.

Discussion: Reflection about the measures to control the COVID-19 pandemic and suspend in-person classes, the adoption of alternative forms of teaching, especially online ones, and their repercussions on nursing teaching strategies. There were difficulties regarding the quality of education, unequal access, and lack of knowledge from professors.

Final considerations: The negative impact that emergency distance teaching had on the education of nurses stands out, in contrast to the world movement for the valuing of nurses. The legacy of this crisis must be taken advantage of through the better use of technological resources and their incorporation in teaching, having as a certainty that the distance teaching model does not encompass the totality of nursing education.

Keywords: Coronavirus. Pandemics. Education, distance. Education, nursing.

RESUMO

Objetivo: Discutir as atividades não presenciais no ensino de enfermagem, no contexto da pandemia da COVID-19 e em meio à campanha “Nursing Now” pelo fortalecimento da enfermagem.

Método: Estudo teórico-reflexivo da literatura e análise crítica.

Discussão: Reflexão sobre as medidas de controle da pandemia da COVID-19 e suspensão de aulas presenciais, a adoção de formas alternativas de ensino, especialmente digitais *online*, e as repercussões nas estratégias de ensino de enfermagem. Destacam-se dificuldades na qualidade do ensino, acesso desigual e falta de preparo docente.

Considerações finais: Destacam-se prejuízos na formação dos enfermeiros no ensino emergencial a distância, em contraste com o movimento mundial pela valorização da enfermagem. Como herança dessa crise, deve-se melhor aproveitar os recursos tecnológicos e incorporá-los ao ensino, tendo como certeza que o modelo de ensino remoto não contempla a enfermagem em sua totalidade.

Palavras-chave: Coronavírus. Pandemias. Educação a distância. Educação em enfermagem.

RESUMEN

Objetivo: Discutir las actividades remotas en la educación de enfermería en el contexto de la pandemia de la COVID-19 y en medio de la búsqueda global para fortalecer la enfermería en la perspectiva de la campaña “Nursing Now”.

Método: Estudio teórico-reflexivo de la literatura científica y análisis crítica.

Discusión: Reflexión sobre las medidas de control de la pandemia COVID-19 y suspensión de las clases presenciales, la adopción de formas alternativas de enseñanza, especialmente digital *online*, y las repercusiones en las estrategias de enseñanza de enfermería. Hubo dificultades en la calidad de la educación, desigualdad de acceso y falta de formación docente.

Consideraciones finales: Se destacan los prejuicios en la formación del enfermero por la educación a distancia de emergencia, en contraste con el movimiento mundial por la valorización de la enfermería. Como herencia de este proceso, se debe aprovechar los recursos tecnológicos e incorporarlos al aprendizaje, teniendo como certeza que el modelo remoto no contempla la educación en enfermería en su totalidad.

Palabras clave: Coronavirus. Pandemias. Educación a distancia. Educación en enfermería.

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■ INTRODUCTION

COVID-19 is an infectious disease caused by SARS-CoV-2, the new coronavirus, detected for the first time in China, in December 2019. Due to its fast dissemination, it was found to be an international public health emergency⁽¹⁾. The pandemic led to the adoption of a series of measures of prevention and clinical management by governmental organs, among which Law No. 13.979/2020, which prescribes rules about social isolation and quarantine, aiming to reduce the need for high-complexity hospitalizations in a short period of time⁽²⁾.

The social isolation led to the suspension of non-essential in-person activities, such as theoretical and practical classes in educational institutions, as prescribed by Decree No. 343/2020, which rules over activities that use specific means and technologies⁽³⁾.

The interruption of in-person classes and the need to continue previously scheduled disciplines led to the immediate adoption of alternative forms of teaching, especially through the use of on-line digital tools, the so-called Information and Communications Technology (ICT) in education.

In Brazil, distance education is under the scope of Decree No.9,057, from May 25, 2017. This document establishes the directives and Bases for National Education - LBD -, presenting the definition below as a description of the modality "distance education".

[...] educational modality in which the didactic-pedagogical mediation of processes of teaching and learning takes place using information and communications technologies and means, with qualified personnel, access policies, compatible monitoring and evaluation, among other measures, in which educational activities are developed by students and education professionals who are in different locations and moments in time [...] (4).

When the decree mentions "different locations and moments in time", one can understand that, when distance education is used as an alternative for the teaching and learning process, there is a physical and/or temporal distance between professor and student.

Information and communications technologies in distance education have transformed and evolved from mail, workbooks, radio content, and television content, until it reached the current e-learning era, which includes on-line activities, digital content with group interaction or individual content, taught in a Virtual Learning Environment (VLE)⁽⁵⁾.

Nursing is responsible for 50% of the workforce of the world and is often affected by the lack of investment in continued-education strategies and specialization. The formation

of the nurse in graduation is extremely important for global health, and even for the economic growth. Considering the relevance of the profession and the global health crises, accentuated in Brazil, questions emerge about how to keep the quality of in-person teaching in emergency distance teaching.

The suspension of in-person classes was due to the emergency that is the pandemic. As it can be expected in this context, there was no previous preparation, and the immediate implementation of distance activities took place involving the professors and managerial workers of teaching institutions, whose knowledge about it varied greatly. These professionals respond to the challenge with the digital fluency they had acquired in experiences outside the teaching institutions, using resources of their own that were not designed or planned for distance education⁽⁶⁾. On the other hand, students are often digital-natives, young people who were born and raised in a world where technology is often used and integrated in society⁽⁷⁾.

In the specific field of nursing education, the challenge is even greater, since there is an urgent need of forming new professionals - due to the global lack of nurses⁽⁸⁾ - it is not possible, as in other fields, to delay the formation of students until in-person teaching is reestablished. On the other hand, nursing is a profession of practicing care, which challenges the limits of distance education.

As a way to respond to the global demand for number, quality, and valuing of nurses, the Nursing Now campaign aims to improve the education, professional development, and, in a broader scope, the working conditions of nurses. It seeks, ultimately, to promote the profession throughout the globe⁽⁸⁾.

Within the reality of emergency teaching, professors must reinvent themselves and dominate technologies and innovation, so this campaign does not lose strength in a local level. The challenge, in Brazil, is tripled: raising appreciation for the profession of nursing in a context of social vulnerability within a developing country, which is in fact one of the most affected by the SARS-CoV-2.

Considering this context, the following guiding questions emerged: how do distance activities in nursing teaching take place, what are the repercussions of emergency strategies, and what are the challenges to be overcome in this field, in the context of the COVID-19 pandemic? How to fulfill the Brazilian goals of investment in the formation of nurses and in the development of professionals to empower them in the midst of a sanitary crisis?

Therefore, this reflection article aims to discuss the distance activities in the teaching of nursing in the midst of COVID-19, in the context of the campaign Nursing Now, which aims to strengthen nursing.

■ METHOD

This is a theoretical-reflective study whose theoretical bases are the discussion about the COVID-19 isolation, the implementation of emergency distance teaching, and the implications it had for the quality of the formation of nurses, highlighted as a priority by the Nursing Now campaign.

As professors from nursing graduation courses, and in conversation with the national and international scientific literature, we carried out a reflection and analytical study, from April to June 2020. Its objective was addressing conceptual aspects and challenges currently faced by higher education professors, especially in the field of nursing.

The starting point was the proposal of the Nursing Now campaign, which consists in proposing innovative strategies to value the nursing workforce. This reflection points at possibilities of this transitory form of interaction between students and professors, as well as its needs and implications for the valuing and strengthening of nursing, which are priorities in the world health agenda⁽⁸⁾.

Since this is a reflection study, there was no interaction with research participants, and there was no need to obtain approval from research ethics committees.

■ DISCUSSION

Measures of control of the COVID-19 pandemic, suspension of in-person classes, and emergency distance teaching challenges

The social distancing imposed by the pandemic challenged the higher education community throughout the world. A reflection is proposed here on the cited materials, seeking to ponder over how distance activities take place in the teaching of nursing, the repercussions of circumstantial strategies, and the challenges to be overcome in this field, in the context of the COVID-19 pandemic.

Not all countries had homogeneous answers, and there was a negative impact on institutions with less resources and more underprivileged students⁽⁹⁾. In Brazil, aiming to reduce the impact over the schedules and planning of nursing courses, some higher education institutions (HEI) encouraged the use of technological and networking tools for distance teaching activities.

Well-planned distance activities can encourage students more than traditional exposition classes, since maintaining them connected is a positive reinforcement of their abilities with technology. Digital culture is ubiquitous, which is necessary, in addition to being cogent with the characteristics

of emergency remote teaching. Cellphones are massively present in the routine of individuals in this setting of pandemic and social distancing, also being a resource for distance teaching. For this type of ICT to take place, the content must be planned and/or adapted for this tool, which also works as a way to increase the access, due to the pervasiveness of this technology⁽⁵⁾.

In the context of this sanitary crisis, the VLEs gain space and impact the paradigms of traditional education, imposing changes in the ways in which people think and learn in the cyberspace, in addition to the relations between professor and student. In the field of health, it is possible to create virtual environments and patients, with practical simulations to develop skills⁽⁵⁾.

Through a recovery of the use of these tools, even as it was done before the crisis, it was found that some spaces are well evaluated. The inclusion of technological tools in teaching is associated to good results in the formation of graduation and post-graduation⁽¹⁰⁻¹¹⁾. Distance learning may be seen as a more autonomous way of teaching, associated to the independent search of knowledge based on evidence for practical application. This modality also encourages curiosity and the solution of challenges, especially in the manipulation of tools⁽¹⁰⁾.

As professors who experienced this process during the social isolation in response to COVID-19, we have found that the use of on-line tools for nursing teaching is challenging, as it demands technological knowledge from professors and students, and technological material resources that may not be universally available, in addition to the fact it may make interpersonal relations more difficult, as found by some studies⁽¹¹⁾. However, these tools may favor students and professionals that are far from the large urban centers or have difficulties in finding the time to complete the workload of in-person classes, offering a seemingly easier access and being more democratic, minimizing the inequality in the access to these tools⁽⁵⁾.

Therefore, it seems valid that, to maintain the quality of education, the use of these methods should be added to an in-person curricula, not replace it, even in emergency situations. Nursing is primarily a relational profession, requiring interpersonal relations abilities both in the formation and in the exercise of the profession.

The repercussion of emergency strategies in the teaching of nursing with Nursing Now

This section aims to reflect on the question of how to achieve the Brazilian goals established by the Nursing Now campaign and to develop professionals to empower them

throughout the health crises and the new reality with social distancing, imposed by the COVID-19 pandemic. In this context, the professors confront the challenge of employing digital technology and getting to know concepts that used to be exclusive to distance teaching to continue teaching, and that includes the teaching of nursing.

In a period in which there are demands for nursing workforce and after proofs have been provided that investing in the profession reduces costs and improves economic growth, information highlighted by Nursing Now, the quality of distance teaching must be a priority for all educational levels of the education of the nursing team (technical, graduation, and post-graduation)⁽⁸⁾.

In addition to the stress with the teaching of nursing, which in itself is tiring and shows the need of promoting the construction of efficient and inclusive teaching strategies when carried out traditionally, not to mention the challenge of distance education.

During the pandemic, students are citizens like any other, who fear for their lives, the lives of their families, and for the socioeconomic situation before and after the pandemic. It must be remarked that both professors and students experience a new situation during the pandemic, to which fear is inherent: fear of death, of illness, of ill family members, of the economic impact, and of shortages.

In addition to this setting, there is also the stress generated by the excess of information, the risk of a large economic recession, and the lack of any guarantee that their income will be maintained, meaning that they are vulnerable in social, economic, emotional, and other aspects⁽¹²⁾. Often, the student also practices the profession, and is exposed to work hazards. Add to this the low confidence in distance activities to produce knowledge, the changes in their routine, social distancing, situations of risk in the family, domestic chores, children, among others. All these factors directly impact in the performance of students and the usefulness they can extract from the course, students who are, in the context of nursing, less socially privileged than students from other professions in the field of health^(5,12).

Another issue that stands out is the change in their routine, in the context of social distancing: without schools, families must be responsible for their children throughout the day; due to distance work, they must share equipment and environment with other family members; many are likely to be searching for other jobs and sources of income. Thus, the pandemic shows the frailties in the context of their lives⁽¹²⁾. The families need to organize to carry out multiple remote and in-person functions, performing two or three shifts simultaneously. Therefore, family structures need to

be reconsidered to promote stability and accommodate the demands associated to the situation.

Furthermore, it cannot be denied that, despite the popularization of the use of computers and smartphones, Internet access is not universal yet. Data about the city of São Paulo pointed out that 73% of the houses in the Southeast region had access to the Internet, while 50% had a computer, in 2018⁽¹³⁾. Considering that nursing students belong to families in the intermediary social range, which made it possible for them to enter higher education institutions and find a place in the job market⁽¹⁴⁾, it can be inferred that this access is still not homogeneous, and some students may not have stable Internet and/or computers. This situation is a reality in many parts of the world⁽⁹⁾.

Some current challenges and preoccupations with regard to teaching are understandable, emerging from the need to create distance activities in a semester that was already ongoing, with no previous planning (for undeniable reasons), for an unpredictable period of time. How to attribute an adequate workload for each content or activity? How to measure the learning of the student? What strategies can be used to maintain the interactivity with the student? How will the knowledge and abilities of the student be accessed? In the case of courses elaborated in the distance education modality, planning assumes that these difficulties can be overcome.

Furthermore, emergency distance teaching required professors to be flexible, including themes that were not previously planned in their syllabuses. This includes the need to evaluate the access to technologies, in order to verify the possibility of simultaneous or non-simultaneous classes, and the need to insert the context of the pandemic in the problem-situations within the classroom, relating them to the work of the nurse.

Subjects such as epidemiological surveillance, biosafety, bioethics, personnel sizing, material resources, mental health of health workers and socially isolated people, the importance of solidarity, and the impact of social inequality, have all been frequent in this setting. Situations exposed in the media and brought to the classroom, such as the lower access of nursing workers to personal protective equipment, were the catalyst for the debate to be problematized among professors, students, and society, about the lack of appreciation for the nursing team and the need of the nurse to assume the main role in the health service system.

Therefore, the way in which teaching is conducted was not the only thing that changed. In addition to the obvious adaptation to distance activities by professors and students, with no time, no administration support, and no

self-confidence to adopt a complete pedagogical model⁽⁹⁾, it was necessary to embrace new contents and feelings during the process of teaching and learning, in addition to developing new abilities and resilience, added to a possible situation of anxiety due to potential or real sickening, light or severe, depending on the state of health of people and on the health system available. This process as a whole suggests how urgent it is to value the nursing professionals, as stated by Nursing Now.

The subject of distance education, which has been avoided and delayed for so long in nursing courses, is, therefore, urgent and present. It stands out that the National Council of Health, the Brazilian Nursing Association, and the Federal Nursing Council were against the authorization of this type of teaching modality before the pandemic was established, due to the clear negative impacts on the quality of teaching and the risks to society⁽¹⁵⁾.

As previously stated, technologies are essential, and are present in the classroom regardless of how the professor feels about them, and should be incorporated to the routine of teaching, which is different from substituting the in-person model by distance education. Distance education does not favor the integration of teaching and service/users. Nurses are tools for their own care and have an essential role in the promotion and prevention of health and on all levels of care, being usually considered to be the key for a universal health care coverage⁽⁶⁾. This recognition should push forward the educational practices in nursing, with an opening for innovations, so that it is possible to achieve global development goals, even in this challenging situation of emergency distance teaching, while also fighting for the valuing of the profession, in line with Nursing Now.

The virtual teaching environment, poor with regards to the experience of nursing as a relational profession, can provide exchanges between institutions that promote access to evidences and content produced in more privileged contexts, and can be a tool to encourage, value, and give the necessary push to nursing, as long as it is seen as something that can be incorporated into in-person teaching, instead of replacing it^(5,8).

The health crisis will leave us a positive legacy with regard to making viable and incorporating technologies to the teaching of nursing, through their immersion in the potential of ICTs. Another memory will be the challenge of chaining tasks that include the care of family, children, domestic chores, absence of social support and social network, closed schools, and needs of the several members of a family.

■ FINAL CONSIDERATIONS

The situation in this pandemic and its impact provokes anxieties and stress that challenge the process of nursing learning/teaching. The nursing student cannot be reduced to a consumer of content at a distance, meaning that the use of these technologies must be done as a part of a larger movement towards autonomy, collaboration, and active construction.

The nurse is a professional with a strong role in universal health care, which requires a collaborative construction of knowledge. To increase the strength of the workforce in the field of health, it is necessary to incorporate the technologies and the innovation to the routine of teaching, research, extension, and to the practice of nurses. This incorporation must be carried out respecting the access and the availability of technological resources to the academic community. Furthermore, it must be considered that Nurses are also tools of their own trade, which makes it impossible for them to be entirely formed at a distance. After the public health problems provoked by the COVID-19 pandemic are overcome, it is extremely important to value the learning that it brought with regard to emergency distance teaching, and in-person teaching must be enriched by the innovations and technology.

In the midst of this emergency challenging situation in which the nursing professionals will be formed as protagonists of care, the importance of Nursing Now must be highlighted, as it calls attention to the potential and the valuing of the profession. The formation of this professional cannot be entirely included in distance teaching modalities.

Issues such as inequality and social, mental, and economic vulnerability, which are highlighted in moments of crisis, affect teaching and health globally. This challenge must be answered through collaborative teaching, which values the potential of students and future nurses as a way to overcome their fragilities.

It is essential to value the professionals that are being formed, defending the interpersonal in-person relations and their importance in the education and in the performance of the nurse, while, simultaneously, there must be space to use the potential of technology that became manifest through emergency distance teaching, in the way our entire health system prescribes — using only tools that are accessible to all, equally, for the integral formation (not a partial one, which would be just technical, scientific, or relational) of nursing professionals.

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