

Devastating Impact of Covid-19 on Nursing Education

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Abstract

At present, where the whole world is undergoing a severe crisis that was not seen before. Somewhere, the maximum impact of coronavirus disease (COVID-19) was also seen among the education of students. Education has changed dramatically, with the distinctive rise of e-learning, whereby teaching is undertaken remotely and on digital platforms. Worldwide, there are currently more than 1.2 billion children in 186 countries affected by school closures due to the pandemic. The COVID-19 has resulted in schools shut all across the world. Globally, over 1.2 billion children are out of the classroom. More than 1.2 billion students and youth across the planet are or have been affected by school and university closures due to the COVID-19 pandemic; this gap is seen across countries and between income brackets within countries. The unplanned and rapid move to online learning – with no training and little preparation will result in a poor user experience that is unconducive to sustained growth. It created a huge impact on every sphere of human life.

Keywords: Coronavirus disease, nurses, nursing education

Nursing

Florence nightingale who was a pioneer of modern nursing not only trained nurses but also provided them the opportunity to raise the profession and live with dignity. Nursing is a profession within the health-care sector focused on the care of individuals, families, and communities to attain, maintain, or recover optimal health and quality of life.

Nurses are hands-on hand professionals who provide focused and evidence-based care to their clients. Nurses during their working hours she feels exhausted, tired or at a last resort before dealing with a client instantly transfigures her spirit to stand on feet and diligently work to save life of her client. Nurses in all scenarios work collaboratively with various health professionals to restore life.

DEVASTATING IMPACT OF CORONAVIRUS DISEASE (COVID-19) ON SOCIETY

The COVID-19, which has been characterized as a pandemic by the World Health Organization (WHO), is attacking

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societies at their core. The immediate and direct potential impact of COVID-19 has already resulted in thousands of lives lost and significant incremental cost to the health-care system. However, as has already been reported, a distinct possibility exists that the number of lives lost has been understated. It has now become clear that the COVID-19 pandemic is going to put significant stress on our already limited health-care resource. In India, from January 3, 2020, to August 13, 2021, there have been 32,117,826 confirmed cases of COVID-19 with 430,254 deaths, reported to the WHO and still it is very difficult to predict the exact number of populations that will be affected in the near future.^[1]

The COVID-19 outbreak affects entire segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples. The COVID-19 pandemic also increases inequality, exclusion, discrimination, and global unemployment in the medium- and long-term scenarios. A global pandemic requires strong nursing staff and other essential worker engagement in clinical management, awareness and knowledge exchange, and public safety. It is vital that they are supported to protect themselves with specific infection prevention procedures. For proper care and preventing transmission of infection, it is important to train doctors, nurses, technicians, support

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staff, and sanitation workers in each hospital quickly. This is only possible when trained personals from various frontline departments come together to form virtual disaster prevention techniques.^[2]

IMPACT OF COVID-19 OUTBREAK ON NURSES

COVID-19 has affected the life and health of more than 1 million people across the world. This overwhelms many countries' health-care systems, and, of course, affects healthcare providers such as nurses fighting on the frontlines to safeguard the lives of everyone affected. Exploring the issues that nurses face during their battle will help support them and develop protocols and plans to improve their preparedness. The major issues faced by the nurses in this situation are the critical shortage of nurses, beds, and medical supplies, including personal protective equipment and, as reviews indicate, psychological changes and fears of infection among nursing staff. Not only at the district, state, or national level but worldwide nurses are bravely rushing into their duties. Even, at the worse, they are managing and preparing herself to avoid the shortcomings by working more than part time. Every second like a rolling ball nurses still do her task keenly. Nurses as frontline care providers in hospitals and community are exposed to a major risk.[3]

IMPACT OF COVID-19 ON NURSING EDUCATION

Nursing education focuses on educating health-care people about effective ways to deliver the health care to patients. It educates nurses about how to administer different medicines, to examine patients, and to deliver best services to patients.

The aim of nursing education is a development of the nursing profession. One way to promote development is to clarify the professional role. The role definition for nursing is mostly transmitted through tacit knowledge. The professional development of the nursing profession requires a clear and well-defined nurse role.^[4]

It has been emphasized that the nurse education curriculum needs to be better oriented toward the health-care service needs and includes more practical procedure training. The performance of practical procedures is complex and involves technical and theoretical aspects, caring perspectives adjusted to both patient and circumstances, as well as ethical and moral considerations. It has been claimed that education of nurses should focus more on factors that influence students' practical skills' learning performing practical skills on actual patients which is assumed to be more efficient to reach an in-depth understanding than what students achieve through simulation or training in skill centers. Clinical placement is, therefore, considered a very important learning environment for the development of practical skill competence.^[5]

COVID-19 has also already disrupted universities and academic institutions. As the crisis escalated, many governments closed schools, colleges, and universities to ensure the safety of

students, teachers, and nations. Within the health field, schools of nursing are bracing for unique challenges related to our role in helping develop the next generation of care providers. Our academic programs provide a workforce with further skills and knowledge to contribute in a direct and meaningful way. [6]

According to the United Nations report (2020)

Recognizing that education is a pathway out of poverty, rotary, and other organizations has made significant progress in increasing access to learning in communities around the world. Now, the COVID-19 pandemic is threatening to erase many of those gains. More than 91% of students worldwide have been impacted by temporary school closures. The UN Sustainable Development Goals, a blueprint for creating a more just world, has named "quality education" as its fourth goal. One target of that goal is ensuring that by 2030, all children have the means to complete a "free, equitable, and quality primary and secondary education." It's a monumental goal. Even in the best times, educating children are far more complex than just getting them into a classroom. [7]

With the onset of the pandemic, globally, face-to-face classes, clinical skills laboratories, and the clinical placement of students were either suspended or restricted and more especially in countries that were critically affected by the outbreak to maintain and safeguard the health of students and faculty. Face-to-face teaching and learning were converted to virtual remote learning and clinical experiences suspended to protect the students from the pandemic. Many institutions of higher learning switched from the traditional face-to-face teaching and learning to the virtual mode. This approach was also adopted by various schools of nursing in developed and developing countries. Content that was delivered in a combined face-to-face and online teaching and learning hybrid mode went fully online. Content that was previously taught only "face to face" had to be quickly converted to online delivery, and teachers were trained to deliver "virtual classroom sessions" when necessary. This solution, however, limited the skills development and clinical practice placement of students, which is the normal approach in the traditional nursing curricula.

Teachers were forced to learn how to navigate and deliver the course content online. Furthermore, students' families and guardians were forced to provide the needed technology and internet services required to access the classes online. Internet accessibility, affordability, and reliability in certain areas seem to negatively affect the delivery of nursing education during the COVID-19 lockdown.^[8,9]

The major impacts of COVID-19 on nursing education were unequal access to online distance learning, disruption of academic calendars, cancellation of clinical placements, teaching and learning gap, lack of facilities for online learning, disruption toward professional development, and inability to conduct proper clinical assessments and standard operationalization procedures. It suggests that higher education institutions should take actions to provide material support for

students from low-income households to close the gap between teaching and learning and training academics on different online teaching and learning strategies and assessments.

Nursing training is a combination of theoretical and practical learning experiences that enable nursing students to acquire the knowledge, skills, and attitudes for providing nursing care. Nursing students expressed a strong need to be heard, prepared, and supported. Most students felt supported by their nursing schools. Because of COVID-19, the role of the preceptor became more important. However, due to several reasons, the perceptor did not always meet the student's expectations. Large part of nursing education is carried out in clinical environments. As clinical sites rebuffed, the practical experiences for students integrating clinical skills and the development of required competences have become the greatest curricular challenges in nursing education.^[9] Identifying challenges of nursing students in the clinical learning environment could improve training and enhance the quality of its planning and promotion of the students. Clinical education is a fundamental part of nursing education¹ and form more than half part of nursing curriculum. In the clinical area, opportunities are given to students to prepare themselves for their future clinical work. Nursing students are evaluated in clinical learning environments.

It is important to have a full immersion of simulation into the nursing program going forward to mitigate the effect of similar future occurrences in clinical practicum aspect of the curriculum. The suggestion of integrating more simulation experiences in the curriculum requires among many other factors that schools have the facilities, equipment, material, and human resources to run these types of simulations. It is, therefore, not an easy solution to compensate for the current deficit in clinical practicum experiences. Virtual simulations, on the other hand, are web-based products and relatively easy to implement. They are considered expensive in developing countries, but in times of crisis, it has become the practical solution while teachers and instructors prepare to develop their own indigenous videos and other virtual learning materials with the available infrastructures in their settings including mobile phone technology until students can return to skill laboratories and health-care facilities. Returning to the clinical areas with modified protocols would also be possible if resources are available.

Coping during and after the crisis should not only be limited to the process of teaching and learning, the students and teachers' emotional well-being should be considered as this may affect the process and outcome of teaching and learning. This will help students and educators to cope as schools prepare to start again face-to-face teaching and learning and return to the new normal in the clinical areas. COVID-19 has provided a lot of opportunities to professional education to balance skills and theory, the flexibility of entry and exit, attracting international students, and going for online education. However, the basics of education will not change, that is, quality of education so that a professional can contribute to the development of society.

It is imperative that nursing needs flexible education systems that will be able to withstand or recover quickly from crisis and other unforeseeable circumstances. Back-up plans should be put in place in case of future uncertainties. A modernization of the programs to include more online and virtual options could help in smooth transition if the needs arise again. Revision of regulations related to nursing curricula by the various nursing governing bodies is necessary, to accommodate and facilitate credible alternative teaching and learning options. Timely and effective responses in crises should be taken into consideration. [10]

CONCLUSION

The impact of the COVID-19 pandemic in nursing education in developing countries may be greater than in developed countries due to disparities. Online learning has become the solution to complete the curriculum; however, it does not address the clinical practicum component. The return of students to the clinical area may be challenging in terms of staff supervision and safety.

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FINDINGS

From the above, it was concluded that the movement of all programs to the online platforms has created a new problem, inequality in access to learning. Some areas should be focused on by nursing education, as well as health agencies, to ensure that the students have adequate knowledge and correct preventive behavior. Preparing students for specific competencies are needed. In spite of the efforts of nursing schools and clinical sites, students often got lost in the chaos of the pandemic.

CONFLICTS OF INTEREST

It is crucial that the academic educational community learns from the experience and prioritizes a forward-thinking and scholarly approach as practical solutions are implemented. Reflection and evaluation must follow. This resulted in practical worries, fewer learning opportunities, and even fundamental doubts about their choice to become a nurse.

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