

# The Uncertain Impact of the Pandemic on Nursing and Nursing Education: Faculty and Undergraduate Student Introspection

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**Abstract** - This short communication offers unique insight into the COVID-19 pandemic experiences of experienced nurses who practice clinically and in academia and undergraduate nursing students. Written in the first person, this article presents the potential negative impact of the COVID-19 pandemic on nursing education and the nursing profession and gives rise to additional questions for consideration moving into post-pandemic nursing and education.

**Keywords** - Nursing, Undergraduate Students, COVID-19, Pandemic, Opinion

## I. INTRODUCTION

The World Health Assembly designated 2020 the International Year of the Nurse and the Midwife, and it could not have been a more timely decision. The SARS-CoV-2 (COVID-19) pandemic, as we are all aware, has significantly impacted the way we teach, learn, work, communicate, and socialize-it has impacted every element of daily life. The pandemic has garnered worldwide recognition for nurses as “healthcare heroes,” but what do nurses think of that recognition? What are nurses doing differently now that they have not always done? In 1868, the President of the American Medical Association, Samuel D. Gross, wrote of the importance of well-trained, educated nurses stating that the medical practitioner’s “efforts can be of comparatively little avail unless they are seconded by an intelligent and devoted nurse.”<sup>1</sup> We stand by this sentiment wholeheartedly.

## II. PROFESSIONAL PERSPECTIVE

As a nurse with more than 21 years of experience (author M.B.), I strive to provide safe, quality care with the utmost compassion for those I serve, always. I do not need a pandemic to validate me as a nurse because I know that what I do is needed and appreciated, even if I rarely hear words of acknowledgment. I have always been, and will always be, proud to be a nurse. I hold on to those moments when I can wipe away someone’s tears or watch them breathe a sigh of relief when the pain has subsided. Those moments serve as

my motivation to keep going. We (authors M.B. and S.B.) cannot speak for the whole profession, but we believe that most of our nurse peers feel the same way. A friend and colleague, a nurse of 23 years, expressed similar sentiments through her role as a house supervisor, often an unthankful position during “normal” times. I (author S.B) feel that the level of care provided to patients throughout the COVID-19 pandemic, while extraordinary times, was ordinary care that nurses have been delivering in their daily work for more than 150 years. The care was exemplified through the lens of the family and loved ones of the patients because nurses became the sole family and friend to the patient while the true family and friends were kept away.

The pandemic has, unfortunately, led us (authors M.B. and S.B.) down a path of uncertainty. We say this first as nurses and, secondly, as nurse educators. Many of the tools used in providing compassionate care have been restricted or eliminated. This makes us question if what we are doing for our patients is enough. Let us explain. We often talk with our hands, our body actions help to convey what we are trying to get across to our patients, and our facial expressions often set the foundation for how our patient encounters unfold. Now, in a pandemic time, it is impossible to use facial expressions to convey understanding, sympathy, excitement, and happiness through a surgical mask or N95 respirator and face shield. It is difficult to express safety and security to a child who cannot see your smile or hear the gentleness of your unmuffled voice. It is a challenge to empathize with a confused and frightened parent while trying to explain why their hospitalized child is only allowed one visitor while their loved ones wait at home, in the car, or as we have seen in the media, outside of the healthcare facility desperately trying to show support through handmade signs of encouragement. Now, in pandemic time, providing human touch outside of a medical glove has become nearly unheard of. Nurses being covered from head to toe in protective equipment during an unknown pandemic, while necessary for our protection, has become the new “normal.” Now, in pandemic times, we are forced to find a new way to convey ourselves as confident, compassionate professionals.



As an emergency nurse (author M.B.), I can attest to the regular, daily challenges of managing the ill and injured, remaining patient and calm while being berated, and providing safe and compassionate care to patients who may threaten or hit me. As a house supervisor (author S.B.), I must respond to desperate pleas from upset loved ones, who just need an update on their family member, who for the time being, has become my family member, my loved one, who I will treat with the gentlest care and dedication. We love our work, as do most nurses, and we always strive to provide excellent nursing care. The evidence-based practice that has guided nursing care throughout our lifetimes is ever-changing and now, at an alarming rate. However, the daily challenges of the profession, coupled with the additional challenges of the pandemic, have us worried about the future of the profession.

The pandemic has brought additional uncertainties to nursing education. As nursing educators, we cannot help but fear for the future of the profession. What will our didactic classes look like tomorrow? Will the changes that we implemented today have negative impacts on our students tomorrow? Will the quality we strive for be lost in the delivery route? Will the evolution of informatics come to a halt when the pandemic nears its end? Are we contributing to the uncertainties that our students are facing, or are we a beacon to which they can reach out and hold tight as we transition through this course? Are we a challenge, or worse, a barrier? College students in all disciplines are facing financial challenges, issues with mental health, and pressures to succeed in an academic environment that is constantly changing.<sup>2, 3</sup> These are not uncommon challenges faced by traditional college students, but the pandemic has resulted in fear, increased anxiety, and social isolation and depression.<sup>4, 5</sup> As educators, we worry about the weight of the typical challenges of college life, the known stress of nursing school, and the overwhelming pressures of managing it all in isolation. What must the students think? Let us explore their thoughts.

### III. STUDENT PERSPECTIVES

As students (authors M.C. and E.W.), we were surprised in March 2020 with a Spring Break that ultimately left us feeling stranded. Many of us had just received one clinical rotation prior to the break and never had the opportunity to actually work on the unit. It became clear early on that we would not experience any additional in-person clinical hours, at least until the Fall; this was disappointing news. As a result, we worry that we may be lacking the experience to take care of the specific population of patients that we should have cared for during that missed time. Since the end of one academic year and through nearly another full year, we feel we have been cheated out of what we consider a normal nursing education. Have we also been cheated out of a greater opportunity to be socialized into the profession by replacing face-to-face interaction with virtual classes and simulated experiences? How will we know?

We recognize the challenges that everyone is facing, especially those who work in healthcare. We also recognize the difficulties of our faculty in trying to determine the best way to deliver content that is typically provided face-to-face in the classroom, laboratory (lab), or clinical setting in a virtual world. For us, nursing school feels overwhelming in a way that it was not prior to the pandemic. Our faculty are trying to give us the best education possible given the situation, but we sometimes feel there are unrealistic demands on our time. For example, online lecture time (asynchronous) may go far beyond what we would expect for face-to-face class time, and the content is much more in-depth. Compounding this is the need to add time-consuming virtual learning modules or simulations to make up for lost clinical and lab practice time. Virtual learning modules, though often helpful, may take more time than a clinical or lab but leave us feeling confused or unsure of the skills we were intended to learn. What we miss most is the clinical time. As future nurses, we believe we learn the most in our hands-on experiences. Moving forward towards graduation, we have few concerns about passing the licensure examination and securing a position but have many concerns about our ability to safely practice with that license. How can we possibly learn how to provide compassionate, skillful care with limited practice in the real world? Are we going to leave nursing school and obtain licenses as “book nurses” without practice ineffective communication, therapeutic touch, and dexterous skill? What we do know, through the unwanted experiment of completing nursing school during a global pandemic, is that we DO NOT know what anyone is supposed to do. What was our faculty supposed to do to give us the experiential nursing education that we were expecting? What were we supposed to do to continue learning without the traditional guidance and emotional support of our faculty and peers? How is anyone supposed to learn, work, or live in an environment where seemingly everything is uncertain and unpredictable? How can we complain when we do not have solutions to our own questions?

As student nurses, we know that signing on for nursing school means signing on for a certain level of uncertainty. Uncertainty about being accepted into the program and of successful completion of the program. We also face uncertainty about moving through the program without realizing that nursing may not be the right path for us as individuals. We, the student authors, are not deterred in moving forward and completing the program that we started, but we do worry that some of our peers may not realize that nursing is not the right path for them if they are missing critical clinical experiences that inform those decisions. For those who decide to finish the program and sit for the licensure examination, we wonder if the daily personal demands of the pandemic, coupled with the routine physical and emotional demands of the nursing profession, may be enough to burn out the new graduate before they even get fully socialized to their new role. We believe new graduates will be at high risk for burnout as they navigate their new

position as registered nurses, acquire new knowledge about their specialty area of practice, learn “the ropes,” and continue to adapt to the challenges and changes accompanying the pandemic. Furthermore, what will more experienced nurses think of the new graduate who completed their last year of nursing school primarily online? Will they question our knowledge and ability as professionals?

The physical and emotional toll of living through a pandemic, especially as a healthcare professional, is A LOT. There is really no fancy word to describe this experience. Healthcare professionals, nurses especially, are witnessing this pandemic firsthand and on the front lines. Many nursing students work in healthcare already, as unlicensed assistive personnel, surgical technologists, or in other roles. We are being exposed to the reality of the pandemic not only as nursing students, but as college students, as healthcare workers, and as young people. Not only are we witnessing it firsthand and attempting to provide quality care to those who need us, but we are watching people die, sometimes multiple people, over the course of a single shift. When it is time to go home, we must continue to live the pandemic in our personal lives, be frightened at the idea of bringing the virus home to our loved ones, and listen as others question if what we are experiencing is even real. Is the virus as bad as they say it is? Do we really need or want this vaccine? Consider how horrible it is to have others question your reality, your lived experience. Pandemic life for the healthcare professional has resulted in persistent emotional labor, and there is simply no safe direction in which to run. Is that life, the pandemic nurse life, going to be one in which new graduates or future nurses are going to want to live? Is it a life in which we want to work in healthcare?

#### IV. FINAL WORDS

Where does this leave us? As nurses, as educators, as human beings, is the new “normal” of nursing education today going to remain the new normal? Is the new “normal” of daily life and social interaction going to remain as it currently is? Will our thoughts on what constitutes a quality

education be moved now that so many of us in the world of academia have found new ways of helping our students reach their full potential? We have pushed informatics to new platforms. The patient has truly become the center of care, but has the student become the center of nursing education? How have our teams and interprofessional collaboration grown, and will these newfound bonds between the professions remain, or will we etch back out to pre-pandemic silos? What will the evidence tell us in the upcoming season of our profession? Will evidence-based practice evolve rapidly? We still have so many unanswered questions, but we have the opportunity to host these conversations and learn from what each of us has experienced. We can help each other through the next phases and the aftermath of discovering what the new “normal” is. The primary goal remains for all nurses: to provide safe and effective care. One thing is for certain, and if nursing students of the pandemic can articulate their concerns, and make their voices heard, then maybe there is hope that these so-called and even self-proclaimed “book” nurses, who will be the leaders of tomorrow, are better prepared to take on the challenges of our profession than we thought.

#### REFERENCES

- [1] L. Craig, *World History: The History of Nursing*. Gale Cengage Learning. (2014) 37.
- [2] American College Health Association, Undergraduate Student Reference Group: Executive Summary Spring 2019. (2019). [https://www.acha.org/documents/ncha/NCHAI\\_SPRING\\_2019\\_UNDERGRADUATE\\_REFERENCE%20GROUP\\_EXECUTIVE\\_SUMMARY.pdf](https://www.acha.org/documents/ncha/NCHAI_SPRING_2019_UNDERGRADUATE_REFERENCE%20GROUP_EXECUTIVE_SUMMARY.pdf)
- [3] Center for Collegiate Mental Health, 2019 Annual Report. (2020). <https://ccmh.memberclicks.net/assets/docs/2019-CCMH-Annual-Report%5f3.17.20.pdf>
- [4] S.K. Brooks, R. K. Webster, L. E. Smith, L. Woodland, S. Wessely, N. Greenberg, G. J. Rubin, The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet* 395(10227) (2020) 912-920.
- [5] C. Son, S. Hegde, A. Smith, X. Wang, F. Sasangohar, Effects of COVID-19 on college students' mental health in the United States: An interview survey study. *Journal of Medical Internet Research* 22(9) (2020) 1-14.