LESSONS LEARNED FROM FORCED ERT (EMERGENCY REMOTE TEACHING) CAUSED BY COVID-19: THE EXPERIENCE OF HEADS OF NURSING EDUCATION INSTITUTIONS

Rachel KEMELMAN, Daniela COJOCARU

Published by:
Expert Projects Publishing House

expert projects
publishing

On behalf of:
„Alexandru Ioan Cuza" University,
Department of Sociology and Social Work
and
HoltIS Association

Lessons Learned from Forced ERT (Emergency Remote Teaching) Caused by Covid-19: The Experience of Heads of Nursing Education Institutions

Rachel KEMELMAN[1], Daniela COJOCARU[2]

Abstract

The aim of papers is to describe and discuss the impact of the COVID-19 pandemic on the traditional approach in undergraduate nursing education in Israel. The lockdowns due to the COVID-19 pandemic forced an abrupt transformation from the face-to-face educational approach to ERT (Emergency Remote Teaching) in tertiary education in general and in undergraduate nursing education in particular. The current research was part of a mixed-method doctoral study that explored the implementation of a new nursing core curriculum mirroring social change in Israel. This particular section was based on in-depth interviews of 14 heads of nursing schools and nursing departments in colleges and universities. The content data analysis was performed on in-depth interviews. The interviews were conducted between March 2019-January 2021, after the release of the draft version of the new nursing core curriculum. Half of the interviews were completed after the outbreak of the COVID-19 pandemic, and so relevant to the current discussion. These interviews included additional questions about the transformation to ERT and adjustments for this made in nursing education institutions. The content analysis revealed the theme that exposed the different ways that nursing education programs in Israel were managed during the COVI-19 pandemic. Findings are presented and analyzed. The categories emerging from this theme related to different coping patterns with ERT, consequences, coping with clinical practice challenges and with online examinations and lessons learned. The paper discussed the impact and the perceived necessity of various online platforms. The findings demonstrate that Israeli nursing educators learned to overcome the main barriers to distance learning. This process was largely engendered by the COVID-19 pandemic that forced them to face and manage the situation. The lessons learned equipped them with valuable tools to adjust nursing education to 21st-century demands.

[1] Ziv Nursing School, ISRAEL; Department of Sociology and Social Work, Alexandru Ioan Cuza University, Iasi, ROMANIA. E-mail: rachel.kemelman@gmail.com

[2] Department of Sociology and Social Work, Alexandru Ioan Cuza University, Iasi. ROMANIA. E-mail: dananacu@gmail.com

Introduction

The COVID-19 pandemic engendered dramatic changes in the tertiary education system worldwide, including nursing education. From the onset of the pandemic, theoretical studies transitioned to ERT (Emergency Remote Teaching) starting from the first lockdown.

Background

Studies conducted before the Corona outbreak pointed to difficulties in and barriers to applying distance learning in nursing education (Ali, Uppal, & Gulliver, 2018; Gazza & Hunker, 2014; Hoffmann & Dudjak, 2012). By definition, most RN (Registered Nurse) education programs were held according to the traditional approach. This method was accepted as essential for training in the nursing profession, asserting that the demands for the development of communication skills, cultural competence, compassion and caring, among other skills, necessitated face-to-face interaction (Mancuso, 2009).

There had been attempts to develop some online nursing courses and programs in the last two decades, but they were a "drop in the ocean" (Hoffmann & Dudjak, 2012; Mills & Hrubetz, 2001). Many studies attempted to describe the benefits of distance learning for nursing education (Jesse *et al.*, 2006; Kokol *et al.*, 2006; Thiele, 2003; Terry *et al.*, 2018). The COVID-19 pandemic turned the tables on us and forced nursing education to transition to ERT. Hence, all faculty members were forced to learn quickly how to use a different teaching method that was unconnected to their previous competence in digitalization and innovation.

Research goals

The current study aims at revealing the implementation process of the new nursing curriculum from the vantage point of the heads of nursing education institutions.

Methodology

This research was conducted as part of the first (qualitative) stage of a mixed-methods doctoral study that explored how implementation of a new nursing core

curriculum mirrored social change in Israel. Fourteen (14) participants participated in the in-depth interviews. All were heads of nursing departments or nursing school directors at the time of the interviews. Nine (9) were nursing school directors and five (5) were heads of academic nursing departments. Most (13) were female, Jewish (11), married and secular. They were mostly in their mid-fifties (43-64), with experience of an average of 32 years as nurses, and held PhD degrees in various disciplines, including Nursing, Education, Sociology, and Public Health. The interviews were conducted from March 2019 to January 2021.

In the qualitative research maximum attention in the sampling is the participants' ability to represent and describe their lived experience or knowledge according to the research questions, thus contributing to the inquiry of studied phenomenon (Asiamah, Mensah, & Oteng-Abayie, 2017; Baskarada, 2014; Creswell & Creswell, 2018). Therefore, the convenience sampling method was applied for this set of interviews.

The face-to-face interviews were carried out either in the nursing school or department office of the participants or by phone calls or Zoom meetings. The interviews were audiotaped, transcribed, and printed to maintain data accuracy for content analysis.

Interview guide

The questions explored the participants' concepts regarding expected change in professional nursing education in Israel. They referred to factors affecting the nursing core curriculum revision, the nature of the modifications in theoretical and clinical studies, development of cultural competence, desired features for graduates and coping with the COVID-19 pandemic in nursing education.

Ethical consideration

The Institutional Ethics Review Boards of Zefat Academic College (#408218) as well as by the Ethics of Research Committee in the Faculty of Philosophy and Social-Political Sciences at the Alexandru Ioan Cuza University of Yasi approved the study. Before each interview, the participants received an explanation of the research purpose and settings and confirmed their consent.

Data analysis

The main researcher performed content analysis after listening to, transcribing, and reading the interviews several times. Repetitive words and expressions were marked during the content analysis. The notes that expressed general ideas and insights that emerged from reading them were then added in the margins of the printed files. Afterwards, the recurrent findings were categorized into rough groups and labelled. These procedures made it possible to classify the data according to

the nature of the content and to divide meaningful information into different topics, including their main categories.

Study rigor

To ensure the validity and credibility of findings, this raw material was double-checked by another nursing educator, an RN, with a PhD in sociology and mixed methods research experience, who added comments and corrections that were discussed, accepted and implemented.

Limitations

The present research had some limitations, as follows: (1) Convenience sample method; (2) Researcher's involvement in nursing education; (3) Researcher's previous acquaintance with some of the participants. However, some of these limitations served to better understand the described phenomenon. In order to overcome the influence of others, the following processes were applied: (1) peer review consultation on raw materials to enable credibility and validity of findings and (2) ″bracketing″ process to decrease the potential effects of the preconceptions (Tufford & Newman, 2012).

Findings

One of the main themes depicted different patterns of managing nursing education programs in Israel during the COVID-19 outbreak. The categories emerging from the interviews related to coping with ERT, clinical practice aspects, online examinations and lessons learned from these processes for nursing education.

One of the marked changes that the Corona outbreak transformed was nursing education, converting classic frontal teaching methods to ERT. Implementing a new nursing core curriculum, performed during the first year of the COVID-19 crisis, required teaching a new course of technological innovation and digital leading and development of technological projects. Participants perceived that the Corona pandemic enforced the use of different online platforms, new technologies and the process of digitalization in nursing education.

Quotations like:

"The Corona period caused everyone to go through digital transformation. All our teaching became remote... We learned to cope with it." (Hi-6, 141, 144, 158), "Corona told us: 'you have no choice.' There is no option to teach any other way. It forced us to do this, accept this, and learn this method, which is absolutely not simple" (Hi-9, 219-222),

support this perception. So, most of the "old-school" faculty members had to overcome the barriers and learn how to operate these platforms, adjust teaching methods to online mode, attract students, and compel them to take active participation in virtual lessons.

The lockdowns set another challenge: evaluating students' knowledge online: "In the lockdown, we prioritized and conducted virtual examinations; we delivered unambiguous guidelines about virtual examinations. We divided classes into groups (*zoom rooms*). Each (*Zoom*) room had an invigilator - teacher. We mostly relied on our staff, teachers and administrators for these examinations. In previous lockdowns, we piloted tests. We used Moodle and a kind of a HighLearn platform." (Hi-4, 34-38).

Most of the participants were concerned with the trustworthiness of students and reliability of such examination marks. According to their evidence, average grades of online examinations were remarkably higher than the usual average grades of frontal examinations on the same subjects. Students' lack of integrity is described in the following quotation:

> *"It was evident that some students took advantage of the situation ... I am convinced that there was much more cheating in these examinations than usual" (Hi-13, 271-272).*

Different institutions applied various strategies to confront this challenge. For example, some Israeli universities forced their students to use "Tomax", a special program that took remote control of the student's computer and locked all other open windows or programs except for the examination program window. Additionally, it filled the requirement of two web-cameras with simultaneous video recordings of the examination process from two different angles. The Student Association sued the universities on the grounds of invasion of privacy (Trabelsi Hadad, 2021).

As time passed, the reality led nursing institutions to prioritize and insist on frontal examinations for critical subjects such as anatomy, pharmacology, and clinical theoretical studies. The following quotations describe how different nursing institutions coped with this challenge:

> *"We received special permission to examine in a frontal format... at least for clinical theoretical subjects." (Hi-13, 261-262). "Online examinations are challenging because of trustworthiness and cheating... in hard-core courses such as pharmacology, you want to know if students really know the material, as we have a great responsibility... Therefore, we ran some of the examinations online, and for others, we divided them (students) into groups and brought them in to take frontal examinations." (Hi-2, 178-186).*

The online examinations were challenging not only because of trustworthiness issues. In several areas in Israel, the internet connection is unstable, and some

students had problems maintaining the web-cameras video recording and LMS platforms with online examinations concurrently.

Nursing clinical practice challenges under pandemic rules required clear-cut arrangements. Hospitals and community settings cancelled all clinical practice during the first lockdown. Ahead of the first lockdown, the Ministry of Health did not determine nursing students as emergency workforce. The situation was different in the following lockdowns as lessons had been learned. The Nursing Administration department reevaluated the situation and the possible consequences of cancelling clinical practice and directed nursing institutions to do their best to prevent any delay in completing education programs in time for government license examinations. They agreed to consider clinical practice hours in geriatric nursing homes, in some circumstances, instead of cancelled field clinical practice hours, as evident from the following quotation:

> *"The only matter I could not prepare for in advance was the constant cancellations of some clinical practice fields, or students or clinical instructors who went into quarantine for periods of time... I did not cease clinical instructions at all. I sent them all for clinical practice in geriatric nursing homes. I received permission from the Nursing Administration department to respond to this challenge. It was one of the most remarkable things I instigated; student feedback was very positive... In my opinion, the geriatric field is the core of our profession. It includes empathy, listening (to the patient), caring, clinical skills." (Hi-1, 166-173).*

Some participants objected to the requirement that each nursing student must observe surgeries during clinical practice in the surgical fields. They pointed out that this requirement was impossible to achieve due to operating theater restrictions in hospitals during the Corona period.

The quotation:

> *"There is a misapprehension of what is going on on the ground... I have simulation rooms, and I could simulate an operating theater environment... It requires a change in concept... as we are limited to 20% simulation time in clinical practice hours" (Hi-6, 80, 83-87)*

illustrates the need to change the existing concept. As evident from the findings, participants expected the regulator to give more authority to nursing institutions for creative decisions on how to achieve the goals.

The most significant category pointed to lessons learned from ERT challenges in nursing education in Israel. Participants shared their insights on the benefits of ERT that should be preserved in the future design of nursing education programs. They mentioned flexibility in thought processes and decision-making that ERT demanded from nursing educators, as exhibited in the following quotation:

"I teach epidemiology, and I did not want to listen to an option to transform it to a distance learning course. Since Corona, I have taught many epidemiology courses for BA and MA students, and I have learned how to teach it remotely" (Hi-9, 223-226).

According to the nursing educators' interviews, experience with ERT led them to state what subjects must be delivered by traditional teaching methods in a classroom and which ones can be transferred to distance learning mode:

"Owing to Corona, we concluded that some theoretical courses could be taught remotely... There will be courses that will remain distance courses even after we revert to regular learning patterns... There were some difficulties for students and lecturers with remote teaching. Some lecturers had a hard time adjusting to it... It is challenging to teach remotely domains that require direct, face-to-face contact; you should be able to see the eyes and the smile...." (Hi-13, 73-76, 243-244, 251-252).

The participants emphasized the nursing teacher's essential role as a model for students in domains related to training communication skills, with the orientation on empathy and compassion and caring for patient needs. Hence, these subjects must be delivered in face-to-face traditional mode.

"Maybe I am old-fashioned, but I think that direct contact between student and teacher is most important...He is the 'role model'... students also perceive it like this" (Hi-3, 133-135).

To summarize, this theme included categories of different coping patterns with the effects of ERT on nursing education in theoretical studies, clinical practice and online examinations. According to participants' perception, lessons learned from this process must be considered and influence future changes in nursing education.

Discussion

The current study provided a glimpse into the swift transformation of nursing education from traditional teaching methods to ERT. Participants described the main challenges they had to overcome, such as technological literacy, adjustment to new teaching strategies, coping with the reliability of online examination results, and clinical practice issues.

Regmi and Jones (2020) presented a systematic review of the factors influencing distance learning in healthcare professions whilst illustrating barriers and "enablers". According to Ali, Uppal, & Gulliver (2018), most such barriers involve different technical concerns and problems. Moreover, some studies argued that teachers' technological illiteracy was one of the major barriers to shifting to e-learning in nursing education (Hoffmann & Dudjak, 2012; Uprichard, 2020).

The new nursing core curriculum (released in 2019) required nursing institutions to change their perspective. However, participants perceived the COVID-19

outbreak as a catalyst to implementing digitalization and employing technological innovations in nursing education. This transformation led nursing educators to recognize the advantages and disadvantages of distance learning and to learn from them. They did not understand the Nursing Administration's absolute directive to return to in-classroom teaching after the end of lockdowns. Although they did not deny this in public, they decided for themselves about teaching methods of individual courses or workshops without making any official statements.

The findings provided evidence for the disadvantages of distance learning both from the teachers' and students' points of view. Steinberger, Eshet, & Grinautsky (2021) showed that remote learning was associated with significant statistics anxiety (fear of introduction courses of statistics) and marked mediation by personal characteristics and cheating in academic studies, while the same variables were not significant in face-to-face courses. Hence, the literature states that specific circumstances such as remote teaching can encourage students with predisposed personality characteristics to demonstrate more dishonest academic behaviors than in traditional classroom settings, especially if it relates to "hardcore" courses. According to Steinberger, Eshet, & Grinautsky (2021), it happens with introductory statistics courses, while in nursing education, it runs parallel to anatomy, pharmacology, and theoretical clinical courses.

The challenge with the problematic trustworthiness of nursing students during online examinations that emerged from the findings resonates with the literature that argued that students who are academically dishonest obtain credentials for knowledge that they do not actually have, leading to dangerous outcomes, for example, in healthcare practice (Malesky *et al.*, 2022: Steinberger *et al.*, 2021) Hence, participants' concerns about online examination reliability and their consequences on the safety of nursing students in their clinical practice, especially relating to cardinal clinical examinations, must be addressed with the utmost seriousness.

The study's major strength is that it revealed lived experience from the ground of nursing education and enabled an opportunity to "peek behind the scenes" and into the various coping patterns with ERT challenges and its various aspects. Taking study limitations into account, it can be assumed that further research that will include investigation of micro-level (teachers) and nano-level (students), applying quantitative research methods regarding distance learning in nursing education will provide broader aspects of the phenomenon.

Conclusion

The findings demonstrate that Israeli nursing educators had learned to overcome the main barriers to distance learning. They largely overcame the challenges that the COVID-19 pandemic compelled them to encounter and manage. The transformations above encompassed significant amounts of critical learning in a

relatively short time spanning mere months, unprecedented for such a conservative area as medical instruction. These lessons equipped them with valuable tools to adjust nursing education to 21st-century demands, albeit necessitated by circumstances rather than by design.

References

Ali, S., Uppal, M. A., & Gulliver, S. R. (2018). A conceptual framework highlighting e-learning implementation barriers. *Information Technology & People.* DOI: 10.1108/ITP-10-2016-0246.

Asiamah, N., Mensah, H. K., & Oteng-Abayie, E. F. (2017). General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, *22*(6), 1607. DOI: 10.46743/2160-3715/2017.2674 .

Baskarada, S. (2014). Qualitative case study guidelines. *The Qualitative Report*, *19*(40), 1-25. DOI: 10.46743/2160-3715/2014.1008.

Creswell J.W., & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.

Gazza, E.A., & Hunker, D. F. (2014). Facilitating student retention in online graduate nursing education programs: A review of the literature. *Nurse education today*, *34*(7), 1125-1129. DOI: 10.1016/j.nedt.2014.01.010.

Hoffmann, R.L., & Dudjak, L.A. (2012). From onsite to online: Lessons learned from faculty pioneers. *Journal of Professional Nursing*, *28*(4), 255-258. DOI: 10.1016/j.profnurs.2011.11.015.

Jesse, D. E., Taleff, J., Payne, P., Cox, R., & Steele, L. L. (2006). Reusable learning units: An innovative teaching strategy for online nursing education. *International Journal of Nursing Education Scholarship*, *3*(1). DOI: 10.2202/1548-923X.1260.

Kokol, P., Blazun, H., Micetic-Turk, D., & Abbott, P. A. (2006). E-Learning in nursing education-challenges and opportunities. *Studies in health technology and informatics*, *122*, 387.

Malesky, A., Grist, C., Poovey, K., & Dennis, N. (2022). The effects of peer influence, honor codes, and personality traits on cheating behavior in a university setting. *Ethics & Behavior*, *32*(1), 12-21. DOI: 10.1080/10508422.2020.1869006.

Mancuso, J. M. (2009). Perceptions of distance education among nursing faculty members in North America. *Nursing & Health Sciences*, *11*(2), 194-205. DOI: 10.1111/j.1442-2018.2009.00456.x.

Mills, A. C., & Hrubetz, J. (2001). Strategic development of a master's program on the World Wide Web. *Journal of Professional Nursing*, *17*(4), 166-172. DOI: 10.1053/jpnu.2001.24864.

Regmi, K., & Jones, L. (2020). A systematic review of the factors–enablers and barriers–affecting e-learning in health sciences education. *BMC medical education*, *20*(1), 1-18. DOI: 10.1186/s12909-020-02007-6.

Steinberger, P., Eshet, Y., & Grinautsky, K. (2021). No Anxious Student is Left Behind: Statistics Anxiety, Personality Traits, and Academic Dishonesty - Lessons from COVID -19. *Sustainability*, *13*(9), 4762. DOI: 10.3390/su13094762.

Terry, V. R., Terry, P.C., Moloney, C., & Bowtell, L. (2018). Face-to-face instruction combined with online resources improves retention of clinical skills among undergraduate nursing students. *Nurse education today*, *61*, 15-19. DOI: 10.1016/j. nedt.2017.10.014.

Thiele, J. E. (2003). Learning patterns of online students. *Journal of Nursing Education*, *42*(8), 364-366. DOI: 10.3928/0148-4834-20030801-08.

Trabelsi Hadad, T. (2021). The students' struggle against the software that captures them comes to court. *Ynet news - Yedioth Ahronoth.* Retrieved 12 December, 2021 from: https://www.ynet.co.il/news/article/HJ665cpRP (Hebrew).

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative social work*, *11*(1), 80-96. DOI: 10.1177/1473325010368316

Uprichard, K. (2020). E-learning in a new era: enablers and barriers to its implementation in nursing. *British Journal of Community Nursing, 25*(6), 272-275. DOI: 10.12968/ bjcn.2020.25.6.272.