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Nursing Instructors' Experiences during COVID-19

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A Nursing Instructor's Experience during COVID-19

As the year 2020 began, there was no way to foresee what the year might bring to the university on the bayou in Louisiana. The spring semester began as any other semester. Students filled the hallways and professors talked about spring break. Classes began as usual. Just a few weeks into the semester, faculty began to hear news reports of COVID-19 becoming rampant in the New England states and wondered if, and when it would make its way down to the southern U.S. It did not take long!

When COVID-19 arrived, it did so swiftly. Very quickly, faculty were scrambling to transfer the in-classroom courses to an online format. As a novice instructor of only two years, there were many challenges for teaching online. When someone is accustomed to teaching face-to-face, switching in the middle of the semester to a fully online format was a difficult transition. COVID-19 left the school of nursing no other choice but to move forward putting courses online while continuing to provide quality instruction.

This paper will explore the experiences of nursing faculty and the journey taken to plan and implement a workable classroom environment online, as well as provide lessons learned and knowledge gained throughout the experience.

Challenges

There were challenges immediately beginning with just moving courses online and little time to accomplish the task. Training faculty to utilize Moodle™ in delivering online classes, was a struggle for those of us who had only taught classes face-to-face. Learning how to use programs such as Moodle™, the school platform for delivering and submitting assignments, Zoom™, the school platform for meetings and live lectures, and SwiftRiver™, the nursing school's virtual clinical platform, among others, were some of the bigger challenges. Though

these applications are specific to this nursing school, the issues that arose with them are generic issues that could reflect technology with similar electronic formats.

Time

When developing a new classroom experience, faculty would normally take several months to plan and build the new teaching strategy with implementation following the detailed plan. Processes like establishing goals for the online courses, the overall structure and content of the course and ways to develop a student-centered environment need to be considered (Columbia University Office of the Provost, 2020).

For this transition, time was limited. Faculty were given only three days to move all didactic and clinical education to the online environment. Given the brief window, faculty were understandably anxious. Faculty worked 12-14 hours per day assessing the situation, making a plan, and getting that plan implemented.

From Classroom to Online

Changing formats for the classes had an emotional impact on both the faculty and the students. Faculty expressed feelings of anxiety and voiced concerns that the online format would not be as efficient or effective as a face-to-face format. How could it be? To say it in the best of terms, the online classroom was seen as catastrophic, much like the pandemic that caused it. Clinical sites had been closed to students out of concern for COVID-19 unknowns. Challenges included finding ways to provide clinical experiences for the students in lieu of in-person experiences. Further concerns for faculty related to regulations from the State Board of Nursing, which only allows fifty percent of clinical experiences to be performed virtually. No allowances were made to change these regulations (National Council of State Boards of Nursing, 2020). So,

at that point, the only option was to have students complete clinical experiences in a virtual setting.

As noted in Eysenbach et al. (2020), academic successes biggest impediment is mental health issues. COVID-19 has brought many of these issues to the forefront. Many stressors noted by Eysenbach et al. were fear, worry for self or others, lack of social activities and not being able to physically get out and do daily activities due to quarantine and safety issues. Surveys were conducted by Eysenbach et al. in an attempt to understand the stress and coping linked to the pandemic. Seventy-one percent of students who responded relayed that their stress and anxiety were elevated due to the pandemic. Twenty percent remained the same and 9% indicated they actually felt they had less stress and anxiety (Eysenbach et al., 2020). Faculty at the school of nursing verbalized many of the same stressors noted in the Eysenbach et al. article.

As noted in Ao, (2020), the Course Hero website published a survey in November 2020 where more than half of 570 faculty respondents said they were emotionally drained and stress levels from work were high from the beginning of the COVID-19 pandemic. Transitioning to online learning had close to three out of four faculty that responded the source of stress was high. Forty percent of these faculty have considered leaving the profession over the pandemic stress (Ao, 2020).

So, faculty have not only their stress related to changes to carry but they also carry the heaviness of the student stress (Ao, 2020). Faculty want to make a difference in student success and therefore carry not only their own burdens but those of the students. This added stress often leads to burnout. It is easy to observe in faculty, especially when one has everyday life stress to add to work stress.

Faculty and Student Issues

There were various issues noted by both faculty and students. The university exhibited through this pandemic, as also noted in Dewart et al. (2020), that the value of education had to be weighed against the risk to students. At the time, there were so many unknowns about COVID-19, there seemed to be no other choice but to close campus and move online. The governor made the choice to shut down the state, including schools. Much has been learned over the months since COVID-19 has spread throughout the country and the world.

Lessons Learned

Internet Access Issues

Internet access was needed for many of the applications being used for teaching such as Moodle™, Kaltura™, Zoom™, ShadowHealth®, and other digital media. Internet access seemed to be the first hurdle to navigate. Fishbane and Tomer (2020) have noted that too many Americans live without internet services or inconsistent internet services and this was brought to light with the COVID-19 pandemic. The Federal Communications Commission (FCC) in 2012 noted that 6% of the U.S. population, roughly 19 million Americans, lack broadband internet services at threshold speeds. (Federal Communications Commission [FCC], 2012). Poon (2020) believes the FCC underestimated this number by about 20 million people.

As schools quickly closed at the beginning of the declared pandemic and moved to an online format, many students found themselves without sufficient internet services. This was noted first by a handful of students who had no internet services at all and depended on cellular hotspots. Cellular hotspots use a cellular signal for phones and converts the signal into a signal that your laptop or smartphone can use for internet. In addition, when testing began online many students were having difficulty staying logged in to the exams. Students were losing connection

with the test server and were being thrown off the test before finishing. Some students experienced this multiple times during the tests. Signing back in to the test numerous times raised anxiety for the students and faculty alike. On several occasions, students were not able to get the video function of the test to work and faculty had to use the Zoom™ platform with the students until the exam was complete. At times, some student internet was not strong enough to Zoom™ with audio and video. In these instances, Facetime®, an Apple® product, had to be used on the cellular device in order for the faculty to monitor the test. Local internet companies, such as Comcast™, offered communities free access to the internet. In addition, existing customers of Comcast™ received unlimited data for four months to extend past the end of the school year (Comcast Corporate, 2020).

The speed of the internet affected Zoom™ sessions the most. Often students with slow internet would lose connection in the middle of a discussion or lecture causing them to have to log back in numerous times. This also caused anxiety for many students. There were several in tears because they believed they might not be able to participate in zoom meetings with faculty. After all, students had signed up for an on-campus experience and suddenly found themselves thrust into an online environment that was not really working the way it needed to.

Students were not alone. Faculty, many of whom lived in rural areas, found themselves in the same predicament. Several had no access to fast internet due to their locations. One faculty member had extensive lagging due to bandwidth issues. Another faculty was only able to use audio when using Zoom™. Using video with the audio caused the connection to drop. Faculty in these areas often had to deal with satellite internet because there was no cable or internet through phone lines available to them. Weather was a deterrent with reception issues. Though very slow on a sunny day, often service was not available at all during times of rain or heavy cloudiness.

The university provided hotspot devices, but for most faculty even those did not work. Many lived where cell service was inconsistent and the hotspot ended up being slower than the internet that existed.

Moodle™

Moodle is an online teaching platform used by the university. Moodle™ was a hurdle for both faculty and students for those who were using the platform for the first time. Many professors needed training on how to set up and run Moodle™ courses. Nursing faculty were fortunate and already had some experience with the application. Moodle™ had been used in the nursing school for several years as a tool to provide resources for face-to-face. Although much was already known about the platform, greater knowledge was needed. In the past, faculty had only loaded materials such as PDF files on Moodle™ as supplements for the classroom. No online teaching at the undergraduate level had ever been undertaken. Faculty had to figure out how to place certain interactive assignments within Moodle™.

One cannot simply transform a face-to-face classroom into an online classroom without adjustments to delivery of content. For example, when looking at a face-to-face classroom, every aspect of the teaching experience happens within the class. The classroom can be divided into small-group sessions or videos can be shown on a big screen at the front of the entire class. Examples of didactic content can be circulated in the classroom allowing for hands-on participation, and students are able to ask questions during lecture. When a class is moved online to Moodle™, faculty must provide additional resources to accomplish the interaction on line. Lectures must “come alive” online in order to engage the student. There was a rush to train faculty on the important features of Moodle™. Most faculty had never used most of the available features in Moodle™. Saturday and Sunday training sessions were set up in the university library

to help faculty ready themselves for the following week. These were extended-time classes that addressed basic Moodle™. Moodle training left faculty with many questions. How were students supposed to turn in their assignments that were usually turned in on paper? Some faculty were already techno-savvy, but had barely worked with Moodle™ at all. Training sessions were helpful, due to the rapid turn-around it felt like technology overload.

Faculty began work right away and started exploring all the options Moodle™ provided. Faculty worked frantically for many hours trying to get everything together and ready for students to begin working online. It was a process faculty hoped to never experience again.

Zoom™

Zoom™ is a cloud-based application of Zoom Video Communications® that provides virtual video conferencing with capabilities for live chat, screen sharing, and much more. Some on-campus faculty were not familiar with Zoom™. Faculty were inundated with emails, from online services and the university technology department, almost immediately upon announcement that the university would be going entirely online for the remainder of the semester. Faculty received emails on training and setting up different virtual programs. There were plenty of self-training emails to direct faculty. They were very helpful, but receiving so many at once was overwhelming. It was hard to keep up with all of them and often they would get lost in the influx of emails. Faculty pulled together and worked as a team. They met to talk about Zoom™ and each faculty member provided something unique about the application that the others were not aware of. Because of this critical teamwork, all faculty were able to pull together information regarding different Zoom™ features.

Again, some issues faculty and students had with Zoom™ were related to internet access and speed. Many sessions lagged and it was not unusual to be thrown off Zoom™ which

required logging back in to the system. It was distracting for both student and faculty. In addition, periodically voices would lag causing miscommunication and confusion during lectures and meetings.

Kaltura™

Kaltura™ is an application for recording or posting videos live and on-demand for home, work, or school (Kaltura™ Inc., 2020). Kaltura™ presented yet another setback for faculty. Many university faculty had never used the tool even though it had been available for use. Teaching had primarily taken place in the classroom and there was never a need for use until this point in time. There was a steep learning curve for recording our lectures. Faculty received a great deal of help from the nursing technology department. The department also provided videos on how to use the application, which made it easier to learn. The issue several faculty had with using Kaltura™ from home was uploading the video file. Faculty with low internet speeds were having difficulty loading the videos to Moodle. Some faculty reported the internet taking several hours just to load one video. One faculty member reported trying to record a Kaltura™ video for an hour-long lecture only to play it back and find the video unable to understand due to dragging caused by the internet. The COVID-19 pandemic had opened the eyes of faculty and administration to many issues. Uploading videos was just one example of some of things with which faculty had to deal with.

Once faculty learned how to load the videos and waited several hours for them to upload to the cloud, they then had to figure out how to get them onto Moodle™. Many faculty members searched the internet on how to load them. Others contacted I.T. and yet others just learned by trial-and-error. It was an overwhelming experience, but it had to be done.

ShadowHealth®

ShadowHealth®, a virtual clinical program that provides students with a digital clinical experience and a place to practice skills, had been used in the graduate program to assist students to meet clinical requirements. The nursing administration decided the undergraduate program would use ShadowHealth® as well. The school of nursing covered the cost for students for the spring semester due to the COVID-19 campus closure. The digital clinical experience was not the preferred choice, but it was helpful in meeting the needs of clinical hours. It allowed students to train in a “safe and standardized setting” (ShadowHealth® Inc., 2020).

Other Virtual Programs

ShadowHealth® did not provide enough clinical hours to make up the fifty percent so alternative experiences had to be explored by faculty. NurseThink® provided a program at no cost during the first months of the pandemic called SwiftRiver© which provided virtual experiences for students. After looking at the program, faculty decided to take advantage of the free phase and offered the students access to fulfill some of the hours needed for the clinical experience (NurseThink®, 2020).

Other free experiences for clinical were found online as well. One website called easyauscultation.com was used to fulfill additional hours and provided students with the ability to hear different heart and lung sounds which were audible (easyauscultation.com, 2020).

To achieve the remainder of the required hours for clinical experience, faculty decided to post videos for different assessments such as heart, lungs, abdomen, blood pressure, etc. and have students observe the assessment and document nurse's notes on each one. In the clinical setting, students would have been able to observe nurses performing these skills in person so it was felt students were getting a similar experience by watching the videos. Nurse's notes were

added to the scenario to help develop the skills of writing nurses notes. Students received feedback from faculty on all online clinical experiences.

Other Challenges

In addition to internet issues with computer applications, there were also dress code issues. It did not occur to faculty that students would forego their training on professionalism just because they were schooling from home. Faculty were surprised at some of the issues that arose with professionalism standards. Students would sign on to a Zoom™ meeting and not want to show the video of themselves. Some students would log on to the Zoom™ meetings unkempt. Students appeared in pajamas with their hair uncombed. Some wore clothing that normally would not be worn on campus with inappropriate necklines or wording. There were a few students who appeared on live video lying in bed. Faculty were discouraged by the lack of professionalism. Students seemed to view the online setting as a relaxed setting. Although the school of nursing had dress code for in-person classroom attire, the thought of making one for online meetings did not occur to most until the online classes began. Both faculty and students were in a new era for education. Faculty made the decision to require the same dress code for students as was required on campus. Also, students were directed to be sitting at a desk or table and not to be lying in the bed when on video conferences with instructors. Once these rules were outlined, the video conference experience seemed to improve and there were no more issues with students.

Another issue faced was faculty being able to adequately assess clinical performance from the virtual experience. Even though the experience somewhat simulated real life, there is no substitution for interaction with human beings. Faculty had to assess and/or pass or fail students in the clinical aspect of the education. Faculty used the ShadowHealth™ application to

adequately assess student performance by meeting with students via Zoom™ and holding post-conference. The post conference allowed interaction with students to assess for strengths and weaknesses related to digital assignment outcomes. Individual video conferences were held by some faculty to evaluate student knowledge and learned skills on the experience of digital clinical performance. Faculty did the best they could working in an online environment as opposed to face-to-face clinical experiences.

Mother Nature

In addition to the pandemic itself, the region around the university experienced a storm on Easter Sunday that produced quite a bit of damage, including damage to infrastructures of power and internet. This further complicated online learning and teaching during the pandemic. Schedules had to be rearranged and Zoom™ sessions were disrupted. Some students had their homes damaged and were dealing with life's interruptions on top of worrying about schoolwork. The university reached out in this time of need and worked with students every way possible to help. Extensions on assignments were granted when needed. Faculty and students alike were exhausted, but worked through the challenges.

What Faculty Learned

As faculty members, patience was one of the first things one had to make an effort to practice. It had to be realized that some things were just not within faculty control and an entire semester was not available to carefully plan a transition to online. Faculty knew it had to happen in those three days. There were no other options.

Faculty learned that teamwork is the best way to get a list of tasks completed in a short period of time. Often, faculty tried to do things by themselves in an effort to save time but found working alone did not work. It took all of faculty, pulling together to make the entire transition

happen. Mistakes were made along the way that had to be addressed and readjusted later. Many challenges with technology occurred. When faculty wanted to just throw up their hands, give up, and cry, they instead took a deep breath, rose to the occasion, and pressed onward. Collaboration brought faculty closer together and helped them to understand and face change together.

Conclusion

In the end, it all worked out for both students and faculty. Teamwork, collaboration, and flexibility were critical in the transition. Those faculty who were novices were certainly further along to becoming experts than just a few months earlier. COVID-19 affected everything that was ever known as “normal” and changed the direction of education forever. The experience was one that will never be forgotten. This has influenced all faculty and students and has aided all in appreciating each other and the ever-changing world of post-secondary education.

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