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## Faculty and Students' Perceptions of Online Nursing Courses During Emergency Remote Teaching

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## Faculty and Students' Perceptions of Online Nursing Courses During Emergency Remote Teaching

### Abstract

#### Abstract

**Background:** During the COVID-19 pandemic, a Bachelor of Science in Nursing (BSN) program transitioned from a traditional format to emergency remote teaching (ERT).

**Purpose:** The purpose of this study was to ascertain faculty and student perceptions about teaching and learning online.

**Methods:** A qualitative study was conducted with a set of four standard questions asked in focus groups about perceptions of online teaching and learning. The participants were BSN faculty and students from an upper level nursing course. These sessions were recorded and transcribed. Themes were developed from the data.

**Results:** There were three faculty focus groups (N=18) and two student focus groups (N=28). All participants identified barriers to effective teaching and learning during ERT. Both groups also identified positive aspects of ERT.

**Conclusion:** Positive aspects identified will be reproduced if the necessity arises. Barriers identified will be used to plan improvement if ERT is reinstated in the future.

### Keywords

COVID-19, online learning, emergency remote teaching (ERT), nursing students, nursing faculty

## **Faculty and Students' Perceptions of Online Nursing Courses During Emergency Remote Teaching**

In the spring of 2020, the COVID-19 pandemic forced faculty to transition quickly to 100% online instruction at many academic institutions. This stemmed from public health guidelines provided by Centers for Disease Control and Prevention (CDC) that included social distancing and avoiding crowds as a way to help reduce the spread of COVID-19 (Centers for Disease Control and Prevention, n.d.). Numerous universities complied with these guidelines by rapidly transitioning face-to-face instruction to online instruction. During that same time, the American Association of Colleges of Nursing (2020) recognized concerns about a shortage in personal protective equipment and recommended deferment of placing nursing students in clinical facilities in order to protect the nation's supply. In hopes of promoting the safety of nursing students, the American Association of Colleges of Nursing (AACN) also recommended that direct patient care by nursing students be limited until more epidemiological facts about COVID-19 were known. AACN (2020) specifically advised Schools of Nursing to develop alternate plans for teaching clinical care that included increasing the use of telehealth, simulation, and virtual reality.

Online instruction in higher education is not a new concept. It has been woven into traditional Bachelor of Science in Nursing (BSN) programs and in registered nurse to BSN programs. In addition, many graduate nursing programs are completely online. However, most online instruction used in traditional BSN programs is complementary in nature and does not rely solely on online instructional methods. Hodges et al. (2020) described the unique nature of such a rapid transition from a face-to-face environment to solely online instruction:

In contrast to experiences that are planned from the beginning and designed to be online, emergency remote teaching is a temporary shift of instructional delivery to an alternate delivery mode due to crisis circumstances. It involves the use of fully remote teaching solutions for instruction or education that would otherwise be delivered face-to-face or as blended or hybrid courses and that will return to that format once the crisis or emergency has abated (para. 13).

Complying with AACN, public health, and university guidelines, a BSN program at a public university in Louisiana transitioned to emergency remote teaching within three days. The nursing courses of this BSN program were not originally planned or designed to be delivered fully online. The benefit of emergency remote teaching during the pandemic was nursing students were allowed to continue their academic journey without interruption. The challenge of emergency remote teaching was the lack of time to prepare and the requirement to continue quality education to help students achieve required competencies.

Studies about emergency remote teaching are somewhat limited due to the pandemic occurring so recently. However, helpful studies have been published and offer insight into the challenges and benefits of emergency remote teaching. Hilburg et al. (2020) conducted a review of medical school education during the pandemic. They found that videoconferencing use was a positive adaptation in a socially distanced environment. Maintaining an environment free from distractions and good internet connectivity were challenges with videoconferencing. Developing new content to fit platforms like videoconferences was a challenge for faculty. Faculty experienced difficulty determining students' engagement in the videoconference environment. In addition, faculty lacked knowledge about how to use the platform effectively. It was found that students and faculty alike had difficulty balancing work and home life including childcare, since

daycare centers were closed. The study concluded that the greatest challenge was that clinical experiences were difficult to replace with virtual assignments.

A web-based survey of nursing students found that nursing students considered online learning during the pandemic to be stressful (Oducado & Estoque, 2021). Academic performance and student satisfaction were both negatively affected by the stress of online learning. The survey identified that students' preferred method of lecture presentation in the online environment was an asynchronous video recorded lecture. The students reported that focusing was more difficult in an online environment compared to face-to-face instruction. The conclusions from this survey were that nursing students may need psychological support and help to cope with challenges faced during the pandemic.

A qualitative study conducted by Ramos-Morcillo et al. (2020) highlighted information about nursing students' learning experiences and expectations during emergency remote teaching. Students reported that instructors' ability to effectively use online resources improved continuously with time. Students valued interaction through videoconferencing and reported satisfaction with timely responses to emails by faculty. Asynchronous learning was not preferred by students because they felt learning was limited and more structure and rigor were necessary. All students identified that online learning was not effective for practice-related competencies. Students missed the ability to study at the library, which was preferred over studying at home. Internet access was a problem for some, especially in rural areas or where multiple people within the household were using an internet connection. The students overwhelmingly preferred face-to-face learning and were not prepared or proficient in 100% online learning.

Because the BSN students and faculty at the public university in Louisiana had never experienced a transition to emergency remote teaching, evaluating outcomes of this teaching and

learning was a priority need. Believing that student and faculty perceptions could provide invaluable insight, a study was conducted to gather this information. The benefits of this study were allowing students and faculty to express their opinions, assisting administrators in finding ways to mitigate undue stress caused by this learning format, providing feedback to faculty to assist in identifying necessary changes, and providing information about how this format worked. Most studies reviewed investigated either student or faculty opinions, not both. Studies reviewed included surveys and interviews. This study is unique because it explored both faculty and student perceptions using focus groups with open-ended questions.

### **Methods**

The study was approved by the university's Institutional Review Board. This qualitative study used faculty and student focus groups to gain insight into how they perceived teaching and learning exclusively online. Every participant gave written consent to participate. Participants were free to withdraw from the study at any time. All full-time, BSN, faculty were invited to participate by email invitation and oral invitation during faculty meetings. All students in the upper-level nursing course, Advanced Medical-Surgical Nursing, were invited to participate by an announcement through the Learning Management System and oral invitation.

The study posed a standard set of four questions to each student and faculty focus group about the perceptions of online learning and teaching. The focus groups were conducted in the spring of 2021. All focus groups were conducted by a co-investigator who does not teach or provide administrative oversight in the BSN program to avoid any issue with coercion. The setting for all focus groups was a classroom in the nursing building. The sessions were audiotaped and transcribed word-for-word by co-investigators who teach in the BSN program. No names were provided during the interviews, and no names were linked to the transcribed

data. The transcribing co-investigators previously taught the student participants, but bias was avoided because the co-investigators are no longer in an instructor role over those students. The transcriptions were reviewed by all three of the investigators, and common themes were identified and confirmed by all.

### **Results**

Two focus groups (N=28) were conducted with nursing students enrolled in an upper level course, Advanced Medical-Surgical Nursing. One group included 19 students, and the other included nine students. The groups lasted 44 minutes and 26 minutes respectively. Three faculty focus groups (N=18) were conducted with eleven, four, and three faculty members. The faculty focus groups lasted 23 minutes, 28 minutes, and 16 minutes respectively. Faculty from each level of the nursing program participated.

### **Students**

Student focus groups were asked a standard set of four questions. Responses from each question asked were analyzed for themes. The first question students were asked was “Do you feel the quality of education you received online is the same as in-person education? Why or why not?” Two themes were identified from the responses.

- Yes. It was advantageous to have the opportunity to listen to recorded lectures over again.
- No. Online clinical instruction could not compare to face-to-face instruction.

In the traditional format of this BSN program, students are typically not permitted to audio record live lectures. During emergency remote teaching, faculty used a variety of lecture delivery systems. The most commonly used lecture delivery system and the system students reported they preferred, was Kaltura Lecture Capture. Kaltura Lecture Capture is software used

to video and audio record lectures that can be uploaded to the Learning Management System. This lecture delivery system allowed students to listen and watch the lecture numerous times.

This nursing program traditionally completes clinical instruction hours primarily at medical facilities, and students care for patients with an instructor's supervision and guidance. While learning through emergency remote teaching, students were given virtual clinical assignments, case studies, discussion board assignments, and a variety of other assignments in order to achieve clinical competencies. Students reported that online clinical instruction was truly unable to substitute or compare to face-to-face instruction and patient care.

The second question asked in student focus groups was "What are the main obstacles you encountered in the online environment? Please explain." There were five common themes.

- webcam proctoring difficulties and environmental restrictions for online testing
- increased anxiety related to online testing
- more restrictive regulations related to the use of scrap paper on exams
- difficulty with the virtual simulation platform accepting or translating student verbiage for online clinical assignments
- requirements to submit questions over a week in advance to instructors before videoconference study halls

The students in this program traditionally take exams live proctored by nursing faculty in a computer lab in the nursing building. When completing their coursework entirely online for the semester, exams were administered remotely. Students were recorded via webcam for proctoring. There were extra restrictions about their environment such as no one else being allowed in the room, no extraneous noise being allowed, and mandates to show their arms and hands. Students reported these extra restrictions were burdensome and that sometimes they had technical



difficulties with the webcam proctoring system. Overall, most students reported increased anxiety levels related to remote testing. Students are allowed to use scrap paper for exams in the traditional environment. This scrap paper is most often used for math calculations, but it may also be used for students to jot down concepts or notes to help them stay focused on what they know during an exam. In the online environment, scrap paper was a faculty concern for academic integrity and test security potentially being compromised. Therefore, some classes were not allowed to use scrap paper. Although math calculations were altered for this setting, students who use their scrap paper for anything besides math found this to be an obstacle.

Clinical assignments required students to interview and converse with virtual patients. Examples of virtual simulation platforms used were Shadow Health® and Swift River Virtual Clinicals. Students reported the virtual patients often had difficulty understanding language used. It was believed this could be related to accents and verbiage used. Another obstacle identified specifically with Shadow Health® was the required use of exact terminology in order for answers to be marked correct. Students reported that videoconference study halls were beneficial. However, some faculty required students to submit questions for these study halls in advance. The students reported this as an obstacle. Students wanted the freedom to ask impromptu questions.

Student focus groups were asked, “Were there any positive aspects of the online environment?” There were three themes identified.

- supplemental videoconferences
- testing at home
- recorded lectures

Students reported that having extra videoconferences for clarifying content or answering questions was helpful. Although a large group of students identified online testing as an extra source of anxiety, there were several who reported they found testing at home to be more relaxing. Students reported they enjoyed the flexibility of recorded lectures, including the ability to watch the lectures around their own schedules. During this program's emergency remote teaching, most lectures were asynchronous. However, classes also included synchronous videoconference times.

The final question asked in student focus groups was "Do you think the faculty tried to make meaningful connections with you? Why or why not? How?" There were three themes identified.

- No. Teachers threatened failure if the student did not perform perfectly.
- Yes. Teachers utilized email well and promptly.
- Yes. Teachers reached out via chat, email, videoconference, or text specifically after exams either to offer congratulations or remediation.

Some faculty may have experienced difficulty communicating a caring presence or an offering of remediation in an online environment. Several students reported the stress of this lack of connection as feeling threatened with failure if not performing perfectly. The majority of students reported they felt faculty tried to make meaningful connections. They most appreciated when faculty utilized email efficiently and promptly and when faculty personally reached out after exams.

### **Faculty**

The first question asked in faculty focus groups was "Do you think online instruction increased your workload? Why or why not?" There were four common themes identified.

- Yes. Learning new tools like virtual clinicals, videoconferencing, Kaltura Lecture Capture, and additional computer skills was difficult and time consuming.
- Yes. Preparing, creating, and editing online lectures was more time consuming than face-to-face lecture preparation and delivery.
- Yes. Transitioning clinical instruction to the online environment was time consuming due to finding or creating relevant material and activities.
- Yes. Work hours increased, especially at night.

Faculty participating in the focus groups had never taught in an emergency remote teaching environment. Although occasional lectures and some activities are online, the primary mode of instruction is face-to-face. The abrupt change of being 100% online naturally increased workloads as faculty learned and navigated new tools. More time was spent delivering lectures online. Transitioning clinical instruction to the online environment was a unique and unprecedented challenge. Faculty spent a lot of time finding and developing new assignments in an effort to assist students in meeting clinical competencies. Faculty reported that their work hours increased specifically at night. Most often this was due to the challenge of having children at home during the day who were also sent home from their schools.

The second question asked of faculty was “What particular barriers did you perceive for yourself and for your students in the online environment?” Five themes were identified.

- problems with internet access
- lack of equipment
- difficulty achieving clinical competency
- student desensitization to negative outcomes
- difficulty engaging students and promoting active participation

Faculty reported that students and faculty had difficulties with internet access. Some had no internet. Some struggled with slow internet. Students and faculty suffered from a lack of equipment including items like computers, printers, and webcams. In congruence with what the students reported in their focus groups, faculty reported that clinical competency is very difficult to achieve without bedside care. Another barrier that faculty reported concern about was related to using virtual learning for clinical competencies. The faculty stated they were concerned that when students performed poorly on virtual clinical assignments, they were not able to feel the weight of a true negative consequence for the patient. They were concerned that students may not learn how to truly have feelings about a living patient. The faculty reported this as a concern that students may become desensitized to patients and the reality of consequences related to their performance through using virtual simulation. They likened it to the possibility of video game-like desensitization in students. Finally, faculty reported that when they did meet with their students via videoconferencing, it was difficult to engage students and promote active participation.

The next question asked in faculty focus groups was “What advantages did you perceive for yourself and students in the online teaching environment?” Three themes were identified.

- being able to accomplish simple household duties while working from home
- increased flexibility and resiliency
- resources provided

The faculty reported that it was an advantage to conduct simple household tasks while working from home. This included things such as putting clothes in the washing machine or a dish in the oven. Faculty reported that they could see and appreciate increased resiliency and flexibility in themselves and the students. Resources provided to the faculty, including virtual

clinicals, videoconference software, and access to case studies were appreciated. Faculty reported they were able to continue to utilize some of these resources even after returning to campus.

The last question asked in faculty focus groups was “What methods did you use to make connections with your students? Were they effective? Why or why not?” Only one theme was identified. Faculty answered yes. They reported they believed the videoconferencing platform, Zoom, was effective in fostering meaningful connections in an unprecedented environment. All faculty who participated in the focus groups reported using Zoom.

### **Discussion**

This study supported several findings discussed in the literature review. The students in this study preferred video recorded lectures in an online learning environment just as Oducado & Estoque (2021) found. However, Oducado & Estoque (2021) and Ramos-Morcillo et. al (2020) determined that an asynchronous learning environment was not preferred. The students in those studies reported they needed more structure and rigor. Although this study did not determine asynchronous learning was not preferred, there were several comments throughout different questions asked in student focus groups that support this finding. Students said they had difficulty compartmentalizing home and school and dealing with the many distractions at home. In addition, students said the home environment was difficult for students who may have Attention Deficit-Disorder or students with kinesthetic learning styles. Hilburg et al. (2020) noted the challenges of balancing work and home specifically related to childcare. This study found similar results for both faculty and students.

Hilburg et al. (2020) and Ramos-Morcillo et al. (2020) found that videoconferencing was considered a positive adaptation, as did the participants (faculty and students) in this study. This

study was also in congruence with their findings in regard to internet access or connectivity being a problem in the emergency remote teaching environment. Hilburg et al. (2020) shared the finding that faculty felt a disadvantage of videoconferencing was the inability to gauge or promote active student participation in spite of videoconferencing being overall considered highly advantageous.

Overwhelmingly, students and faculty in this study reported, specifically, that clinical competencies were difficult to achieve in an online environment. Ramos-Morcillo et al. (2020) and Hilburg et. al (2020) supported the same finding. Students and faculty believe that to develop clinical competence as a nurse, one must have face-to-face clinical instruction and direct patient care experiences. This may present the most concerning factor about how the pandemic has affected nursing education. Emory et. al (2021) conducted a survey with nursing students across the nation. In the survey, over half of the students agreed that the changes in learning related to the pandemic would have an impact on their success with licensure exams. Over half of the students also agreed that the changes in learning related to the pandemic would affect the quality of patient care.

Through analyzing the data of the focus groups, it was discovered that students were very eager to be heard. One subject that did not significantly appear in the student or faculty focus groups is a level of empathy for the other party.

### **Conclusion**

If the need arises to implement emergency remote teaching again, this study reveals there are facets that should be repeated. Faculty could benefit from advanced training for tools like videoconferencing or Kaltura Lecture Capture when they are hired, rather than having to quickly

learn when an emergency takes place. Faculty could benefit from workshops that specifically help them learn how to engage students via videoconferencing.

The findings of this study justify a need to mitigate stress and anxiety should emergency remote teaching reoccur. Universities could work to develop a plan and possibly collaborate with mental health students or professionals to provide support. Faculty should work to discover strategies to assist the students in feeling like they have a voice and are heard. Perhaps enhancing two-way communication may mitigate stress and barriers to empathy in the future. Faculty could work together to determine which rules and regulations are necessary to implement and which ones may not be necessary, in order to decrease variability across courses. In addition, when rules and regulations are necessary, faculty should clearly communicate the necessity of these rules in efforts to decrease students' stress and anxiety.

The concern of achieving clinical competency in a remote environment presents the largest challenge. In the spring of 2020, students were not allowed in clinical sites due to COVID-19. If a different dilemma or continued challenges related to COVID-19 should present the same situation of online-only clinical instruction, students' quality of education and patients' quality of care is at stake. This potential problem is a critical issue that demands the attention of faculty, administrators, state officials, and more.

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