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Fostering Adaptability in the Future Nursing Workforce Through the Transformation of Nursing Education During the COVID-19 Pandemic

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Abstract

This is a reflective report on the challenges experienced at an Australian nursing school, in which there was full continuation of degree delivery throughout the national lockdown period in mid-2020 due to the COVID-19 pandemic. The authors describe the significant modifications to teaching methods and reflect on how this experience influenced learning, yet also helped develop essential nursing qualities among students. Anecdotal evidence is drawn from the authors' academic roles as clinical education specialists, positions which involve teaching at the university as well as clinical supervision during students' work integrated learning clinical placement periods. This unique perspective allows for insight into the impact of the pandemic on transference of student knowledge and skills to patient care in health facilities. There were indications that these modifications to teaching during the pandemic have, in some respects, impeded learning, yet have provided the benefit of fostering adaptability and resilience in these future nurses. Further analysis of modified nursing education in the context of a pandemic is needed to determine implications for the future nursing workforce, and strategies needed to address these. The authors recommend optimising this momentum of adaptability as an opportunity for innovation in tertiary nursing education for better preparedness of future nurses.

I INTRODUCTION

The nursing profession has always been one characterised by a high degree of adaptability to changing circumstances. In ever-evolving and unpredictable clinical settings, nurses must continually and rapidly adjust to changes in patients, systems and environments (Hart, Brannan & De Chesnay, 2014). The COVID-19 pandemic has further highlighted the importance of fostering these qualities in nursing students as part of their preparedness for clinical practice. The pandemic has placed enormous pressure on the nursing workforce as a whole, including nursing schools, staff and students, and required rapid and significant adaptations in order to comply with public health restrictions whilst continuing education. Despite the challenges associated with these pressures, persevering with these necessary changes has been an opportunity to demonstrate to students and the wider community the essential nursing qualities of adaptability and resilience. The nursing school which forms the foundation of this study is situated within a large metropolitan university in Sydney, Australia, and was one of only two nursing schools in the state of New South Wales to have continued all teaching and clinical placements throughout the national lockdown period in mid-2020, albeit with significant transitioning to an online or physically-distanced format. The authors will reflect on this experience in relation to the nursing school, staff and students from the perspective of academics in education-focussed roles at the nursing school. The role of these academics requires incumbents to have a combination of postgraduate nursing qualifications as well as clinical experience. Academic responsibilities within the school include both teaching on campus and clinical supervision during clinical placement periods, allowing for unique insight into the impact on both student learning and clinical practice.

II A SCHOOL LEADING BY EXAMPLE

Definitions of resilience vary, but often refer to the ability to cope with negative effects of stress or adversity (Pollock et al., 2020). Walsh et al. (2020) describe resilience as a quality that is associated with successful nursing practice and is therefore an essential quality to develop in student nurses. The literature suggests that resilience comprises a number of characteristics, including that of adaptability (Ledesma, 2014). Adaptability during the pandemic was demonstrated by the nursing school as a whole, spearheaded by the decision of the school leadership team to continue with all teaching and clinical placements. As a consequence, much of the existing face-to-face learning content had to be rapidly adapted over a period of approximately two weeks to suit online delivery. Continuing to deliver teaching whilst complying with government and university public health directives was crucial. The primary aim was to ensure that students' progression to professional registration would not be delayed, for their own benefit as well as the benefit of a health system experiencing an increased demand for well-prepared nurses. A secondary goal was to ensure our students were well-equipped in the event that the pandemic would require them to be deployed to the frontline (Australian Nursing and Midwifery Federation, 2020), similar to measures adopted in other countries such as the United Kingdom (Royal College of Nursing, 2020) and Spain (Gómez-Ibáñez, 2020). Students were supported and informed by the school throughout this period with regular online 'Town Hall'-style meetings led by the Head of School and Dean.

III TRANSFORMATIONS IN TEACHING

Adaptability and resilience were not only demonstrated collectively at the level of the school, but also at an individual level by academic staff, through swift and significant teaching modifications. Some tutorials were re-designed using an online 'flipped classroom' approach, while also structuring learning activities in a scaffolded way. The aim of this approach was to increase online student engagement and allow for a gradual progression of students in their learning (Betihavas et al. , 2016).

Based on students' pre-readings, tutorial classes began with an anonymous quiz using the Zoom poll function. The tutor then reviewed the answers with the class as an opportunity to clarify topic understanding. A topic-relevant patient experience video would then be shown in order to transition into the second half of the lesson, which used a patient case scenario in a problem-based learning approach (Shin & Kim, 2013). During this activity, students were placed into virtual 'breakout rooms' to enable more group interaction and provide the opportunity to build an online learning community. Relevant online resources such as national clinical care policies and standards were provided for student groups to refer to during this activity, mirroring the expectations of clinicians working within healthcare facilities. In this way, online tutorial re-design aligned with the research of Smadi et al. (2019) into a community of inquiry framework to guide online nursing education. This research emphasised the importance of cognitive, social, and teaching presence in an online nursing degree, and so these became important considerations when planning online classroom activities (Garrison et al., 1999).

The continuation of face-to-face clinical simulation lessons and procedural skills examinations were prioritised in order to allow students to participate in Work Integrated Learning (WIL) clinical placements, although the delivery format was adapted in order to comply with COVID-19 restrictions. Achieving this was logistically challenging, requiring staff members to work collaboratively and think innovatively. Prior to the pandemic, classes were typically two hours in duration, with a maximum of twenty students. During the adjustments for the pandemic, class-sizes were reduced: both class time and student capacity were halved to allow for physical distancing. As a consequence, staff were teaching double the amount of lessons in a faster turnover period. All those present were also required to wear face masks and disinfect their work area before and after the lesson. Students were encouraged to schedule optional independent practice sessions in a simulation room, where infection control measures were also in place.

Student feedback from Unit of Study evaluations indicated a mostly positive response to the school and staff members' adaptable approaches. Students commented particularly on the effectiveness of online learning in allowing them to continue to engage and learn, and showed an appreciation of the efforts made in continuing clinical simulation lessons.

As a result of the shortened clinical simulation lessons, students were relied upon to learn much of the underlying theory of the procedural skills in a self-directed way to prepare themselves for the intensive practical lesson. To help facilitate this, staff created a series of procedural skills videos for students. One example was the video titled 'Caring for the deceased'. It was important to prepare the approximately 200 first-year nursing students to encounter such circumstances in their first upcoming clinical placements in hospital settings during the height of the pandemic lockdown period. This video was not simply procedural, as it also required an emphasis on the sensitivities of communication with the family and the importance of ongoing professional reflection in order to be psychologically and emotionally prepared to deal with such situations. Students expressed through written feedback that these videos were helpful in allowing them to visualise the clinical skills and were a valuable supplement to the theoretical content.

IV FOSTERING ADAPTABLE FUTURE NURSES

The powerful lesson in adaptability and resilience at the nursing school was arguably experienced most acutely by the students. In many ways, student development of these professional qualities was necessary in order to persevere through the challenging impacts of the pandemic on their nursing education. They were required to adjust quickly to the aforementioned teaching modifications, as well as changes to their WIL clinical placements, such as last-minute location changes or postponed placements due to new COVID-19 cases, and wearing masks throughout their shifts. Additionally, one group of final-year students

undertook their placements at COVID-19 drive-through testing clinics, showing their willingness to contribute professionally on the pandemic frontline (SUNS, 2020).

It was evident that first-year students in particular approached clinical application of procedural skills with some trepidation due to feeling under-prepared as a result of the teaching modifications. Some students noted in their Unit of Study evaluations an element of concern regarding their grasp of practical skills and a desire for more time to practice these.

Aside from fear of exposure to the virus, there was also the distraction of other significant personal and financial issues experienced by many as a result of the pandemic. There were reports of some students suddenly losing their source of income or becoming the sole breadwinner in their household, adding pressure to prioritise financial stability over successful completion of studies. Many were struggling with grief, loss and isolation, particularly international students, some of whom were now indefinitely separated from family. Nevertheless, students met these challenges with support from all university staff, who were acutely aware of the impacts of the pandemic on students both personally and academically.

Part of the authors' academic role entails accompanying small groups of students whom the authors have taught during the semester to their clinical placements as their clinical supervisors ('clinical facilitators') (Health Education and Training Institute, 2015). This allows for improved continuity between what has been taught at university and what students then put into practice. The impact of COVID-19 on student transference of learning was therefore witnessed first-hand by the authors.

Students indeed displayed great resilience in persevering with their degree and embracing the opportunity to learn while on their clinical placements. However, from the authors' observations it was evident that the modifications to teaching had, to varying degrees, impacted on the knowledge and skills that students brought to their clinical placements. It seemed that clinical knowledge from online tutorials did not always translate to a good understanding of its application in clinical practice, possibly due to the adapted teaching format. In addition, the limited time available to practice skills during semester led to reduced confidence in applying these to patient care in the clinical setting. This was apparent to the authors through observation of students' clinical skills such as those displayed during communicating a clinical handover, preparing intravenous fluids and taking manual blood pressure measurements. Similar experiences were also evident in the qualitative study undertaken by Suliman et al. (2021) into nursing student's transition to online learning during the pandemic, where concern about clinical competency was a main theme.

It is difficult to determine from the authors' observations whether these are significant indicators of the suitability of pre-registration nursing education to be delivered in a blended (online and face-to-face) format. Regardless, given the possibility of future COVID-19 outbreaks and a return to a blended teaching format, nursing educators must consider the implications for universities, students, healthcare facilities and the future nursing workforce. If universities cannot consistently return to the pre-pandemic learning and teaching format, this raises a number of questions for consideration, such as:

- Will students need to adjust their study habits and expectations to incorporate more self-directed learning?
- Will students need additional educational and personal support to manage the ongoing learning and personal impacts of the pandemic?
- Will graduate nurses require more ongoing clinical support when they enter the workforce to make up for potential deficiencies in application of clinical skills? and
- Should this additional clinical support be a shared responsibility of both the tertiary sector and the healthcare facilities who will eventually employ these students as registered nurses?

Despite the potential challenges posed by these questions, the observations of the authors are an encouraging indicator that through this experience, students have developed essential, non-technical nursing qualities that are difficult to teach in a classroom - namely, resilience and adaptability. This will undoubtedly equip them to face changes and challenges they may encounter in their future nursing careers, whether these are simply the everyday unpredictable nature of the clinical environment, or another global pandemic. This hypothesis is worthy of further research evaluations to confirm our anecdotal evaluations. There is also an opportunity to build on the momentum of adaptability as an opportunity for innovation in tertiary nursing education for better preparedness of future nurses.

V CONCLUSION

The immense challenges presented to the nursing school, its staff and students during the pandemic have required creativity and perseverance from all levels of the school in order to keep students on the path to becoming proficient Registered Nurses. The difficulties of maintaining a high-quality nursing education whilst complying with public health restrictions has been an opportunity to demonstrate the importance of being adaptable as a nurse. There were anecdotal observations from the authors indicating a potential gap in student's clinical practice related to the teaching modifications. This may suggest implications for upcoming new graduate nurses, including adjustments to the support they require from universities and healthcare facilities. However, through the pandemic, students have had an opportunity to grow in adaptability and resilience, which are invaluable and essential nursing qualities.

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