

Dilemma, Uncertainties and Fear: Nursing Faculty & Students Clinical Exposure and Training in a COVID -19 Situations

Glenn Ford D. Valdez PhD. EM, RN^{1*}

¹Research & Community Services -Coordinator Faculty of Nursing Oman College of Health Sciences - Dhofar Ministry of Health, Sultanate of Oman

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*Corresponding author: Glenn Ford D. Valdez PhD. EM, RN

A year has passed since the first reported cluster of pneumonia-like cases in Wuhan, Hubei Province in China [1]. Globally, on 8 March 2021, there have been 116,521,281 confirmed cases of COVID-19, including 2,589,548 deaths, reported to WHO. As of 9 March 2021, a total of 349,398,520 vaccine doses have been administered [2]. The majority of the countries globally has started to ease out restrictions and have innovatively come up with measures to return back to normal. The reported difficulties of working conditions among nurses working during COVID-19 [3], has made healthcare institutions experience a shortage of nurses that resulted in tapping other groups to support healthcare [4] this was aggravated by the stoppage of new graduate nurses that normally fills the gap. The availability of vaccines has promised for the gradual easing out of the health protocols that will allow most businesses and establishments to go back to their normal operations. Transitioning from actual face-to-face training into virtual experience activities has resulted in difficulties for both faculty and students. The lack of experience and preparation in online learning has resulted in negative feedback from students and teachers [5]. Conversely, the paced opening of educational institutions was guided by risk-based approaches to transition from online-based learning to in-class education. Moreover, higher education institutions that offer medical and health science courses have also seen the green light to go back to bedside training. This turn of events has put the nursing academic administrators and faculty members in a tight spot to weigh ethically in the value of education and training and the risk posed by returning back to bedside training [6]. The looming concern about student and faculty exposure in clinical placements has caused debates in the nursing academic community about the risk clinical training poses. Specific risks like asymptomatic students joining the clinical duty, the lack of personal protective equipment and the limitation in students activities, and the possibility of taking COVID-19 as a carrier back to their family and community have

taken many educators aback [5]. Students on other hand express concerns about being exposed and acquiring COVID-19 while doing the clinical placements, the risk of being infected is very high among those who give direct patient care [7]. There are physical and psychological stressors and exhaustion amidst relentless caring for those being infected by the disease is alarming, teaching nursing students during the pandemic has presented its unique challenges to both faculty and students [8]. Students must learn how to work under stress in a pandemic setting, common stressors involve managing expectations, mastering clinical skills, meeting deadlines of rigorous assignments and heavy workloads, stringent examinations, and mounting conflict among peers and faculty members [8]. Recent studies suggest that nursing students report high levels of stress, being overworked and unprepared with the conflicting demands in life as a student [9]. A similar situation looms among faculty members, nursing educators are greatly affected by the pandemic. The demand to rapidly transition from actual classroom teaching into online training has left many faculty members in despair and anxiety. Nursing instructors were concerned with the authentic assessment of e-learning and the ability to assess nursing students in an online environment which is limiting [10]. Nursing is a skills-based profession and it highly relies on the competency of nurses at the bedside, hence in order to meet the expected health outcomes with any given patient. Online learning can never replace the experiential learning students will get in their laboratories and clinical exposures. In the context of providing a safe learning environment WHO has released considerations for school-related public health measures for COVID-19, some institutions came up with several measures to push through with clinical training such that of using e-learning as an interim solution, recorded video simulations, and limiting the number of contact hours students are exposed in the clinical settings [11]. Higher education institutions that offer medical and health

allied courses devised measures to facilitate the gradual return of the students in the clinical areas. Several changes have been applied in order to strictly abide by the health protocols implemented in each country. The use of countermeasures such as decreasing the number of students per group and dispersing them into different shifts and facilities, lessening the contact hours in the clinical area are some exigent measures placed at the onset of the pandemic. The pandemic has presented numerous challenges to nursing education and in practice. These challenges can be viewed as an opportunity to widen our perspective in improving our educational mechanisms and systems in order to smoothly facilitate learning without dilemma. The uncertainty of how long the pandemic will last is still unknown to us, broadening our approach that is timely to the demands of the situation. The shift in the teaching, learning systems, and patterns must adapt to the changes brought about by this unprecedented situation that has caught the world off guard. Despite this continuing global health crisis the faculty and students have shown dedication and bravery that has resulted in many positive outcomes for the academe and practice that will be vital in transforming the future of nursing education that is prepared to adapt to the challenges of times and in shifting the nursing education landscape for the better.

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