

NEA Newsletter

Reflection: the influence of the COVID-19 pandemic on nursing and nursing education

So much is changed by the COVID-19 pandemic that is sweeping through the world; seemingly unstoppable by modern and traditional medicine. In the midst of such an invisible foe, all must change – not only for the sake of survival, but also for the sake of continuation of the human race. Nurses as an essential part of the healthcare team are at the forefront of such change. To meet the challenges of the time, we must change our nursing practice, our nursing habits and our teaching methods. In this letter I attempt to share with you my experiences of being a nurse educator during the COVID-19 pandemic and my thoughts about the changes necessitated by it.

Ironically, in a time when we need more nurses, nursing education almost grinded to a halt (not that we trained many in the years before COVID-19) due to the lockdown and lockdown regulations. We had little time to prepare for the pandemic that threatens our docile nurses' existence and that will drastically change our practice in the years to come. Sadly, in this time where we need the support and shared expertise of fellow nurse educators, we find ourselves alone; without in-person NEA workshops and seminars. Online sessions where we listen to disembodied voices or view distorted images of colleagues are cold comfort to a generation of nurses used to the joys of personal interaction. Our hearts cry out.

If we, the seasoned educators, experience such disquiet, how much more so the novice student nurses in our midst? They do not have our network of colleagues, practical experience or emotional resilience to weather this storm. Their educators and mentors are too busy to notice their need for emotional support and practical guidance; yet they soldier on and do the best they can with the little they know. Their plight reminds me of the young, junior South African nurses who, during the 2nd World War, were left to bear the burden of patient care while the experienced nurses attended to the injured soldiers in Europe. The junior nurses' (understandable) objections to such dire working conditions led to the so-called 1942 trade union crisis in South African nursing. The trade union crisis was a pivotal moment in the history of South African nursing as it created a situation that required action and change: the establishment of the South African Nursing Council and the South African Nursing Association in 1944. South African nurses gained their professional independence.

Realising that crisis historically led to important changes in South African nursing caused me to reflect on what changes the COVID-19 pandemic can possibly herald. As an educator who constantly reminds student nurses to become professional, caring individuals, I cannot help but wonder about exactly what my students are learning during this pandemic. They definitely learn to perform basic nursing procedures, very

quickly becoming skilled in the taking of vital signs and blood glucose etc. Yet, with no seasoned mentor guiding their practice, they are oblivious of the medical-legal risks that shadow their every action. More importantly, without a mentor or role model at their side, will they learn the soft skills required of a caring nurse? Introducing yourself to the patient and asking permission before commencing a procedure might not seem important in a general ward devoid of healthy, able bodied nurses and overflowing with patients. What will my students learn? Who will teach them theory-practice correlation? What type of nurses will they become?

At NEA conferences we often spoke about the new age of technology, and we were slowly trying to change our nursing courses and our teaching styles to accommodate the millennials who excel in the use of electronic devices and online information sources. COVID-19 slammed nurse educators out of their inertia and threw us unprepared into the deep end of the online teaching pool. We did not have time to plan, discuss and budget for the correct infrastructure, electronic access or the cost of online teaching. Almost overnight educators had to come up with innovative methods to communicate complex nursing concepts in the most cost effective way. Few of our nursing students have the electronic infrastructure or the financial means to use Microsoft teams, Zoom or Telegram optimally. Nurse educators can write volumes about the challenges and the pressure of setting online contact sessions, assignments, tests and examinations within an almost impossible-to-meet timeline. Yet, I learned so many valuable lessons, which I will continue to implement even if COVID-19 leaves us to continue with "normal classes". With online contact sessions I am able to communicate with large groups of students and give all of them the same notes; videos and voice notes. This they can store electronically and replay until they understand the work. Most important of all – the silent, shy (and the lethargic) students are unable to rely on the two or three extroverts that tend to dominate class discussions. By asking individual feedback in a private online chat or homework space, I can determine each student's specific learning needs and provide appropriate assistance. Interestingly, the students gave similar feedback – they loved the individual attention.

Currently, in the midst of Gauteng's COVID-19 surge, I am back in the practice to assist nurse colleagues and, if there is time left, students. I am stunned by the number of nurse colleagues who are (or where) COVID-positive. I am saddened to hear about those who died. I am shocked to see how few nursing hands are left to take care of the very ill patients admitted to hospital. The situation forces me to ask difficult questions about our traditional nursing practice and nursing education.

Working in the nursing units gave me an opportunity to check if nursing science study objectives are applicable to current practice and if the content of the portfolios of evidence is realistic. There is simply no time to teach step-by-perfect-step procedures in the nursing units. Students have to critically think about, and apply the principles of nursing care, infection control and safety. They must learn to prioritise care, yet to not forget about the humanness of the body in the bed. Our patients are frightened and alone; they do not see their families; we are their emotional and physical and spiritual support.

If we expect students to prioritise care in a time where nursing and administrative tasks are many and the hands to do them few, then we, the seasoned professionals, must do the same. In my experience, one of the most urgent (yet, most difficult because it will lead to conflict) changes that we must implement is the way in which we prioritise the tasks and time of the professional nurse. If there is only one (older than 40; because we have not trained many in the past five years) professional nurse on duty in a general ward, should her time be spend managing patient care and administrating essential care and medication – or should she stand around for an hour while the doctor reads blood results, speaks to his/her patients and writes prescriptions? Surely the doctor can do his/her patient visits independently and communicate his/her requests to the professional nurse at the end of such a round? The professional nurse will have more time for essential nursing duties. After all, the doctor who kept the professional nurse occupied today is

the same one that tomorrow will complain if his/her patient's medication was not administered in time. In this COVID-19 chaotic time, the luxury of having a qualified "hand maiden" to provide a new prescription chart and clear the desk so that the doctor can write is uncalled for. Yes, we are the patients' advocates and must participate in healthcare discussions, but are there ways in which this can be done in a (nurse's) time-effective fashion?

I have learned that we cannot proceed "as usual" – not in lectures, or in clinical practice. The COVID-19 pandemic made sure of that. Nurses find the situation stressful because nothing remained the same, everything changes in the blink of an eye. Yet, it is also exciting because we have the opportunity to change habits and routines that should have been changed long ago. We are confronted with our own vulnerability and potential death. However, we also have the opportunity to change nursing practice and education for the better – leaving a professional legacy for future nurses. South African nursing's 1942 trade union crisis resulted in the profession gaining an independent governing body and nursing association. The COVID-19 pandemic has the potential to give us clarity about the role of the nurse in the digital, artificial intelligence 21st century.

Regards

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