

## NURSES' VOICE FROM THE FIELD

# Nurturing Responsive Learning Environment in the Nursing Academe Amid COVID-19

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When the Commission on Higher Education (CHED) canceled face-to-face classes as a safety measure against COVID-19 and schools shifted to remote online learning, educators, including me, had to turn to technology to assist us in its delivery. Study and work from home arrangements drove us to improvise learning resources as an alternative to actual campus, clinical, and community exposure. Schools have also taken steps to assist their academic community in varied ways, such as lending out of laptops, provision of internet allowance, purchase of low to high fidelity mannequins and simulators, integration of learning management systems, and the likes.

With the abrupt change in teaching methods, we found ourselves asking: "How do we do it?" "How do we conduct virtual class sessions in a way that engages and connects with students?" "How do we design clinical simulations to bring out essential nursing skills and values from our students?" "How do we make authentic assessments with the confidence that our students will observe academic integrity and honesty?"

Technology should no longer be new to us as we enter the fourth industrial revolution (FIRe). Still, we ponder if we can embrace a new teaching-learning milieu in the context of FIRe and our present socio-economic situation. We contemplate if e-learning and borderless education can facilitate student development from "becoming" a nurse to "being" a nurse. We also reflect if digital technology may one day take on, if not take over, the functions of teaching our future nurses, given the dearth of qualified nurse educators.

In response, let me share three concepts to consider as we modify our nursing academic environment amid COVID-19.

## Technological Caring

In his Theory of Technological Competency as Caring in Nursing, Locsin (2013) described technological competency as "the skilled demonstration of intentional, deliberate, and authentic activities by nurses who practice in environments requiring technological expertise" (p. 2). He posited that caring and technology can co-exist in nursing (Locsin, 2017) and that nurses should be able to use technology not only to complement and supplement their tasks, but more so to enhance knowing patient (or nursed person) as caring, designing caring mutually with the patient (or nursed person), and engaging patient (or nursed person) participation in caring (p. 162). Nursing care involves the whole person, and nurses can maximize technology towards providing care holistically, actively, inclusively, and collaboratively with the patient (Locsin, 2013).

As contemporary health care continues to be dependent on technology, Locsin and Ito (2018) asserted that viewing nursing and nursing practice in terms of predictive health care activities, predetermined skills, or prescribed procedures may reduce nursing into simple automation, easily replaceable by robotic technology. Therefore, it is crucial to rethink who nurses are and what nursing is to affirm the science of caring that is unique for nursing and crucial for health and wellness.

Applying Locsin's theory, technological caring can exist in the nursing academe by using technology as a medium for caring. In our shift to online, we need to be mindful in laying out and aligning our instructional designs with intended student learning outcomes. Similarly, we can use technology to reach out to

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students to know them fully, determine their learning needs, and elicit their participation in learning at home, within their community, and among their online classmates. Through digital platforms, we seek to develop their 21<sup>st</sup> century skills (i.e., communication, critical thinking, collaboration, and creativity) that they would need to navigate through nursing practice in the context of FIRE. Lastly, we can take advantage of unlimited e-resources to expand theory and research base in the field and guide students towards understanding the nature and core of nursing that is integral and distinct to the profession.

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### Relational Practice

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COVID-19 has pushed people apart with social distancing and quarantine. We have become “people phobic” for fear of getting infected or infecting others. Even in the hospital setting, COVID-19 patients are isolated from others. Testimonies from patients who have recovered from COVID-19 and nurses assigned to COVID-19 wards have highlighted expressions of going through the disease process alone. In those moments, a nurse’s dynamic presence and deliberate engagement with the patient made a difference in the patient’s illness experience towards either recovery or death. Through relational practice, a nurse can listen perceptively and impart hopeful courage (or in Filipino terms, “lakas ng loob”). I have heard stories from recovered patients about how nurses were able to uplift their downhearted spirits at a point when they have lost all hope to survive COVID-19. Families who were separated from their confined loved ones have shared how nurses served as a bridge to impart their last words and accompany their loved ones in the dying hours. It is a practice that goes beyond the performance of skills and provision of physical care. It is an encounter that patients remember most about nursing.

Doane (2002) defined relational practice as an approach in which the nurse builds therapeutic relationship with the client, based on trust, respect, and empathy, through intentional interaction and genuinely interested inquiry into the client’s lived experiences (p. 401). It allows the nurse to know the client in a humanistic and holistic process and understand how personal-interpersonal, socio-cultural, and ethico-moral factors shape the client’s health and illness experience. DeFrino (2009) stated that significant nursing knowledge of the patient stems from relational work. Relational work, in turn, results in professional satisfaction which buffers the nurse from distress and burn out in a high pressure care environment.

Hence, relational teaching-learning in the nursing academe is something we need to refocus on, all the more with our students confined in their homes, having only their gadgets to interact with. We wonder what kind of relational skills we can draw out from them in that state. Doane (2002) advocated for a pedagogy of interpretive inquiry to advance relational practice in nursing.

This pedagogy involved reflection, dialogue, and enactments that allow students to develop their capacity for relational work and their ability to be with people in real, profound, and meaningful ways. Likewise, as educators, we may use case scenarios, case studies, or case exemplars, maybe stories shared by nurses and patients themselves, to stimulate reflexive thinking, cultivate empathy for complex emotions, and hone relational skills. Consequently, we hope that the outpouring of relational teaching-learning in the nursing academe will produce a responsive nurse being, endowed with true purpose, passion, and perspective, and equipped with a sense of professional identity.

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### Professional Resilience

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The Philippines continues to be susceptible to outbreaks of emerging infectious diseases, such as COVID-19, which challenge the health care system, impact health care burden, increase mortality and morbidity, disrupt life activity, and affect the economy. Facing these threats in the forefront are the health care providers, particularly nurses. The uncertainty and unpredictability of novel diseases, tension between health care demand and resources, complicated and bureaucratic health care environment, state of health care financing and compensation, or patient acuity, staffing, and workload all contribute to anxiety, stress, and burnout in the workplace. Inability to cope or ineffective coping have led some nurses to quit their jobs or take prolonged leave of absence. Likewise, in the nursing academe, given the effect of COVID-19 on the radical transformation of the teaching-learning environment, students who cannot catch up with the new learning set-up have either deferred enrollment or dropped out of the undergraduate nursing program. Even educators are not spared from being overwhelmed with adapting to a new teaching modality in a short span of time. Through these challenges, the concept of resiliency often stands out.

Resilience is important in nursing education for students to succeed in the program. It is associated with perseverance, determination, hope, optimism, assertiveness, empowerment, and adaptability. It is viewed either as a personal capacity or a process of using protective factors to withstand challenges or overcome adversities. These protective factors include personal attributes, self-efficacy, availability of resources, and supportive relationships (Reyes et al., 2015). Enhancing resilience in students equips them to handle stressors inherent in future professional nursing practice. Resilience is linked with the potential to turn demanding situations into learning opportunities. It is related to the ability to respond appropriately and recover from difficult circumstances (Amsrud et al., 2019). Building student resilience is the foundation to professional resilience in nursing (Hodges et al., 2005).

In a systematic qualitative review and thematic synthesis of studies, Amsrud et al. (2019) found that establishing an educational culture of trust and readiness to care were means for nurse educators to enforce student resilience. A caring supportive relationship can encourage students to believe in their ability to transcend negative events. Recognition of students' resources and capacity to endure can assist students to persevere. Acknowledging students' struggles and focusing on help-seeking behavior can make students feel safe to stand their ground. Redefining perceived burdens into possibilities for growth can give students insight into coping positively and healthily. Finally, adjusting the learning process and environment can boost students' confidence to meet learning tasks and move forward. By immersing students towards a deeper understanding of the real world of professional nursing, exploring personal meanings and philosophies of caring, and creating strong professional discipline, nurse educators can foster resilience, stamina, and career longevity in nursing (Hodges et al., 2005).

### Conclusion

Amid COVID-19, an educational environment focused on technological caring, relational practice, and professional resilience can be achieved by innovative pedagogy and role modeling. Stepping away from conventional teaching-learning methodology, educators can create avenues for students to learn how to be intentional, deliberate, authentic, and humanistic in caring; how to work confidently, committedly, and connectedly with people; and how to practice in unpredictable, stressful, ambiguous, and technological health care environment. By modeling professional attributes, educators inspire and influence students to demonstrate the same in their nursing practice. Even through remote online learning, students can continue to acquire not only the knowledge and skills to "becoming" a nurse, but more importantly, imbibe the core values and essential character inherent to "being" a nurse. If we bring to light what nursing truly is, its identity, philosophy, and discipline, educators can nurture valuable qualities that students eventually contribute to nursing practice and the nursing profession. As such, if we prepare our students now to address their line of work in the future, we equip them with the tools they would need to be responsive to an ever-changing work environment and to promote their own welfare and that of other Filipino nurses, even beyond COVID-19.

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