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Post-Pandemic Challenges in Nursing Education: Developing Scholarship and Competency

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Abstract

Nursing education historically encompassed strict mandates with minimal opportunity to deviate from established practices. The global pandemic necessitated reexamination, creativity, and innovation to mitigate disruption in learning and program completion. The changes implemented were initially met with resistance since nursing education is founded upon face-to-face instruction and in-person demonstration. Acclimation to the redesign of processes devised during the global pandemic afforded educators and students to view practices from a different lens. Adaptation and adoption of the assessment methodologies proved beneficial for rationales not initially equated. Challenges were presented in the educational landscape, however, leadership and educators persevered and demonstrated scholarship was attainable in spite of initial concerns. Overcoming primary impediments during the pandemic was phase one, nursing education is left contending with obstacles post-pandemic to ensure scholarship and competency for future nurses.

Keywords: Assessment; Challenges; Competency; Higher education; Nursing education; Skills

Introduction

The global pandemic demanded expedited innovation and reexamination of nursing education practices to ensure competency of skills without removing rigor. A shift in the assessment of skills and proficiency was determined central to mitigating disruption in nursing education and program completion [1]. The abrupt onset of the pandemic posed challenges for health science faculty and uncertainty about transitioning to remote learning historically founded on face-to-face instruction [2]. Transitioning theory online proves relatively seamless; however, the skill component elicited discussion focused on the ability to meet program outcomes [3]. Accreditation bodies governing health science programs pre-pandemic upheld strict regulations and mandates dictating clinical and skill instruction, practice, and evaluation. Extreme challenges presented when clinical establishments and higher education administrators prohibited access to non-emergency personnel [4]. The impediment to nursing programs was the lack of access to resources and facilities to train on mannequins and patients in the clinical arenas.

The most urgent challenge involved deliberation on how to accurately instruct and assess skills without access to supplies and training while ensuring scholarship was mastered [5]. Abrupt and continual pivots of practices in nursing education during the pandemic demanded efficient communication of program updates and waivers [6]. During the pandemic, an additional concern was meeting the clinical and laboratory hours with the adapted methodology of training to remain in compliance with program standards [7]. A phenomenological qualitative study of the health science faculty sharing experiences navigating challenges and reconstructing programs with the online modality during the pandemic yielded the overarching theme of a shift in the assessment of skills and competency [1]. Restructuring nursing education programs to foster robust learning amid challenges affords new opportunities to define the future of higher education.

Change in the Practice of Assessing Skills and Competency

Assessment of nursing skills and competency pre-pandemic transpired solely face-to-face to ensure students demonstrated proficiency before advancing into the clinical setting with direct patient care where potential harm could transpire. Students would transition from theory to the laboratory to practice skills and apply learning in simulations where there is a safe learning environment free from causing patient harm before advancing into clinical settings [8].

The advantage of this practice entails faculty being face-to-face with students to intervene when an incorrect technique is demonstrated and to mentor proper procedures promoting proficiency. Intentionality partnering students in the laboratory and clinical setting afforded the opportunity for stronger students to be paired with weaker ones enhancing learning opportunities. Additionally, teambuilding skills and communication were garnered during experimental learning endeavors.

Innovation during the pandemic granted the opportunity to instruct, practice, and demonstrate skills virtually for critique and assessment. Developing technologies enhances nursing education significantly and transforms practices from the pre-pandemic era [9]. Lessons learned during the pandemic regarding nurse education were multi-faceted: 1. Necessity of revising federal regulations, accreditation standards, and program expectations, 2. Incorporating virtual learning in addition to face-to-face learning, and 3. Creativity when devising skill test outs to demonstrate competency [1].

The post-pandemic era continues to embrace multiple strategies implemented during the lockdowns. Appreciation of the value of renewed opportunities assists with impediments for students meeting academic deadlines. Ruminating and reflecting on the value gained from virtual simulation, virtual assessment of skills, and learning opportunities relied upon during the pandemic. Nurse educators witnessed the advantages of assessing skills and competency virtually and permanently adopted the practices. Current practices entail students recording their skills for assessment. The benefits of this approach permit students to perform in a low-stress setting and have multiple opportunities to record and submit their best attempt for evaluation. Previous practice required students to test out on campus during a designated time performing with a single attempt in a high-stress atmosphere. The effectiveness of the skill assessment currently adopted benefits students with the ability to simultaneously watch their submission while comparing faculty feedback to identify deficits and enhance remediation. Recording submissions mitigates the declaration of unfair evaluation and enables colleagues to provide recommendations for enhanced performance, too. Affording flexibility for faculty and students in nursing programs contributes to satisfaction and retention, another challenge endured in health science programs.

Enrollment and Attrition Challenges

National nursing shortages demand mass training of new nurses to satisfy the critical lack of workers crippling the industry [10]. The post-pandemic era imposed greater obstacles in nursing from the mass exodus intensifying vital shortages [11]. Nursing programs, historically competitive, grapple with recruiting applicants' ultimately battling with decreased enrollment. Coupled with decreased enrollment, attrition rates are problematic and contributing factors encompass multiple factors. Lack of persistence and motivation, financial constraints, and life events are prominent factors for soaring attrition rates [12]. Completion rates are near 50% in nursing programs and less for minority students [13]. Diligence in mitigating the attrition of nursing students demands conducting a root-cause analysis. Schrum [14] argues consideration of restructuring courses and assessment methodologies and examining budgets to evaluate the possibility of hiring a mentor are paramount in increasing the retention of nursing students. The mentor would solely focus on serving students to address personal support to enhance academic success and program completion.

Post-pandemic enrollment challenges for nursing programs are heightened by mandates established because of covid. Nursing students must complete clinical rotations in long-term care facilities or acute care settings and receive a number of vaccines to uphold accreditation body guidelines. Students not receptive to the covid vaccine mandate contribute immensely to decreased enrollment in nursing programs [15]. The Joint Commission and American Nurses Association in addition to fourteen nursing organizations released statements supporting the vaccine mandates imposed on nursing students and nurses [16]. Students not receptive to adhering to vaccination mandates are unable to advance into the clinical setting; thus, sacrificing their ability to become a nurse. Students can request clinical establishments to grant exemptions based on religious or medical reasons but if not extended, students withdraw from the program decreasing cohort sizes.

Nurse educators must be vigilant to extend support and resources to students throughout their nursing program to decrease attrition. Actions nurse educators and leaders are able to provide include several intentional strategies. Effective teaching methods promote academic success. Study groups, supplemental learning opportunities, and learning opportunities to connect real-life situations to classroom experiences and provided necessary assistance for mastery of content and motivation to program completion [17]. Effective teaching styles for adult learners and various learning styles are critical to meet the needs of the learners. Connecting students to mentors, peer study sessions, and academic and program advisors promote success for nursing students. Smith [17] argues stress reduction is paramount for nursing students. Increased anxiety, stress, and poor physical health directly correlate to attrition rates of nursing students. Nurse educators must remain cognizant of this factor and should incorporate stress reduction workshops and resources must be readily available for nursing students. Additionally, students will have the opportunity to provide learning to patients in their care to heighten health outcomes impeded by stress and anxiety. Faculty support is significant to mitigate attrition rates in nursing programs by providing encouragement, and being visible on campus [17].

Faculty Recruitment and Retention

The American Association of Colleges of Nursing (AACN) estimates nearly 69,000 nursing students were denied admittance into programs nationwide before the global pandemic attributed to faculty shortages [18]. Unfortunately, the number continues to skyrocket because of the pandemic. The pandemic amplified nurse educators' difficulties with the retention and recruitment of qualified, credentialed faculty.

Pre-pandemic challenges were evidenced; however, the global pandemic highlighted emerging issues contributing to early retirement, leaving academe to return to bedside nursing and opting to exit the profession entirely. Gazza [19] asserts contributing factors for nurse educators' job satisfaction encompass: 1. Work-life balance, 2. Manageable workloads, 3. Support from colleagues/administrators, 4. Professional relationships with students, and 5. Sentiments of conducting significant work. Nurse educators experience high levels of burnout, more notably during and after the pandemic influencing the profession. Resiliency is a characteristic most nurses possess; however, when the landscape of academia transformed, modifications proved too overwhelming for many.

Workload levels increased post-pandemic impacting satisfaction as educators attempt to compensate for staffing hindrances [20]. Faculty fulfilling their full-time workload and instructing additional theory, laboratory, or clinical rotations demands more student interaction and time allocated to course planning and assessments. Exhaustion from course redesign, alterations in content presentation, and mandatory planning meetings to remain adept with current practices during the pandemic was frequent. The additional workload did not offer financial compensation for educators, it was simply expected. Concerns arose with increased student emotional and academic demands from nursing faculty increasing stress and responsibilities. Post-pandemic, educators struggled with student incivility, lack of professionalism, and lack of student engagement from isolation and online learning for extended periods.

Nursing shortages in all arenas demanded competitive incentives to recruit and fulfill positions. Nurse educators exited academia and returned to bedside nursing for elevated wages, substantial sign-on bonuses, and positions where their workday would end when they clocked out [7]. Nurse educators must be available early morning through late night, after hours on weekends to meet the needs of students and provide support. Educators became emotionally and physically exhausted and yearned for positions that would enable optimal work-life balance. Considerations are being explored to address shortages of qualified faculty in nursing programs and to make the role more tantalizing and equitable to ensure retention.

National Council Licensure Examination (NCLEX) Rates Plummet

The NCLEX is a national examination nursing students must pass after completing respective programs assessing minimal competency to deliver safe patient care before advancing into practice. Removing the opportunity to complete direct patient care during the pandemic coupled with the transition to online learning presented deficits in learning and application. Increased stress levels imposed on faculty and staff altered the focus of learning and transitioned to fear of the unknown with the pandemic and the contagion. Synthesizing nursing concepts, engagement with cohort members, mentorship from preceptors during clinical rotations, team-building skills, and interdisciplinary communication opportunities were removed during the pandemic hindering academic success [21]. Lack of ability to master content directly affects the ability to pass the national board exam. Nursing programs not meeting the established first-time pass rate of graduating students must answer to the Board of Nursing and devise corrective action plans. Time-intensive commitments further burden nursing faculty emotionally demanding additional obligations to their assigned workload. Students also experience disappointment and financial implications to paying for a second exam and the inability to advance into the workforce for gainful employment.

Conclusion

Nursing programs are forced to contend with obstacles post-pandemic from the faculty and student perspective. Unfortunately, both negatively affect one another and ultimately impeded learning and program completion. Without educators, limitations on prospective students impede replenishing the nursing shortage that ultimately would address stressors imposed on the profession. Global initiatives are implemented to combat the critical shortages of nurses illuminated since the global pandemic. Nursing associations and the government are committed to addressing the shortage to fill the gap. It is estimated there will be a three to four-year gap until the workforce is replenished [22,23]. Until that time, unfortunately, the problem might intensify creating additional stress and burnout equating to a mass exodus of nursing faculty. Moving forward, remaining devoted to academic excellence, resilience, and scholarship must remain central to the work completed to best serve future nurses.

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