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# On the Other Side of the Screen

Nurse Educators' Perspectives on Online Experiential Learning  
During the Pandemic

Issue Briefing | January 30, 2023



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The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint, and The Conference Board of Canada.

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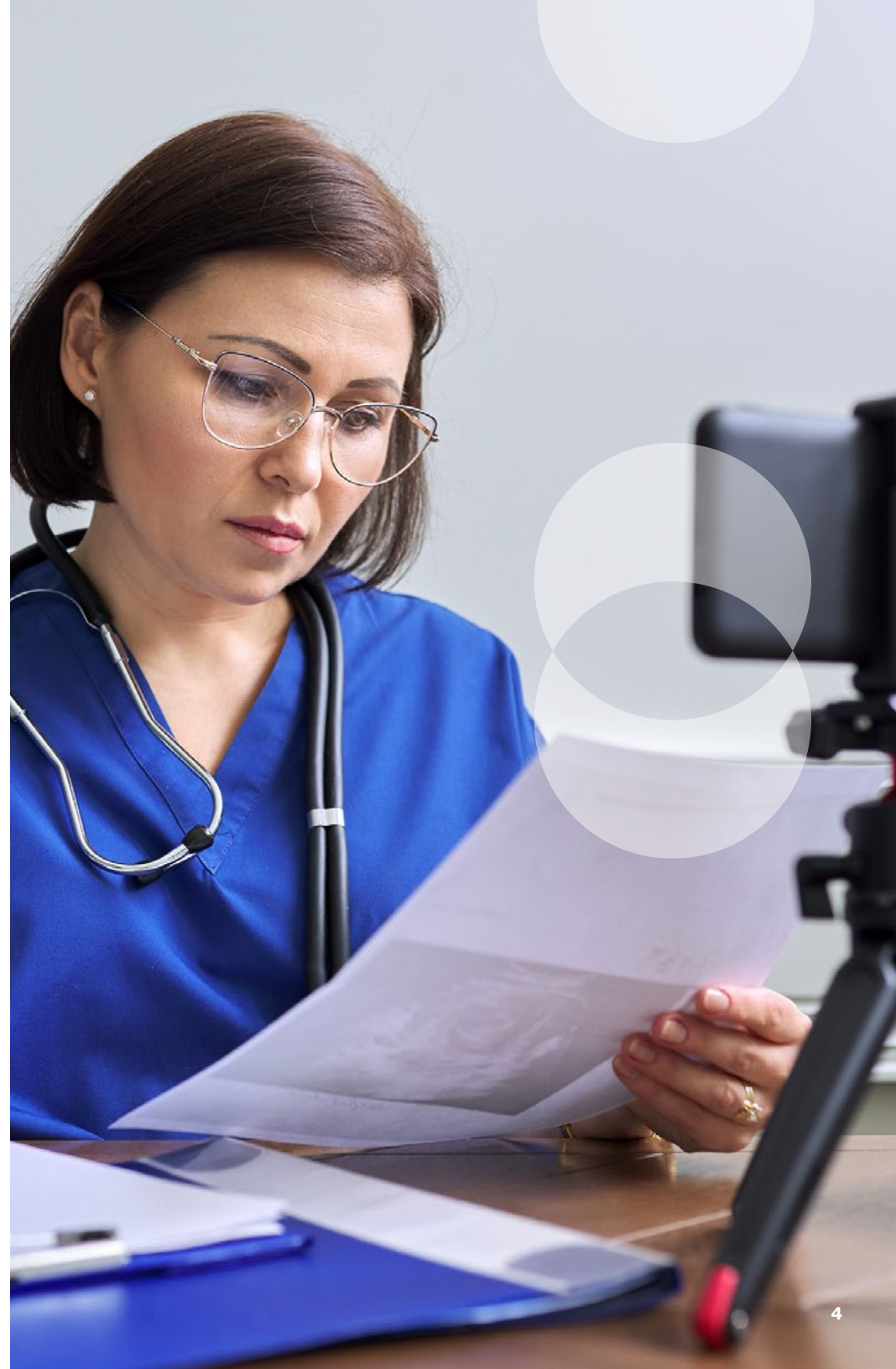
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# Key Findings

- Most nurse educators agree that some theory courses and some basic elements of clinical and lab training can be done online. However, virtual training and simulations fall short of preparing nursing students for the job. Students need in-person training for most lab and clinical training to properly develop the skills they need to work as nurses.
- Many nurse educators fear that too much time in virtual classrooms and simulations limits the development of nursing students' social and emotional skills, like resilience, communication, and adaptability.
- Nurse educators commonly indicate that students need in-person learning opportunities to help build competency and critical thinking skills, which in turn create the confidence that's essential to sound decision-making in emergency situations.
- Despite their shortcomings, online learning tools are likely here to stay, according to most nurse educators. These tools can be especially useful in theory courses and make learning flexible and more accessible for some students.
- Some nurse educators report needing more resources, support, and training to optimize the quality and delivery of online learning. They indicate that the rapid shift to online learning posed many challenges, especially for educators with little experience with digital teaching tools.





# Introduction

Experiential learning (EL), or learning by doing, lets students train in real-life settings.<sup>1</sup> It helps them develop their technical and social and emotional skills (SES), discover career options, and set goals.<sup>2</sup> Traditionally, EL takes place in person, and students develop skills through hands-on practice.<sup>3</sup> But the COVID-19 pandemic forced many programs that include EL to find alternative ways to deliver education.<sup>4</sup>

Nursing programs in Canada—which tend to contain many EL components—were not immune to this shift.<sup>5</sup> In many places, nursing education had to change quickly from in person to online so students could continue learning through the pandemic.<sup>6</sup> This scenario provided a unique opportunity to understand whether EL can be done virtually and to identify new approaches that could be used even without pandemic-related lockdowns.

This briefing summarizes insights from interviews with 20 nurse educators teaching in bachelor of nursing (BN) and bachelor of science in nursing (BScN or BSN) programs across Canada. In the interviews, we asked about the impact of the pandemic on training and how students were affected by shifts to online learning. (For more information on our methodology, see [Appendix A](#).)

1 Grace and others, “Experiential Learning in Nursing and Allied Health Education.”

2 Cheng and others, “Experiential Learning Program to Strengthen Self-reflection and Critical Thinking.”

3 Burch and others, “A Meta-analysis of the Relationship Between Experiential Learning and Learning Outcomes.”

4 Rhoda, “An Overview of Experiential Learning in Nursing Education”; and Bieler, *Work-Integrated Learning in the Post COVID-19 World*, 2.

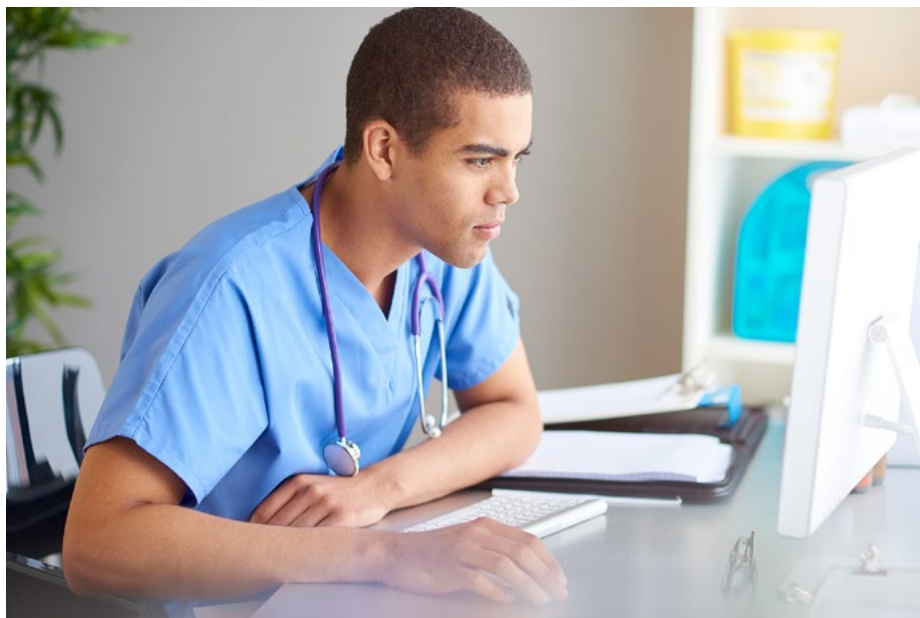
5 Saba and Blanchette, *Small and Medium-Sized Employers*, 21.

6 Wallace and others, “Nursing Student Experiences of Remote Learning.”



We find that though some nursing education programs in Canada were using virtual tools for education delivery before the pandemic (e.g., in theory courses), the onset of the pandemic increased reliance on them.<sup>7</sup> These tools can supplement in-person learning and allow educators to connect with students. But many educators feel that these tools can't fully replicate the benefits of hands-on learning in labs and clinical placements, which remain critical for student success and skills development.

Most nurse educators suggest that despite the shortcomings of online tools like virtual simulations and videoconferencing software, they will continue to be used. Delivering theory courses, holding office hours, and conducting some basic elements of lab and clinical placements can be done virtually with little negative impact on skills development.



7 Gordon and McGonigle, *Virtual Simulation in Nursing Education*, 72; and Tomietto and others, "Nursing Education."

## Going Virtual

**Most nurse educators say that they used videoconferencing and virtual simulation tools more due to the pandemic. They suggest that despite the limitations of these tools, they're likely here to stay.**

Nurse educators often indicate that the increased use of digital tools is helpful in some settings. It's most successful for delivering theory courses, providing office hours over videoconferencing platforms (e.g., Zoom and Microsoft Teams), and using simulation software to introduce clinical experiences or to complement concepts taught in person.<sup>8</sup> Many nurse educators say that they'll continue to use these tools in the future given the flexibility they offer students. Yet, some nurse educators highlight the limitations of continued use of virtual learning.<sup>9</sup> For instance, a few nurse educators suggest that this type of education can leave out students with limited access to a computer or laptop or broadband Internet.

Most nurse educators underline that virtual learning can't compare to hands-on skills development in labs and clinical settings<sup>10</sup> because they feel that technology can't yet mimic the variability of real-life situations.<sup>11</sup> Many educators find it difficult to teach and support skills development virtually, as they're unable to closely supervise the learning of these skills through a screen.<sup>12</sup> They also find it hard to engage with students as many students leave their cameras off during live sessions and don't participate in discussions.

8 Dewart and others, "Nursing Education in a Pandemic"; and Wallace and others, "Nursing Student Experiences of Remote Learning."

9 Bogossian, McKenna, and Levett-Jones, "Mobilising the Nursing Student Workforce in COVID-19."

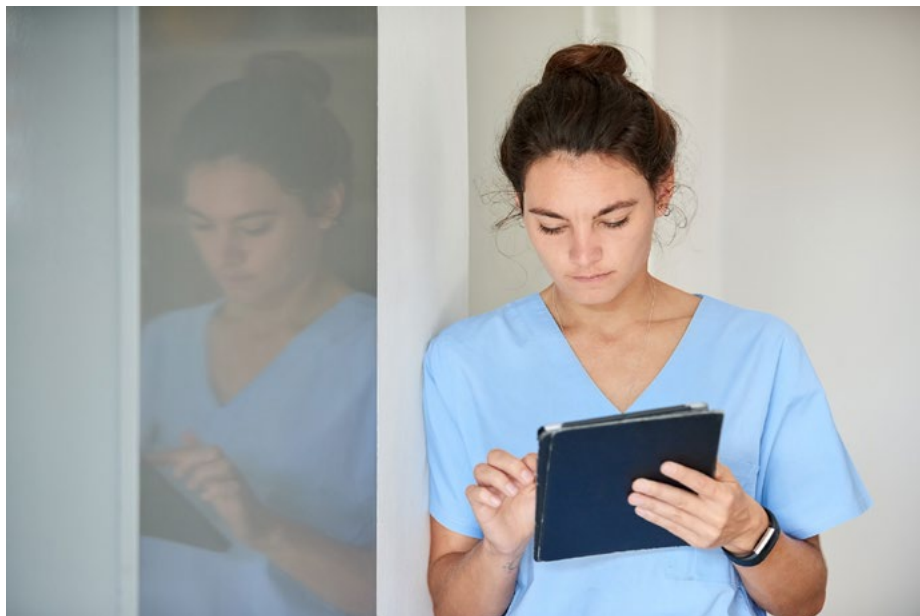
10 Carolan and others, "COVID 19: Disruptive Impacts and Transformative Opportunities."

11 Sessions, Ness, and Mark, "Exploring the Experiences of Nursing Faculty."

12 Eycan and Ulupinar, "Nurse Instructors' Perception Towards Distance Education."

Some educators think that in a virtual environment, students have lower accountability, feel entitled to special treatment, and are more likely to cheat on exams and tests in a virtual environment.<sup>13</sup> If this is the case, nurse educators are concerned that students preparing for licensing exams and transitioning into practice will potentially be inexperienced or underprepared practitioners.<sup>14</sup>

These concerns about academic dishonesty seem to be warranted. Recent studies that look at academic integrity among students in online settings during the pandemic note increased rates of dishonesty and cheating on tests.<sup>15</sup>



## Social and Emotional Skills

**Bedside manner and navigating high-stress situations require SES like adaptability and communication. These skills can be tough to develop online.**

Nurse educators often find that nursing students' SES development has been negatively impacted by the pandemic for two reasons: pandemic-induced anxiety and an overreliance on virtual learning.<sup>16</sup> They perceive that students are more easily overwhelmed and less resilient than students were before the pandemic.<sup>17</sup> As such, they struggle to adapt to changes to their courses and new ways of learning.<sup>18</sup> This finding is especially concerning to most nurse educators as adaptability and resiliency are also important SES.<sup>19</sup> New nurses need these skills as they begin their careers because they can face scenarios they didn't experience in clinical education.<sup>20</sup>

Educators consistently feel that moving EL online has impacted nursing students' development of other SES, such as verbal communication, because of an overreliance on virtual tools. Some educators worry about how a lack of communication and listening skills—which are often developed through EL components of nursing education—could negatively affect students' abilities on the job.<sup>21</sup>

If new nurses lack these SES, they may not be able to establish trusting relationships with patients, collaborate and communicate as part of a healthcare team, or manage their own emotions in high-stress environments.<sup>22</sup> Strong SES can help new nurses regulate their own wellness and lead to better patient outcomes, higher retention, and lower levels of burnout.<sup>23</sup>

13 Comas-Forgas and others, "Exam Cheating and Academic Integrity Breaches."

14 Keener and others, "Student and Faculty Perceptions."

15 Janke and others, "Cheating in the Wake of COVID-19"; and Bilen and Matros, "Online Cheating Amid COVID-19."

16 Michel and others, "Undergraduate Nursing Students' Perceptions on Nursing Education."

17 Fitzgerald and Konrad, "Transition in Learning During COVID-19."

18 Majrashi and others, "Stressors and Coping Strategies Among Nursing"; and Oducado and Estoque, "Online Learning in Nursing Education."

19 "Supporting the Health and Professional Well-Being of Nurses."

20 Participant interview.

21 Amsrud, Lyberg, and Severinsson, "Development of Resilience in Nursing Students."

22 Burch and others, "A Meta-analysis of the Relationship Between Experiential Learning and Learning Outcomes"; Cheng and others, "Experiential Learning Program to Strengthen Self-reflection and Critical Thinking"; and Coker and others, "Impacts of Experiential Learning Depth and Breadth."

23 "Supporting the Health and Professional Well-Being of Nurses."

## Confidence

Confidence is an important aspect of nursing. Nurses must often perform in high-stress scenarios and make difficult decisions that could change a patient's life.<sup>24</sup>

The majority of nurse educators believe that hands-on, in-person practice in clinical and lab settings is vital for students to develop confidence.<sup>25</sup> They believe the limited opportunities for this type of learning due to the pandemic leaves students feeling less confident than they were before the pandemic.<sup>26</sup> Some educators share how this perceived lack of confidence can lead to impostor syndrome—an experience where you don't believe you're as competent as others think you are—as students transition to a clinical setting. Feeling like an impostor can lead to stress as well as feelings of inadequacy, anxiety, and, in severe cases, burnout.<sup>27</sup>

Most educators we spoke to feel that the pandemic's impact on nursing education won't affect students' hands-on skills and confidence in the long run because students will develop these once on the job. However, less in-person education could impact new graduates' workplace readiness, meaning new nurses may have less competence and confidence as they enter the workforce.

Some disagree with this sentiment, as they believe students' clinical hands-on skills and confidence have suffered in comparison to those who graduated before the onset of the pandemic. These educators believe the shortcomings in training will have lasting impacts on these students' abilities and confidence throughout their careers.

24 Ibid.

25 Participant interview.

26 Amsrud, Lyberg, and Severinsson, "Development of Resilience in Nursing Students."

27 Park and others, "Web-Based Experiential Learning Strategies."

## Resources for Nurse Educators

Supporting educators is a recipe for student success.

Many educators express that being unfamiliar with virtual teaching has made it difficult for them to recreate in-person lessons in an online environment. Some describe not being used to software programs, while others describe being unsure about how to engage students online.<sup>28</sup> Some educators who felt unprepared for the rapid shift to online teaching hope to receive digital skills training to help them deliver quality online courses in the future.<sup>29</sup>

Most educators feel overwhelmed and burnt out from the effort required to provide quality online content.<sup>30</sup> Because some nurse educators are also active nursing professionals, they say that the threat of staff burnout is particularly severe.<sup>31</sup> They often emphasize the importance of preventing burnout before more educators and practitioners leave the profession.<sup>32</sup>

Making sure that educators have the tools they need to adapt their knowledge and lessons to a virtual environment will foster a learning landscape that promotes skills development.<sup>33</sup> Effective teaching makes for effective learning.<sup>34</sup>

28 Participant interview.

29 Participant interview.

30 Peng and others, "The Impostor Phenomenon Among Nursing Students and Nurses."

31 Nowell and others, "Perceptions and Nursing Demands and Experiences"; and Statistics Canada, "Experiences of Health Care Workers During the COVID-19 Pandemic."

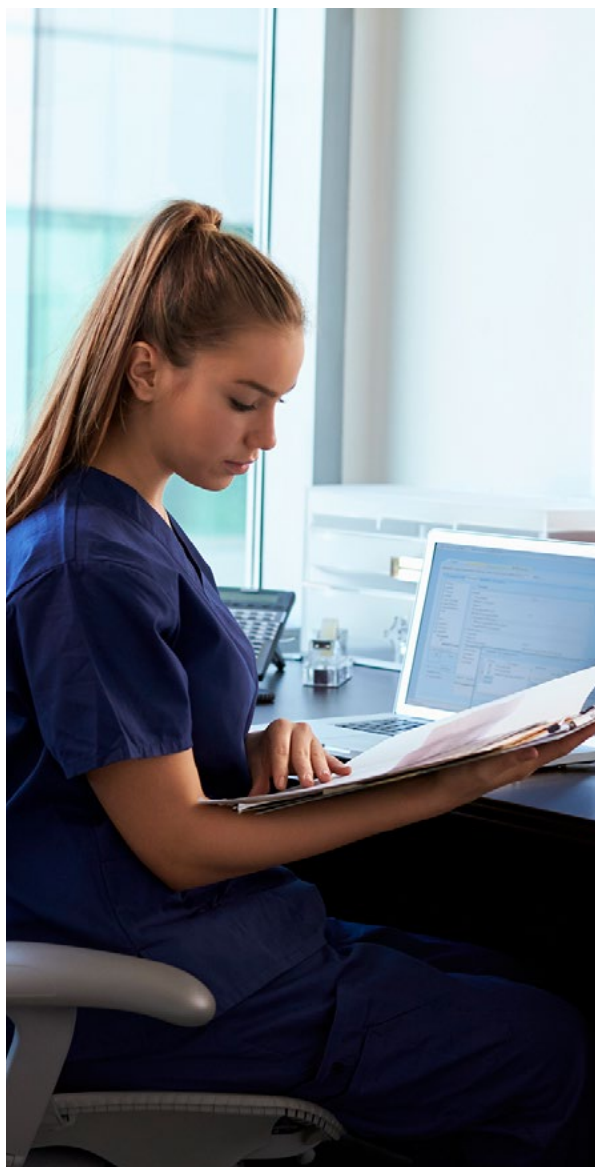
32 Participant interview; Ulrich, Rushton, and Grady, "Nurses Confronting the Coronavirus"; and Ulrich and others, "Critical Care Nurse Work."

33 Statistics Canada, "Job Vacancies"; Richardson and North, "Transition and Migration to Online Learning Environment"; and Swaminathan and others, "Evaluating the Effectiveness of an Online Faculty Development Programme."

34 Horntvedt and others, "Strategies for Teaching Evidence-Based Practice in Nursing Education."



# Where Do We Go From Here?



To better understand how the pandemic has affected nursing education in Canada, we need to incorporate varying perspectives. We want to further investigate how EL happens in virtual settings and how learners are impacted by this shift in teaching and learning.

To build on the themes identified in this briefing, we will conduct interviews with both recent nursing graduates who are currently working as well as industry experts, like hospital administrators and simulation experts. These interviews will help us better understand what tools and techniques best support student learning and success as we navigate the pandemic and the future of education.

Findings from this work could help post-secondary leaders decide what investments they should make to promote student skills development in programs that have traditionally relied on in-person EL.

Investing in technologies and innovations that can better support the delivery of EL through virtual learning is important. Despite their current shortcomings, virtual tools could potentially support EL for rural and remote populations and be scaled to reach a broader scope of learners.

The continuing effects of the pandemic in Canada demonstrate the need to prepare for future events that might impact our ability to congregate in person. Investments in solutions for virtual EL can help educational institutions prepare for future scenarios to reduce disruptions to learners and educators.

Making the right investments now can help Canadian post-secondary institutions graduate confident students who become competent professionals.

# Appendix A

## Methodology

### Background

This project was developed to explore the challenges, opportunities, and innovations related to experiential learning (EL) during the COVID-19 pandemic. We focused on nursing education as a case study to understand how the pandemic has impacted skills development in programs that have large EL components. We examined whether the pandemic has caused significant changes to in-person teaching and hands-on learning, if any new tools or opportunities resulted from these changes, and if these changes impacted student skills development. In addition, we explored how nurse educators perceived these changes to affect students and their workplace readiness.

### Interviews

We conducted virtual semi-structured interviews with 20 nurse educators from across Canada, including clinical instructors, course instructors, and clinical coordinators. We limited our sample to anyone who taught in a bachelor of nursing (BN) and/or bachelor of science in nursing (BScN or BSN) program in the 2020–21 academic year. To recruit participants, we created a general information landing page to provide prospective interviewees with context of the project. This page was shared with an invitation to participate through The Conference Board of Canada’s mailing list. Our Research Advisory Board, made up of a diverse group of Canadians with expertise relevant to the project, also supported recruitment by sharing with their networks information about the project and our need for participants. In some instances, we also used snowball sampling to obtain referrals from interviewees for additional participants.

Before the interviews took place, participants were asked to self-identify by province and post-secondary institution to indicate where they were employed at the time of data collection. Our interview sample consisted of the following:

Table 1

	Men	Women
Alberta	0	1
British Columbia	1	0
New Brunswick	0	2
Nova Scotia	0	1
Ontario	0	10
Quebec	1	0
Saskatchewan	0	4

Sources: The Conference Board of Canada; Statistics Canada.

The research project team worked over several months to recruit people of all genders to represent the Canadian nurse educator population. We acknowledge that the lack of regional diversity is a limitation of this study.

Interview questions were divided into four sections:

- Introductory questions
- Course delivery
- Workplace transitions
- Opportunities, challenges, and reflections

The interviews were anonymized and transcribed before being coded and analyzed using NVivo. To analyze the data, we used a focused coding approach and developed the codebook based on emergent themes in the interviews and literature review. The project team held weekly coding reliability and update meetings to ensure sound analysis throughout the coding and analysis processes.

To protect the identity of research participants, we often refer to them in aggregate as “some” or “many.” When 10 or more (50 per cent or higher) participants express a common theme, we refer to them as “many” or “most” or using adjectives such as “commonly.” When 9 or fewer (less than 50 per cent) participants express a common theme, we refer to them as “some.” This breakdown for each demographic group is as follows:

Table 2

Aggregate terms	Number of participants
“Some”; “a few”	5–9 participants
“Many”; “most”; “often”; “commonly”; “the majority”; “consistently”	10+ participants

Sources: The Conference Board of Canada; Statistics Canada.



## Appendix B

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Katrina Campbell, Rachel Smith

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