


NURSING TEACHING IN COVID-19 TIMES: HOW TO REINVENT IT IN THIS CONTEXT?

Roberta Costa¹ 


Monica Motta Lino¹ 

Ana Izabel Jatobá de Souza¹ 

Elisiane Lorenzini¹ 

Gisele Cristina Manfrini Fernandes¹ 

Laura Cavalcanti de Farias Brehmer¹ 

Mara Ambrosina de Oliveira Vargas¹ 

Melissa Orlandi Honório Locks¹ 

Natália Gonçalves¹ 

¹Universidade Federal de Santa Catarina, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

200 years after the birth of Florence Nightingale, the world society lives a moment indicated by epidemiologists as one of the greatest health challenges on a global scale of this century: an ongoing COVID-19 pandemic.¹ In the period in which Brazil is complying with the determinations of social distancing and, when diverse sectors of the economic activity are adjusting to the new measures, it is also imperative to reflect on the impact of this scenario on the educational system, and especially on university education in Nursing.

The abrupt interruption of previously planned activities in face-to-face classes, which combine theoretical and practical activities, generates impacts in the short, medium, and long terms for all school levels. Especially, the socioeconomically vulnerable populations will be more affected and among the possible repercussions will be the accentuation of social inequalities for access to essential goods and services like education, among others. School dropout indicators may significantly increase what retro-feeds the aforementioned repercussions.²

When thinking about face-to-face teaching, the dilemma starts when recognizing students as potential transmitters of the virus, as well as vulnerable to contamination. The teaching models adopted around the world in the COVID-19 pandemic period have at least one feature in common: they were not considered by the academic literature or as Distance Teaching (DT), since there is no material programmed for this modality, nor homeschooling, when the parents start to assume the

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tutoring of teaching. Thus, the term that has been used in the world, and also in Brazil, is described as “emergency remote teaching”.

The University is an environment that presupposes excellence and inclusion, with values which include capacity for innovation, identification and constant search for new paths in order to create new opportunities, careers, and practices in accordance with an innovative vision. Thus, the questions are the following: How Nursing can/needs to reinvent itself in this context? And what is essential to preserve with regard to the nurse’s training process?

The approach of emergency remote teaching in Nursing, and also in other professions, has been little explored technically and theoretically by the scientists, despite the fact that it affects thousands of people in Brazil (and in the world) in a pragmatic way. Since social isolation is necessary, how would the training of Nursing students be? What are the advantages and disadvantages? It is in adversity that strength emerges; therefore, the pandemic’s setback consists precisely in the fact of mobilizing people, institutions, and public power to rethink the paths that have been taken in the scope of higher education, science, and technology, as well as the social and inter-sectorial function itself of Nursing.

In the meantime, countless calls for proposals to foster and encourage research to identify, as soon as possible, strategies for mitigating the virus and its impacts have opened up a range of possibilities for science. Universities and professors in the Nursing area have been working intensively on different fronts, such as research projects, training courses, production of technologies, management committees, guidance for Post-Graduate students, and a multitude of other techno-scientific activities that can be conducted in the home office modality. In addition, now it is also necessary to implement emergency remote teaching strategies in Nursing Graduation courses.

However, the teachers are given the hard task of educating considering the inequalities in access to remote teaching, imposed by the Brazilian epidemiological-social scenario. It is also necessary to reflect on the dilemmas of education prior to the pandemic crisis. In this sense, despite the growth of educational programs in Nursing in countries with different economic and cultural characteristics, the scientific literature does not yet have a body of knowledge to answer how distance training develops skills that involve clinical skills and attitudes for care.³

It is in the practical field that the students develop numerous essential skills for their learning, for the development of clinical expertise and quality training. DT and remote teaching are modalities without insertion in a practical scenario: the experience in the most diverse working environments of the future professional is not availed. Although they appear as alternatives in times of confrontation with COVID-19, they are gaps in the training process.

The fact is that, at the international level, the agencies are asking governments to evaluate the benefits of face-to-face classes versus emergency remote learning and the risk factors related to the reopening of educational institutions and, to date, inconclusive evidence on the infection risks related to non-attendance is observed.²

In this dimension, and as part of the collective work in health, Nursing must share the perspective of health as quality of life and protection against the new coronavirus, of participation and social control, of the integrality of individual and collective health actions and, eventually, of the inclusion in education. Professional training assumes its greatest commitment to the implementation of the public social policies which, in a historical process of consolidating its principles and implementing strategies, requires political and technical training for the full exercise of the constitutional right to health.

The worlds of work and education inter-penetrate the field of professional Nursing education, with different regulations, rules, interests, and practices and, above all, with their underlying theoretical concepts and references. Scientific knowledge and technology, as development matrices, impose models and parameters on the public policies, without these having overcome the old forms of social

exclusion and the economic perspective of dependence, whose repercussions were enhanced due to the relevance of the new coronavirus.

Thus, in the midst of adversity, it is up to the professors, students and families, schools, organized society, higher education institutions and the government, to discuss sustainable and inclusive strategies for all, which ensure technical quality and promote quality professional training and do not cause possible setbacks justified by a completely atypical context.

And how Nursing can/needs to reinvent itself in this context? And what is essential to preserve with regard to the nurse's training process? These are the questions that emerge among the repercussions of the pandemic, specifically, the real and unequivocal need for social distancing. For Nursing to reinvent itself in a context of doubts, fears, and needs imposed by the social realities of each person involved in this process is complex, at the very least. No urgent measure for this process of reinvention, even if it has this character, can lose sight of its side effects, such as widening the gap between what is prescribed and what is real, accentuating the social differences in access to goods and technologies, and supporting exclusive discourses. Reinventing socially compromised Nursing in the public sphere is to offer contextualized responses with the possibilities of its student collective, in an equitable way.

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