

# Editorial: Nursing Education in the Emergence of COVID-19

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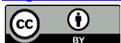
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## Abstract

The COVID-19 pandemic has significantly impacted all nurses and healthcare providers across the world, raising numerous critical questions about the current and future of nursing education. The following editorial attempts to highlight and comment on how to prepare nurses to meet the most critical emerging educational needs amid the COVID-19 pandemic.

## Keywords

Coronavirus Disease 2019, COVID-19, Nursing Education, Pandemic

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In early December 2019, a cluster of pneumonia cases of unknown origin were identified in Wuhan, the capital city of Hubei province in China [1]. The World Health Organization (WHO) has recently declared coronavirus disease 2019 (COVID-19) as the first pandemic caused by a coronavirus that can be controlled [1]. As of May 9, 2020, more than 3.8 million confirmed cases and more than 260,000 thousand deaths had been reported globally [2].

Traditionally, Nursing education, it is all about utilizing cognitive, affective, and psychomotor learning domains through structured healthcare education [3]. However, the traditional teaching methods may not meet the emerging needs during major public health crises such as the recent outbreak of COVID-19.

In a recent article in NEJM, Mr. Bill Gates states, “Leaders have two important responsibilities in times of crisis: to solve the immediate problem and keep it from happening again. The first point is more pressing, but the second has crucial long-term consequences.” So how can nurse educators support the frontline healthcare providers while fighting COVID-19, and how can they tailor their educational activities to meet these emerging challenges?

## **So, how nurse educators can help?**

### *Safety First*

Nurse educators must tailor their education to meet emerging priorities. The recent experience in terms of responding to the challenges of COVID-19 demonstrates that nurse educators are dynamic in supporting the following training activities:

- Fit testing for N95 masks.
- Donning and doffing of personal protective equipment (PPEs).
- Nasopharyngeal and oropharyngeal sample collection re-validation.
- Visual triage and algorithm awareness sessions.

This support is not limited to nurses and midwives but extends to other key healthcare and supporting staff such as (physicians, respiratory therapists, pharmacists, nursing aids/patient care attendants, and housekeeping). It has also been necessary to build in “follow up” activities to provide some assurance that education is impacting positively in practice areas.

### *Returning to the bedside*

With the recent outbreak of COVID-19; many hospitals have faced a massive shortage of nurses and they have had to look at other groups of staff for supporting healthcare needs such as nurse educators. Being a nurse educator means that you should maintain your clinical skills while providing clinical education, and it's expected to be able to resume the bedside role whenever it is required, the clinical educators can support the nursing needs by doing bedside roles easily as they are always engaged in the clinical area. However, a re-orientation on operations and regular workflow may be required, doing the bedside role may be quiet challenging for the educators who are not involved in the clinical practice so re-orientation will be necessary.

As the pandemic continues and intensifies, many countries (e.g., UK) tried to expand their nursing and midwifery workforce by the establishment of Covid-19 temporary register for final-year nursing students, retired nurses, and overseas applicants [4]. This temporary deployment created more emerging needs to develop appropriate conditions of practice to ensure adequate safeguards for nurses.

### *Transition to Online Teaching*

Online learning in nursing education has had a significant impact on the role of the nurse educator [5]. Many nurse educators who are asked to make this transition often have no or limited experience in developing curriculum for online courses. With the recent COVID-19 outbreak, there is an urgent need to support nurses and other healthcare providers with up-to-date evidence on how to assess, diagnose, and follow-up patients with COVID-19 as well as the updates on the appropriate standard precautions.

### *Community Awareness*

Globally, the battle against COVID-19 is still ongoing. To guarantee that we will win this battle, people's adherences to infection control measures are crucial. Nurse educators are playing an important role in raising the awareness of the community about COVID-19 by challenging fake news and misinformation.

Social media is a fertile ground for fake news and misinformation about COVID-19, nurse educators can help by sharing the genuine resources with their community [6].

In conclusion, nurse educators must be equipped with evidence to support frontline nurses during major events such as the COVID-19 pandemic. Essential skills for nurse educators, such as online teaching, assisting infection control practices, as well as maintaining their clinical skills, are typically required during crisis events.

### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

### References

- [1] Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., *et al.* (2020) Clinical Features of Patients Infected with 2019 Novel Coronavirus in Wuhan, China. *The Lancet*, **395**, 497-506. [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5)
- [2] World Health Organization (2020) Coronavirus Disease (COVID-2019) Situation Reports (110). WHO, Geneva. [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200509covid-19-sitrep-110.pdf?sfvrsn=3b92992c\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200509covid-19-sitrep-110.pdf?sfvrsn=3b92992c_4)
- [3] Nursing & Midwifery Council (NMC) (2020) Covid-19 Temporary Registration. <https://www.nmc.org.uk/news/coronavirus/temporary-registration/>
- [4] Yilmaz, D.U., Tuncali, S.H. and Yilmaz, Y. (2020) Nursing Education in the Era of Virtual Reality. In *Virtual and Augmented Reality in Education, Art, and Museums*, IGI Global, Hershey, 47-70. <https://doi.org/10.4018/978-1-7998-1796-3.ch003>
- [5] Johnson, A.E. (2008) A Nursing Faculty's Transition to Teaching Online. *Nursing Education Perspectives*, **29**, 17-22.
- [6] Jackson, J., Fraser, R. and Ash, P. (2014) Social Media and Nurses: Insights for Promoting Health for Individual and Professional Use. *OJIN: The Online Journal of Issues in Nursing*, **19**, 2.