REUFPI
Revista de Enfermagem da UFPI
ISSN 2238-7234

EXPERIENCE REPORT

Teaching experiences during the covid-19 pandemic: chronicles of a crisis
Vivências docentes durante a pandemia da covid-19: crônicas de uma crise
Experiencias docentes durante la pandemia de covid-19: crónicas de una crisis

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ABSTRACT
Objective: to report the experience of professors of undergraduate nursing courses in the North Region about remote education during the pandemic of COVID-19. **Method**: this is an experience report on emergency online teaching, experienced by professors of undergraduate nursing courses during the COVID-19 pandemic. **Results**: the interruption of the face-to-face modality led students and professors to the online emergency teaching modality, which required the adoption of little or never used technological resources. In this sense, professors began to have positive and negative experiences and had to lead the teaching-learning process in a remote format. In experiences, classes, activities, and evaluations are (re) modeled. **Conclusion**: the professors' experiences were restructuring, as they had to organize in another way to cope with remote education. Between positive aspects (of lesser intensity) and negative aspects (of greater intensity), the professors were challenged by the need to ensure continuity of class schedules, maintaining the online mode.
Descriptors: Education. Technology. Nursing

RESUMO
Objetivo: relatar a vivência de docentes de cursos de graduação em enfermagem da Região Norte acerca do ensino remoto em meio à pandemia da COVID-19. **Método**: trata-se de um relato de experiência sobre o ensino remoto emergencial, vivenciado por docentes de cursos de graduação em enfermagem durante a pandemia da COVID-19. **Resultados**: a interrupção da modalidade presencial levou estudantes e docentes à modalidade ensino remoto emergencial, que exigiu adoção de recursos tecnológicos pouco ou nunca experimentados. Nesse sentido, os docentes passaram a vivenciar experiências consideradas positivas e negativas e tiveram que dar conta do processo ensino-aprendizagem no formato remoto. Nas vivências, aulas, atividades e avaliação são (re) modelados. **Conclusão**: as vivências dos docentes foram reestruturantes, pois tiveram que se organizar de outra forma para dar conta do ensino remoto. Entre pontos positivos (de menor intensidade) e negativos (de maior intensidade), os docentes foram desafiados diante da necessidade de assegurar a continuidade dos calendários de aulas, mantendo a modalidade remota.
Descritores: Educação. Tecnologia. Enfermagem.

RESUMÉN
Objetivo: relatar la experiencia de docentes de cursos de graduación en enfermería de la Región Norte acerca de la enseñanza remota en medio a la pandemia de COVID-19. **Método**: se trata de un relato de experiencia sobre la enseñanza remota de emergencia, vivido por docentes de cursos de graduación en enfermería durante la pandemia de COVID-19. **Resultados**: La interrupción de la modalidad presencial llevó a los estudiantes y docentes a la modalidad de enseñanza remota de emergencia, que exigió la adopción de recursos tecnológicos poco o nunca usados. Em este sentido, los docentes pasaron a vivir experiencias consideradas positivas y negativas y tuvieron que lidiar con el proceso enseñanza-aprendizaje en el formato remoto. En las experiencias, clases, actividades y evaluaciones son (re) modelados. **Conclusión**: las experiencias de los docentes fueron reestructuradoras, pues tuvieron que organizarse de otra forma para enseñar remotamente. Entre puntos positivos (de menor intensidad) y negativos (de mayor intensidad), los docentes fueron desafiados frente a la necesidad de asegurar la continuidad de los calendarios de las clases, manteniendo la modalidad remota.
Descriptores: Educación. Tecnología. Enfermería.

INTRODUCTION

On February 11, 2020, WHO formally named the disease caused by SARS-CoV-2 as COVID-19[2]. With a broad clinical spectrum, the symptoms of COVID-19 can range from a simple cold to severe lung infections, and the main symptoms reported are high fever, myalgia, asthenia, diarrhea, shortness of breath, Severe Acute Respiratory Syndrome (SARS), with many lethal cases and a mortality rate between 2 and 3%[1-4].

In Brazil, the first recorded case was in São Paulo, on February 26, 2020, and since then, with the pandemic underway, countless impacts are being felt in all segments of society. The health sector collapsed from primary care to the tertiary level of assistance, given the challenges faced by COVID-19 added to the chronic problems of financing, structure, and management[5].

With the contagion curve of the disease growing exponentially, health authorities implemented social distancing policies, defined as the only measure to contain the spread of COVID-19[6]. However, this measure has had many impacts on people's lives at different levels. Regarding the educational aspect, the school environment has become one of the spaces most feared by students and professors, as the multiplicity and heterogeneity of bonds built in this space now become a threat to the spread of SARS-CoV-2, making it imperative to reflect on the impacts of the pandemic on the educational scenario in the short, medium and long term[7].

The interruption of the face-to-face modality led students and teachers to the online emergency teaching modality, seen by professors and students as a new way of dealing in the academic sphere, making the teaching-learning process even more challenging[7-8].

This study aimed to report the experience of professors of undergraduate nursing courses in the North Region about remote education during the COVID-19 pandemic.

METHOD

This is an experience report on online teaching in higher education in nursing due to the COVID-19 pandemic. There are positive and negative aspects felt by professors from Higher Education Institutions (HEIs). The report emphasizes the experiences of three nurse professors of undergraduate nursing courses in HEIs located in the capital of the state of Pará, who adhered to online classes to guarantee academic activities.

RESULTS

Training and Expectations among the professors

Regarding the training to deal with remote education, we highlight that after the decrees that interrupted face-to-face education, training on the use of digital platforms was carried out for one week. The professors were exactly one week without classes. The HEIs held meetings to deal with remote education, and in "record" time, professors began to teach classes through digital platforms. After the beginning of the classes, to facilitate the work process, the professors began to share information in WhatsApp groups. In these groups, they also shared doubts, and very quickly some of them were already teaching others the little they had learned. If any professor manifested having a problem, in the group he reported how he had overcome it, so the others were learning from the problems experienced by others.

When adopting remote education from March 2020, the professors underwent a didactic reorganization process and the teaching plans were adjusted to integrate technology into the teaching-learning process, which required a fast adaptation and deconstruction of individual beliefs. Professors needed resilience more than ever to continue with the training process, recognizing their social role in the training of nursing professionals. The expectations were for moments of construction between professors and students, creating an environment of extension of the physical classroom since before the pandemic, bonds had already been built in the face-to-face moments. However, the reality experienced was quite different.

Reality and Challenges in the Remote Classroom

The technology was the first challenge. It was necessary to appropriate digital platforms to teach classes and think about teaching strategies that could mediate learning. From that moment on, other variables that did not make such a difference in face-to-face teaching became decisive for the smooth running of remote classes such as the use of platforms, internet access, availability, and quality of equipment.

The HEIs programmed the classes in a synchronous format, and students and professors connected simultaneously in virtual rooms through digital platforms such as Microsoft Teams and Goggle Meet. This model seeks similarities with the face-to-face format and allows greater interaction between the class and the professor, bringing an interactive character. Despite this, the classes were recorded and available so that the student could access the taught content asynchronously.

During the classes, we noticed the difficulty of the professors in keeping the students engaged. After the classes, there was a feeling of methodological insufficiency, which made the professors search for mobilizing teaching strategies that, enhanced by the technological tool, allowed greater immersion in the virtual environment in an interactive way, making the classes more attractive and increasing and engaging of the students.

The cameras turned off, the lack or little interaction of students during classes, whether through audio or chat made professors feel lonely, wondering if they were good teaching. In the first months, they made an effort, tried to find strategies to interact with the students, but at a certain time, many of them stopped trying or blaming themselves for not succeeding. There were classes in which two or three students were present, and sometimes without any students in the classroom. When

questioned, the students reported difficulty of access and lack of equipment, so many chose to attend only the recorded and available classes. There were also episodes in which the difficulties to use the platform, access the internet, and some other aspects, generated discussions or conflicts during classes.

The activities for the students were based on methodologies that stimulate critical-reflective thinking, inserting possibilities for solving health problems aimed at nursing care. This was one of the ways found by the professors to meet the interruption of practical activities. We observed that each student had a different relationship with the technological tool, and different students have different needs, showing the gap in the use of technologies for educational purposes.

The professors resorted to numerous strategies such as the use of game-based platforms such as Kahoot, which allows the content to be interactively approached, crossword puzzles, word searches, production of mind maps, exploitation of the Google Apps Platform resources (Meet, Hangouts, Jamboard, Cloud Search, Podcasts), and also surveys and exercises through Google Forms. These tools enabled the development of content in an interactive and fun way. Gamification was another strategy used to motivate students to participate in classes, increasing their engagement and interaction in classes.

The assessments also needed some adaptations from the face-to-face model to a model that would allow a diagnosis of the gaps that were not filled during remote teaching. To this end, new assessment models were designed to stimulate student's creativity and critical capacity.

Some professors adopted a scoring system that considers aspects such as attendance in classes; student participation through chat or audio; meeting the activity deadlines set by the professor. They sent scoring rankings weekly to the class as feedback on compliance with the rules. The students with the highest score received bonuses, increasing some deadlines, among other possibilities.

Positive and Negative Aspects from the Professors´ perspective

The reality showed that the remote modality in an emergency is not limited to the adequacy of the contents, previously thought for face-to-face classes. As a short-term measure, it is necessary to adopt strategies that have not yet been experienced, especially those related to teaching platforms. Teachers needed to (re) invent themselves, looking for pedagogical approaches that could preserve the quality of teaching, and awaken student engagement and motivation.

From the perspective of professors, working online is challenging. Being at home and trying to establish a work routine is sometimes confusing; having to separate the personal and professional life is sometimes impracticable. Professors felt much more mentally tired. The impression was that the work was never-ending. All of this was enhanced by social isolation, of being unable or restricted from leaving the house, which only contributed to the increase in stress.

From the shared experiences, we listed positive and negative aspects, the most striking and frequently felt and perceived by the professors (Chart 1).

Pontos positivos
- Opportunity to teach using new methodologies with digital platforms
- Maintenance of institutional links
- Organization and use of spaces for sharing and exchanges among professors
- Extensive offer and participation in online events
- Protection during the pandemic, being able to maintain social isolation, preventing the transmission of the virus
- Do not interrupt the training, given the importance of new professionals in this epidemiological context.
- Reinventing within teaching
- Discover new skills and teaching possibilities with new technologies.

Pontos negativos
- Excessive computer exposure time
- Decreased interaction with students
- Poor quality Internet in general
- Difficulties to have space at home to develop classes in comfort and quiet environment.
- Increased financial costs, as it was necessary to make investments at home to improve the quality of classes.
- Increase in the number of students in the class
- The decrease in workload in the subjects
- Decreased professor workload
- Compete with social networks, we are never sure that students are in the classroom.
- Tiredness, we have no idea why, but teaching an online class is much more tiring than a face-to-face class
- Fragility in formative assessment, it is very difficult to apply this type of assessment without proximity, face-to-face exchange, "eye to eye", communication and body language.
- School dropout.

DISCUSSION

The only tool used is the technology and the professor now in a virtual learning environment will have to conduct his teaching methodology seeking to maintain the link between the educator and the class[8]. In other countries such as China, some investments attended around 240 million students with access to virtual platforms for online classes. However, even with these measures, surveys concluded that the impacts of the pandemic on education in that country will be irreversible[7,9].

In the medium term, school dropout and loss of quality in higher education teaching are concerns of educators and HEIs. School dropout has been expected and, according to experts, intersectoral measures are needed to support students' families[10].

The regulation of the remote modality occurred through ordinances of the Ministry of Education, a situation that considerably affected the courses in

the area of health and in particular those in nursing. With this new scenario, the concern of the academic community with the quality of the theoretical and practical formative process of future professionals emerges, and also the development of skills and expertise necessary for the profession[7,8].

With all these challenges, we need to reflect on the long-term impacts and how they will impact society, considering that education has a strong influence on social transformations. Therefore, we need to consider the concepts closely related to such impacts[11].

Agencies in several countries are requiring government agencies to carry out studies to assess positive and negative aspects between the classroom and online emergency classes. There are risk factors in the reopening of the HEIs that have to be considered, but there are no movements in this direction[12].

In the nursing area, the question is: Can we/Do we need to reinvent in this context? We need to establish a debate to consider the repercussions of the pandemic, and that also encourages reflection on the consequences of social detachment. However, as nursing is going to reinvent itself in a context of doubts, fears, anxieties imposed by the social realities of each person involved in this process, it is at least complex[13].

Another relevant aspect that professors faced in the period was to enable both equities of access and continuity of studies in the transition between the classroom and online emergency classes. One of the issues raised was about welcoming the needs and difficulties of students to be able to get involved and actively participate in remote education. The orientation of the teaching staff in the impasses and limits of the students was important to get into remote teaching. Such initiatives helped students in the transition imposed by the social distancing adopted as a priority measure to face the pandemic[14].

Several variables need to be considered so that the decisions of the HEIs are appropriate to reality and such decisions require the gathering of information from the academic context. Some of these relevant variables are the ratio between the number of computers available and the number of people who need to use them; the repertoire of the professors and students to use digital platforms; the characteristics of the work and study environment; the student's available time to participate in classes; the expectations involved in the teaching-learning process; the learning objectives and distance between professors and students; the teachers' conditions to plan and implement activities; and the teachers' conditions to assess student learning[15].

Due to such complexity of this transition, we need to monitor the health of education professionals, both during remote education and after returning to face-to-face activities. We recommend adopting a collective health and worker health surveillance approach and the implementation of multiple construction strategies, which maintain participatory interfaces with the representative bodies of the teaching category[16].

CONCLUSION

The professors´ experiences were restructuring as they had to organize themselves in another way to cope with online education. Between positive aspects (of lesser intensity) to negative aspects (of greater intensity), the professors were challenged in the need to ensure the continuity of class schedules, maintaining the remote mode.

The return to school activities in a face-to-face format still depends on several factors dictated by the pandemic. What we know is that it will come surrounded by a series of health recommendations that will transform the school routine into a "new normal", making that this space is probably no longer recognized by students and professors.

The scenario still makes the continuity of class schedules important, maintaining the online mode for some time yet. This strategy must be safe and responsible, ethical and solidary, towards students, professors, and administrative staff of the HEIs. We should consider and support the new modalities but also guarantee training and access, which requires robust plans by the HEIs based on the needs of the community, considering that the return of classes to the patterns of normality before the pandemic will be gradual and with a certain degree of difficulty for professors and students.

One of the lessons we have learned from the pandemic is that society can adapt to new models when they are needed. Thus, this should worry us and motivate us to think about new models to be applied in education and health. After all, with the lessons we have learned, we cannot allow ourselves to leave the pandemic, just as we entered it. It will be necessary to think flexibly and innovatively, following the changes in the educational scenario.

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