Nursing Faculties Perception regarding Online Teaching and Learning

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Abstract:-

Background: Most of the nursing educational institutions (schools, colleges, and universities) in India are currently following traditional methods of learning. The sudden outbreak of the Covid-19 pandemic has spread over whole world and compelled the human society to maintain social distancing. As per the UNESCO report, about 14 crores of primary and 13 crores of secondary students are affected which are two mostly affected levels in India.

Aim: The aim of the study is to assess level of nursing faculties perception regarding online teaching and learning. Methodology: A descriptive survey was done on 36 samples using 5-point structured rating scale. Results: The results were analyzed using appropriate statistical tests. The findings revealed that majority of the nursing faculties had positive perception regarding online teaching and learning. Conclusion: hence, it can be concluded that nursing faculties had positive perception regarding online teaching and learning.

I. INTRODUCTION

Most of the nursing educational institutions (schools, colleges, and universities) in India are currently following traditional methods of learning. The usual traditional set up of nursing educational institutions is for face-to-face lectures in a classroom, lab demonstrations and clinical practice for the enhancement of the practical skills. Although many other academic streams like management, general degree courses, computer courses, language courses have adopted some sort of online teaching or learning or have started blended learning, still a lot of them are stuck with old procedures.

The sudden outbreak of the Covid-19 pandemic has spread over whole world and made it almost mandatory to maintain social distancing for its prevention. The pandemic has greatly disrupted the education field which is a fate of every country's fiscal future. It has affected each and every sector of the society. On February 11, 2020, the World Health Organization (WHO) proposed an official name of the virus as COVID-19. It was first identified in Wuhan, China on December 31, 2019¹. WHO declared COVID-19 as a pandemic on March 11, 2020. The first case of the COVID-19 pandemic reported on 30 January 2020 in the state of Kerala and the affected had a travel history from Wuhan, China². It has affected more than 100 crore peoples worldwide (WHO). According to the UNESCO report, it had affected 91% of total world's student population during mid-April 2020. Outbreak of COVI-19 has impacted more than 120 crores of students and youths across the planet. In India, more than 32 crores of students have been affected by the various restrictions and the nationwide, statewide and regional lockdown for COVI-19. As per the UNESCO report, about 14 crores of primary and 13 crores of secondary students are affected which are two mostly affected levels in India³.

To prevent spread of pandemic COVID-19, the Government of India took number of preventive measures:

- The union government declared a countrywide lockdown of all educational institutions on 16 March 2020⁴.
- Most of the state Governments and other educational boards postponed examinations due to outbreak of COVID-19 scheduled in 2020 and 2021⁵.
- Govt. of India has observed one day nationwide **Jantacurfew on March 22 and implement lockdown from March 25, 2020** onwards in different phases. Govt. of India has been extending lockdown periods from time to time adopting different strategies to fight with the pandemic but educational institutions remained closed continuously.
- Stepwise unlock of lockdown implemented by Govt. of India⁶.

This Covid19 pandemic situation challenged the education system across the world and forced educators to shift to an online mode of teaching overnight. Many academic institutions that were earlier reluctant to change their traditional pedagogical approach had no option but to shift entirely to online teaching–learning. Nursing educational institutes being a branch of medical fraternity also accepted this mode of teaching and learning that is online teaching and learning to avoid student's academic loss and to maintain academic standards laid down by the apex body, that is Indian nursing Council⁷.

The Covid-19 pandemic outbreak forced many schools and colleges to remain closed temporarily. Several areas are affected worldwide and there is a fear of losing this whole ongoing semester or even more in the coming future. Various schools, colleges, and universities have discontinued in-person teaching. As per the assessment of the researchers, it is uncertain to get back to normal teaching anytime soon. As social distancing is preeminent at this stage, this will have negative effects on learning opportunities. Educational units are struggling to find options to deal with this challenging situation. These circumstances make us realize that scenario planning is an urgent need for academic institutions. This is a situation that demands humanity and unity. There is an urgent need to protect and save our students, faculty, academic staff, communities, societies, and the nation as a whole.

Online education, according to Harasim (1989), is a new domain of learning that combines distance education with the practice of face-to-face instruction utilizing computer-mediated communication. Ascough (2002) suggested that online education has the following features: (a) it provides a learning experience different than in the traditional classroom because learners are different, (b) the communication is via computer and World Wide Web, (c) participation in classroom by learners are different, (d) the social dynamic of the learning environment is changed, and (e) discrimination and prejudice is minimized⁸.

The quality of online education has also prompted the attention of higher education accreditation associations. Many organizations published and proposed their guidelines or principles to ensure the quality of online education. In the early 1990s, the Western Cooperative for Educational Telecommunications (WECT) developed "Principles of Good Practice for Electronically Offered Academic Degree and Certificate Programs" (Twigg, 2001). Since then, many other groups have developed similar principles and practices. For example, The American Distance Education Consortium (ADEC) drafted "ADEC Guiding Principles for Distance Learning". A joint task force of the American Council of Education and the Alliance: An Association for Alternative Programs for Adults developed "Guiding Principles for Distance Learning in a Learning Society." The Instructional Telecommunications Council provided "Quality Enhancing Practices in Distance Education." The American Federation of Teachers (AFT) developed "Distance Education: Guidelines for Good Practice." The Council of Regional Accrediting Commissions updated and explained WECT's statement, and published "Guidelines for the Evaluation of Electronically Offered Degree and Certificate Programs" (Twigg, 2001)9.

> Purpose of the study:

The purpose of the study was to find out the nursing faculties perception regarding online teaching and learning.

> Objectives of the study:

- assess the level of the nursing faculties perception regarding online teaching and learning.
- find association between nursing faculties perception

regarding online teaching and learning with selected demographic variables

> Assumption:

The nursing faculties may have positive perception regarding online teaching and learning.

> Conceptual framework:

Imogene King's Goal attainment model was used for the present study.

II. METHODOLOGY

Research approach: In this study quantitative approach is used.

Research design: In this study descriptive research design was selected.

Variables: Dependent variable: In this study nursing faculties perception was dependent variables.

Extraneous variables: In this study following were the extraneous variables: Age, educational qualification, marital status, teaching experience, type of family, religion, mostly used app for attending online teaching and learning, device mostly used to attend online teaching and learning, internet speed available, received training related to online teaching and learning, undergone special training for computer skills, previous experience of online teaching and learning, average number of classes conducted per day.

Research setting: The present study was conducted in nursing institutes affiliated to Veer Narmad South Gujarat University, Surat.

Population: The population for the present study was the nursing faculties.

Target Population: The target population for the present study comprise nursing faculties working in nursing faculties affiliated to VNSGU, Surat.

Sample: In this study sample consisted of nursing faculties working in nursing faculties affiliated to VNSGU who met the inclusion criteria.

Sample size: In present study sample consist of 36 nursing faculties working in nursing faculties.

Sampling technique: In present study purposive sampling technique was used.

Sampling Criteria:

Inclusion criteria: This study included the nursing faculties fulfilling following inclusion criteria:

- Nursing faculties working under VNSGU.
- Nursing faculties who were willing to participate in the study.

Exclusion criteria:

• Nursing faculties who were not involved in online teaching and learning.

Ethical Consideration: Ethical clearance was obtained from the Institutional Ethical Committee of Shri Vinoba Bhave Civil Hospital, Silvassa, DNH.

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Data Collection Tool: Following tools were used:

- 1. Part A: Demographic Proforma: It contains the variables related to nursing faculties.
- 2. Part B: Structured rating scale to assess nursing faculties perception regarding online teaching and learning

Part A: Demographic Proforma: It contains the variables related to nursing faculties such as: Age, educational qualification, marital status, teaching experience, type of family, religion, mostly used app for attending online teaching and learning, device mostly used to attend online teaching and learning, internet speed available, received training related to online teaching and learning, average number of classes conducted per day.

Part B: The structured rating scale to assess nursing faculties perception regarding online teaching and learning: The structured rating scale was developed to assess the nursing faculties perception regarding online teaching and learning by referring various literature. The rating scale had total 30 items under different subheadings as, interaction/communication (7 item), teaching (11 item), general satisfaction (4 item) and helpfulness of online teaching (8 item). Rating scale utilized a 5-point rating scale (1 = strongly disagree, 2=disagree, 3=neutral, 4=agree and 5= strongly agree). The minimum score was 30 and maximum score was 150. The score below 75 was considered to be having negative perception and 75 and above was considered to have positive perception regarding online teaching and learning.

Content Validity: The prepared tool along with objectives was given to the senior nursing faculties in the area of the Child Health Nursing, Obstetrical and Gynecological Nursing, Medical Surgical Nursing, Community Health Nursing, Mental Health Nursing, Neonatologist, HOD Psychiatry department and clinical psychologists.

Pretesting and reliability of the tool: The tool was given to nursing faculties for pretesting to check the clarity of the items and seek suggestions for modifications if any. Average time taken by nursing faculties to complete the tool was 30-40 minutes.

The reliability of tool was established by giving it to the 10% of the sample size. Reliability was established by test-retest method and it was found to be 0.82 which means the tool is highly reliable.

LEVELS OF NURSING FACULTIES PERCEPTION REGARDING ONLINE TEACHING AND LEARNING AS PER SCORE:

Minimum Score: 30 Maximum Score: 150

Levels of perception	Score range	Percentage (%)		
Negative perception	30- 74	20-49		
Positive perception	75-150	50-100		

Pilot Study: The Pilot study was conducted on 10% of the sample size same as the final study.

Data Analysis: Data obtained was analyzed by using descriptive and inferential statistics.

III. RESULTS

The analysis and interpretation were done according to the objectives of the study.

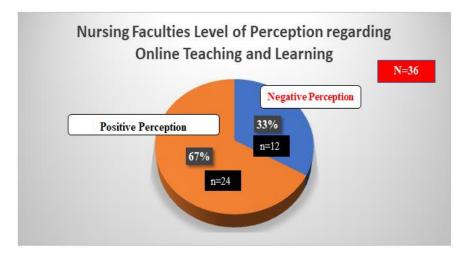
The study findings are organized under following headings:

Section -1: Description of sample characteristics

- Section-2: Description of nursing faculties level of perception regarding online teaching and learning
- Section-3: Association between nursing faculties level of perception regarding online teaching and learning with selected demographic variables

Section -1: Sample characteristics

The sample characteristics revealed that out of 36 samples in case of age majority (n=23, 63.89%) were in the age group of 22-30 years and remaining (n=13, 36.11%) were in the age group of 31-40 years. As per educational qualification majority (n=21, 58.33%) were Basic B. Sc. (N)/ P. B. B. Sc. (N) and remaining (n=15, 41.67%) were M. Sc. (N). As per marital status majority (n=21, 58.33%) were unmarried and remaining (n=15, 41.67%) were married. In case of teaching experience majority (n=24, 66.67%) were having experience of 1-5 years followed by (n=6, 16.66%) 6-10 years' experience, (n=4, 11.11%) 11-15 years' experience and (2, 5.56%) having 15-20 years of experience. No one had experience more than 20 years. As per type of family majority (n=27, 75%) belong to Hindu religion followed by (n=7, 19.44%) Christians and (n=2, 5.56%) were Muslims. No one belonged to Sikh, Buddhism, Jain or other religion. As per mostly used app for attending online teaching and learning majority (n=25, 69.45%) used Microsoft app, (n=7, 19.44%) used zoom app and (n=4, 11.11%). No one used Cisco Webex. Jio meet and any other app. As per device mostly used for attending online teaching and learning majority (n=20, 55.56%) used smart phone, followed by (n=14, 38.88%) used laptop and (n=2, 5.56%) used tablet. No one used desktop to attend online teaching and learning. As per internet speed available majority (n=21, 58.33%) were dissatisfactory and remaining (n=15, 41.67%) were having satisfactory internet speed. In case of received training related to online teaching majority (n=20, 55.56%) were received training and (n=16, 44.44%) didn't receive training. As per undergone special training for computer skills majority (n=30, 83.33%) did not received training whereas remaining (n=6, 16.67%) received training. As per previous experience of online teaching majority (n=27, 75%) nursing faculties did not have previous experience whereas (n=7, 25%) had previous experience of online teaching. Regarding average number of online classes conducted per day (n=15, 41.67%) conducted 3, followed by (n=8, 22.22%) conducted more than 3, (n=7, 19.44%) and remaining (n=6, 16.67%) conducted 2 classes per day.



Section-2: Nursing faculties level of perception regarding online teaching and learning

Above figure depicts that majority (n=24, 67%) of the nursing faculties had positive perception regarding online teaching and learning whereas remaining (n=12, 33%) had negative perception regarding online teaching and learning. Therefore, it can be concluded that majority of the nursing faculties had positive perception regarding online teaching and learning.

Section III- Association between nursing faculties level of perception regarding online teaching and learning with selected
demographic variables

N=36

S. N.	Demographic variable	Level of Perception (f)				
		Negative perception (n)	Positive perception (n)	df	Cal. Value	p-value
1	Age (in years)			1	0.0602	0.806 ^{NS}
	22-30	8	15			
	31-40	4	9			
2	Educational Qualification			1	0.514	0.473 ^{NS}
	Basic B. Sc. (N)/P. B. B. Sc. (N)	8	13			
	M. Sc. (N)	4	11			
3	Marital Status				0.514	0.473 ^{NS}
	Unmarried	8	13	1		
	Married	4	11			
4	Teaching Experience (in years)				0.602	0.896 ^{NS}
4	1 to 5	8	16	3		
	6 to 10	2	4			
	11 to 15	2	2			
	16 to 20	1	1			
5	Type of family				1.539	0.463 ^{NS}
	Joint Family	3	10	2		
	Nuclear Family	9	12			
	Extended Family	1	1			
6	Religion					
	Hindu	8	19	2	1.538	0.463 ^{NS}
	Muslim	1	1			
	Christian	4	3			
-	Mostly used App for attending online			2	0.431	0.806 ^{NS}
7	teaching and learning					
	Zoom	3	4			
	Google meet	1	4 3			
	Microsoft	8	17			
8	Device mostly used for attending online teaching and learning			2	0.418	0.811 ^{NS}

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	Smart phone	7	13			
	Laptop	4	10			
	Desktop	1	1			
9	Internet Speed available				2.0571	0.151 ^{NS}
	Satisfactory	3	12	1		
	Dissatisfactory	9	12			
10	Received training related to online				0.225	0.635 ^{NS}
10	teaching			- 1		
	Yes	6	14	1		
	No	6	10			
11	Undergone special training for computer				1.18	0.277 ^{NS}
11	skills			- 1		
	Yes	1	5	1		
	No	12	18			
12	Previous experience of online teaching				0	1 ^{NS}
	Yes	3	6	1		
	No	9	18			
12	Average number of online classes				4.392	0.222 ^{NS}
13	conducted per day			2		
	1	4	3	3		
	2	3	3			
	3	4	11			
	More than 3	1	7]		

Above table depicts that there was no significant association between nursing faculties level of perception regarding online teaching and learning with selected demographic variable.

Therefore, it can be concluded that no significant association was found.

IV. DISCUSSION

The primary aim of the present study was to assess nursing faculties perception regarding online teaching and learning. The study findings have been discussed with reference to objectives in the light of other studies.

Objective 1: Assess the level of the nursing faculties perception regarding online teaching and learning.

As per the objective to assess the level of nursing faculties perception regarding online teaching and learning it was found that majority (n=24, 67%) of the nursing faculties had positive perception regarding online teaching and learning whereas remaining (n=12, 33%) had negative perception regarding online teaching and learning.

The findings of the study were supported by the findings of the study done by Moore and Kearsley (2012) which summarizes the advantages of online teaching and learning as: online teaching and learning increase access to learning and training as a matter of equity, provide opportunities for updating skills of the workforce, improve the cost effectiveness of educational resources, improve the quality of existing educational structures, enhance the capacity of the educational system, balance inequalities between age groups, deliver educational campaigns to specific target audiences, provide emergency training for key target areas, expand the capacity for education in new subject areas, offer combination of education with work and

family life, add an international dimension to the educational experience¹⁰.

Whereas in discussing the best practices of online education, Finch and Jacobs (2012) stated these advantages: reducing the time and costs for travel; increasing opportunities to access and collabo-rate with expert professionals in a global range; providing students with flexibility to access courses at their convenience; and allowing adjustments to subjects and content need¹¹.

Objective 2: Find association between nursing faculties perception regarding online teaching and learning with selected demographic variables

As per the objective to find association between nursing faculties perception regarding online teaching and learning with selected demographic variables it was found that there was no significant association between nursing faculties level of perception regarding online teaching and learning with selected demographic variable.

No studies were found to support and discuss the findings of this objective.

V. CONCLUSION

Therefore, it can be concluded that the nursing faculties had positive perception regarding online teaching and learning. No significant association was found between level of nursing faculties perception regarding online teaching and learning with selected demographic variables.

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