

ORIGINAL ARTICLE

Virtual learning effects on family nursing practices during the covid-19 pandemic: evidence from undergraduate nursing students in Bandung, Indonesia

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ABSTRACT

Introduction: Family nursing courses ensure students understand and apply relational care approaches. Every student must perform the standards of professional nursing practice, including family nursing. The learning process must be continued despite the restrictions of the COVID-19 pandemic, and the evaluation of virtual learning during the pandemic must be conducted for improvement. **Objectives:** This study examines the effects of family nursing virtual learning on family nursing practices among nursing students during the COVID-19 pandemic in Bandung, Indonesia. **Methods:** This study was a quasi-experimental study of a single group with pre-test and post-test measurements. One hundred sixty-two students (fifth semester) from a state university in West Java who took a family nursing subject participated in this study in the academic year 2021/2022, odd semester. The family nursing virtual learning lasted 14 weeks: lectures, case studies, research tasks, and practicum. The questionnaire consisted of practical appraisal and nurse-family relationship subscales. It was measured using a ten-item instrument with response formats from 1 to 5 to indicate high to low. Wilcoxon signed-rank test was used to analyze the effect. **Results:** The ages of students ranged from 19-23 years, with a median of 20 (IQR = 0), and most were female (90.1%). Results showed significant differences between the pre-test and post-test, with total scores of family nursing practice of ($p < 0.001$). Two subscales of family nursing practice also showed substantial differences in the post-test after 14 weeks of family nursing virtual learning: the practical appraisal and nurse-family relationship ($p < 0.001$). **Conclusions:** Family nursing virtual learning benefits undergraduate nursing students' family nursing practice competence.

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1. Introduction

Family nursing is compulsory for undergraduate nursing programs worldwide and in Indonesia. Family involvement in healthcare services benefits patients and family members (Svavarsdottir et al., 2015). This module focuses on nursing care in families with health risks at various levels, covering the types of family, family development tasks, family care functions, and family nursing care. Students will learn about assessment, diagnosis, interventions, implementation and evaluation, concepts of family behavior, trends and issues in families, law and ethics in families, family resource management, needs and concerns in family care, case studies, and family care problem-solving exercises. The course must be robustly evaluated to ensure students understand and practice the essence of relational practices or actions in providing family nursing care to improve patients' health and well-being.

The family nursing module is provided in every nursing school following the Association of Indonesian Institutions for Nurses Education guidelines. The family nursing curriculum must continuously improve to build leadership competencies and system thinking, improve reflective practices, and apply evidence-informed practices (Juniarti et al., 2017). Family nursing practices are prioritized in Indonesia, as reflected by the Ministry of Health in the Healthy Indonesia

Program campaign, stating that a family health approach has twelve indicators. Family health education and disease prevention improve community independence and empowerment, which can help reduce morbidity and hospitalization. Therefore, nursing education institutions must be oriented toward family and community health (Swiadek, 2009). Competencies in family nursing are taught through classroom instructions and clinical experiences (Gaberson & Oermann, 2010).

Good family nursing practices reflect nurses' skills, knowledge, confidence, and comfort in working with families and involving them in the healthcare process. Nurse-family relationships can reflect nurses' attitudes and beliefs about a family's role in nursing. Family nursing practices have been assessed in various health conditions and settings, such as asthma and attention-deficit hyperactivity disorder (ADHD) (Brown et al., 2019), obstetric and gynecological care (Naef et al., 2020), and palliative care (Petursdottir et al., 2019). Graduate-educated nurses in a family nursing program scored significantly higher than their undergraduate counterparts. In a family nursing practice scale, nurses characterized as low strain or active scored significantly higher than those characterized as high strain (Petursdottir et al., 2019).

Considering the importance of family nursing practices, nursing educational institutions continued delivering the modules during the COVID-19 pandemic. They optimized virtual learning as the face-to-face meeting was interrupted. The family nursing module remained to be delivered so undergraduate nursing students would be equipped with the necessary skills to care for patients and families with health conditions. However, students faced many challenges during the pandemic, and they tried to overcome them. These include fear of infection, social isolation, and mental health issues. Developing daily routines, maintaining contact, and establishing self-help strategies were identified as the coping mechanisms. Moreover, implementation and family science research should inform family nursing implementation efforts in three ways: implementation, adapt implementation, and employing capacity-building, nursing competence, and skills (Thürlimann et al., 2022).

Likewise, teachers experienced sudden changes during the pandemic, including (1) adapting to the abrupt mandatory online teaching and managing the challenges in online distance education (ODE) while fulfilling other duties; 2) struggling with available resources and capabilities; 3) ODE blurred boundaries and interrupted personal space; and 4) having to achieve clinical competencies and pursue professional development. Virtual learning is the best option during the pandemic as it is simple to handle during the lockdown. The benefits of virtual learning included learning remotely, in comfort and accessibility, and they supported student-centered learning (Mukhtar et al., 2020). In addition, a systematic found that offline learning is less effective than virtual learning. Virtual learning also offers advantages over traditional classroom instruction in developing students' knowledge and abilities, making it a viable option for undergraduate medical education (Pei & Wu, 2019). Therefore, this study examined the effect of the family nursing module delivered online during the pandemic on the practices of nursing students in Bandung, Indonesia.

2. Methods

This study was a quasi-experimental study of a single group with pre-test and post-test measurements. The participants were the total population (162 students) who took the family-nursing module in 2021. This study was conducted in the nursing faculty at a state university in Bandung, West Java, Indonesia. This program was developed based on the Core Curriculum of Indonesia Nurse Education (Association Indonesia Nurse Educational Institutions, 2018). The module lasted for 14 weeks, consisting of 14 lectures, each for 100 minutes; 14 meetings of case studies, each for 50 minutes; two meetings for research tasks; and 12 meetings for practicums with families in need of care, each for 150 minutes. Every lecture was delivered to 162 students via Zoom meeting, and the students might ask questions by raising their hands or writing the questions in the chat room. The lecturer responded to all questions. The lecture topics were the basic concept of the family (type, structure, function, stages of family development); the concept of a prosperous family and trends and issues of family health in the process of nursing care; healthy Families and Indonesian Healthy Families; the concept of family nursing; theory of the

family nursing model; the process of family resource management in the implementation of family nursing care; the concept of home health of nursing (home care) in nursing activities in the family; the concept of family nursing care: family nursing assessment, family nursing diagnoses, nursing planning family, implementation of family nursing, and evaluation of family nursing; research results for various types of nursing interventions/actions as well as assessing the results of activities in various high-risk cases in family; and the concept of family nursing in the preparation of nursing care plans in various cases of high health risk in family.

There were 14 small groups for tutorial and practical matters, and each group was supervised and facilitated by a lecturer. Two case tutorials on family nursing, a tutorial on protective and predictive factors that influence nursing interventions in student practicum cases. Tutorial on identifying issues related to inter-professional and intra-professional communication, consulting, and resources. The practicum was carried out serially, starting from the assessment preparation accompanied by tutors, students conducting assessments to families, and students reporting the assessment results to tutor lecturers. Every nursing process, from assessment to evaluation of family nursing, was carried out with this method to ensure students were ready to carry out family nursing practicum.

The family nursing practice questionnaire consisted of practical appraisal and nurse-family relationship subscales (Simpson & Tarrant, 2006). It was measured to evaluate the achievement of the target of the course. The COVID-19 pandemic has made the design of this course from offline to virtual, including nursing care practicum. It was measured using a ten-item instrument with response formats from 1 to 5 to indicate high to low (Simpson & Tarrant, 2006). The variable was measured in the first meeting (week 1) before the syllabus was explained and in the last (week 14) using Google Forms. The data were checked for normality distribution using Kolmogorov-Smirnov with a p-value less than 0.001, which is not normal. Therefore, the Wilcoxon signed-rank test was used to analyze the effect of the intervention.

3. Results and Discussion

The ages of students ranged from 19 to 23 years, with a median of 20 (IQR = 0). Most of them were female (90.1%) (Table 1). The total scores of family nursing practice showed significant differences between the pre-test and post-test ($p < 0.001$). In addition, two subscales of family nursing practice, practical appraisal and nurse-family relationship, also showed substantial differences in the post-test after 14 weeks of learning virtually ($p < 0.001$) (Table 2).

Table 1. Demographic Characteristics of Nursing Students (N =160)

| Variable | Frequency (f) | Percentage (%) |
|----------------------------|---------------|----------------|
| Age (Median = 20, IQR = 0) | | |
| 18 years | 2 | 1.2 |
| 19 years | 23 | 14.2 |
| 20 years | 110 | 67.9 |
| 21 years | 21 | 13.0 |
| 22 years | 5 | 3.1 |
| 23 years | 1 | 0.6 |
| Gender | | |
| Male | 16 | 9.9 |
| Female | 146 | 90.1 |

Table 2. Family Nursing Practice Scale Completed Pre and Post-Family Nursing Subject by Bachelor of Nursing Students (N = 162)

| Statement | Pre-test | | Post-test | | p-value | Z-test |
|---|------------|------------|-------------|------------|-------------|--------------|
| | Median | IQR | Median | IQR | | |
| My confidence level in working with families | 2.0 | 1.0 | 2.0 | 1.0 | 0.00 | -4.13 |
| My level of satisfaction with family nursing | 2.0 | 1.0 | 2.0 | 0.0 | 0.00 | -3.53 |
| My knowledge level of the family nursing system | 2.0 | 1.0 | 2.0 | 0.0 | 0.00 | -5.53 |
| My skill in working with the family system | 2.0 | 1.0 | 2.0 | 0.0 | 0.00 | -5.18 |
| My level of comfort in facilitating family involvement in nursing care planning | 2.0 | 1.0 | 2.0 | 1.0 | 0.00 | -5.25 |
| Subscale Practical Appraisal | 2.4 | 0.8 | 2.0 | 0.6 | 0.00 | -6.11 |
| I plan nursing interventions in consultation with the patient and family. | 2.0 | 1.0 | 2.0 | 1.0 | 0.00 | -4.67 |
| Family members always approach me about their ill relatives. | 2.5 | 1.0 | 2.0 | 2.0 | 0.00 | -4.63 |
| I promote patient/family participation, choice, and control in meeting healthcare needs. | 2.0 | 1.0 | 2.0 | 2.0 | 0.00 | -5.06 |
| My involvement with families is primarily rewarding. | 2.0 | 0.0 | 2.0 | 2.0 | 0.00 | -5.06 |
| I avoid interference with my own biases when collecting, interpreting, and communicating data about patients and families | 2.0 | 1.0 | 2.0 | 2.0 | 0.00 | -3.92 |
| The subscale of the Nurse-Family Relationship | 2.2 | 1.0 | 2.0 | 0.8 | 0.00 | -5.63 |
| Total Scores | 2.2 | 0.8 | 1.95 | 0.7 | 0.00 | -6.11 |

The results showed that the students improved their family nursing practices, including practical appraisal and nurse-family relationships. No studies evaluated family nursing practice questionnaires on students who have taken family nursing courses. However, evaluation of the success of this course is essential, as, through theory and practical practicum courses, undergraduate nursing education aims to train students to be caring and competent nurses. It presented a chance to assess the efficacy of our online teaching and learning strategies by soliciting student feedback. The personal tales of the students helped shed light on the influence of the pandemic on family nursing learning and the future of family nursing education (Bryan et al., 2022).

The family nursing practice scale has been widely used among nurses who involve families in their care. The current study aligns with the previous study about nurses participating in family systems' education and training intervention. They showed a more positive attitude when family members were involved in their care than those who did not join the course (Svavarsdottir et al., 2015). In addition, participants with a college degree reported that they felt more capable of working with their patient's families. Inexperienced nurses in the past study reported the opposite but began engaging with their patients' families in long-term care (Brown et al., 2019). Past research has also shown different attitudes between nurses and nursing students toward family involvement and years of employment (Shibily et al., 2021). The current study also showed no statistical difference between nurse-family interaction experience and nurse-family reciprocity before and after program participation. However, a positive effect could be seen in the total score of the family practice scale, especially in attitudes toward families (Petursdottir et al., 2019).

The current study involved undergraduate nursing students aged between 19 and 23 years. A previous study reported that positive attitudes toward family involvement could be

linked to personal attributes, such as more extended working experience and older age; educational attributes, such as higher educational attainment and the completion of family nursing education; and professional attributes, such as working in primary health care and outpatient clinics or a unit with a philosophical approach to families (Barreto et al., 2022). However, a Saudi study showed no significant differences in attitudes toward family involvement among nurses and nursing students regardless of their gender, nationality, age, education level, and years of work experience (Shibily et al., 2021). Family presence has a significant impact on a patient's improvement. Nurses, including nursing students, were optimistic about the role of family members in healthcare. A positive attitude indicates that nurses recognize the importance of supporting the family, are willing to collaborate with the family members and consider the family's needs in care settings (Imanipour & Kiwanuka, 2020).

The results of this study indicate that the family nursing module delivered virtually was beneficial for students' family nursing practice. The module delivered virtually improved two aspects of information literacy competency: information-seeking skills and knowledge of search engines. However, a past study has shown that virtual learning had no significant effect on the use of information resources and the development of search strategy, as measured by the frequency of selecting the most appropriate search statement (Shamsaee et al., 2021). Clinical virtual simulation is a pedagogical strategy that improves knowledge retention initially and over time and student satisfaction (Padilha et al., 2019).

However, most students preferred face-to-face learning to virtual learning. The old system is familiar and easy to navigate, and the changes are challenging. Another study examined the learning experiences and expectations of nursing students during the pandemic and identified the following themes: 1) self-care, 2) uncertainty, 3) time, 4) teaching techniques, 5) confinement and extra obstacles, and 6) face-to-face over virtual learning (Ramos-Morcillo et al., 2020). Therefore, when designing an online class, group dynamics and students' comfort in technology-based communication should be considered. The knowledge level of the two cohorts of online tutorials was significantly different from that of face-to-face tutorials. It could be attributed to the student's lack of enthusiasm. Students might also face internet problems and only have minimal learner-instructor engagement. They were restricted from doing teamwork, often missed learning opportunities, and could not interact much with their peers. Online and face-to-face learning gaps were wide, although online tutorials are viable pedagogical strategies (Siah et al., 2022).

On the other hand, online education virtual learning has benefits. Traditional knowledge is less engaging and flexible than online learning. The academic achievement and skill development used to assess learning outcomes increased during online learning. Students were happy with online learning's flexibility and convenience, professional and personal development prospects, and safety. Fifty percent of the studies from a systematic review were moderately satisfied with remote learning, 36% were happy, and 17% were dissatisfied (Abdul et al., 2022). However, concerns over academic integrity, practical skills and therapeutic abilities, engagement and involvement, the dual nature of technology, and social isolation outweighed the benefits (Kunaviktikul et al., 2022). Self-regulation, learning motivation, self-efficacy in clinical practice, and lecture types, or a combination of recorded and real-time video lectures, influenced the learning flow of nursing students during the COVID-19 pandemic. Therefore, Indonesia's COVID-19 prevention and care optimize COVID-19-related information and communication technology usage (Susanti et al., 2021).

A past qualitative study showed the eight factors influencing online learning: 1) a lack of preparation before the online classes, 2) adapting and growing in a new learning environment, 3) enhancing nursing knowledge and skills through virtual clinical training, 4) self-regulation difficulties when studying alone due to social distancing, 5) difficulty concentrating when learning online, 6) disadvantages of virtual learning, 7) academic performance concerns, and 8) missed opportunities to enjoy college social life (Park & Seo, 2022). Nursing students require systematic support and strategies to improve their learning experience in this virtual learning environment. In addition, the ability to control one's emotions is the factor that significantly impacts soft skills among students (Sunardi & Ruhyanudini, 2022).

The goal of the nursing faculty was clear and consistent, namely to ensure that the program outcomes were met. When conducting online classes, the nursing faculty must consider assessing the results of caring, critical thinking, nursing therapeutics and its evidence, and communication skills. The faculty must identify and select appropriate alternatives that meet the course objectives and modify the courses' syllabi to accommodate the transition to virtual learning modes (Poudevigne et al., 2022). Moreover, an essential internal aspect for nurses to facilitate good patient participation and active involvement in nursing care is their self-efficacy in engaging patients (Fauziyah et al., 2023).

This study's limitation is that it only involves one group, thus unable to conclude a causal relationship between an intervention and an outcome. In addition, this study is vulnerable to risk to internal validity, including maturation and history effects.

4. Conclusion

The results demonstrated that the student's family nursing practices improved, including the practical evaluation and nurse-family connections. Future studies will benefit from including a control group and random assignments for each group. Family nursing virtual learning is beneficial for undergraduate nursing students' competence. However, this study does not measure the outcomes from family members' and patients' perspectives. Therefore, further research needs to address it.

Ethics approval and consent to participate

This research has received approval from the Research Ethics Commission of Universitas Padjadjaran, number 474/UN6.KEP/EC/2021. All participants in this study received verbal and written explanations about the study. A consent form was given to complement the verbal consent. The researcher confirmed with the students that their participation was voluntary and informed them that they could withdraw at any time without any negative consequences to their academic performance. All information was kept confidential. The results of this study were presented in an aggregate form and for academic purposes only.

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