

# Clinical nursing and midwifery education in the pandemic age

**M. Lazenby<sup>1</sup> PhD, RN , S. Chambers<sup>2</sup> PhD, RN , D. Chyun<sup>3</sup> PhD, RN , P. Davidson<sup>4</sup> PhD, RN , K. Dithole<sup>5</sup> DLitt et Phil, RN , I. Norman<sup>6</sup> PhD, RN  & S. Tlou<sup>5</sup> PhD, RN**

**1** Associate Dean for Faculty and Student Affairs, University of Connecticut School of Nursing, Storrs, Connecticut, USA, **2** Dean, Faculty of Health, University of Technology Sydney, Sydney, Australia, **3** Dean, University of Connecticut School of Nursing, Storrs, Connecticut, USA, **4** Dean, Johns Hopkins University School of Nursing, Baltimore, Maryland, USA, **5** Head of School, University of Botswana School of Nursing, Gaborone, Botswana, **6** Executive Dean, Florence Nightingale Faculty of Nursing, Midwifery, and Palliative Care, King's College London, London, UK

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The COVID-19 pandemic has disrupted clinical nursing and midwifery education. This disruption has long-term implications for the nursing and midwifery workforce and for future healthcare responses to pandemics. Solutions may include enhanced partnerships between schools of nursing and midwifery and health service providers and including schools of nursing and midwifery in preparedness planning. These suggestions notwithstanding, we call upon national and international nursing and midwifery bodies to study how to further the clinical education of nurses and midwives during pandemics and other times of crisis.

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The COVID-19 pandemic has been hugely disruptive across society, challenging all sectors to strive for business continuity, including nursing and midwifery education. There is an urgent need to resolve how to provide clinical education to student nurses and midwives in this context. World trends – such as a swelling and ageing population, globalization, urbanization and climate change – suggest that fast-moving global outbreaks of novel viral diseases, in particular, will increase in number and scale (Meyer 2019; Whiting 2020). We live in a new viral age (Shah 2017). Without properly qualified nurses and midwives, health service providers will not be able to meet the patient-care demands this new age portends.

Yet, as health service providers have faced the need to respond quickly to the pandemic's patient-care demands,

schools have been confronted with the dilemma of how to ensure that their students gain the patient-care clinical experiences necessary to qualify as nurses and midwives. For example, in some regions of the world, health service providers closed their doors to students due to overwhelming patient demand and a critical shortage of personal protective equipment. In other regions, given the uncertainty about the nature of this virus, they closed as a preparedness measure. In yet other regions, providers mobilized students to work full time to meet demands. Mandatory nationwide lockdowns sent many students to homes far from their schools. As a consequence, schools have been left without a way to provide students with real-world education or to supervise the clinical experiences they have had through their work. In short, the pandemic's

*Correspondence address:* Mark Lazenby, Faculty and Student Affairs, University of Connecticut School of Nursing, Storrs, Connecticut, USA; Tel: 860-486-0573; Fax: 860 486 9085; E-mail: mark.lazenby@uconn.edu

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exigencies have disrupted clinical education and threatened workforce sustainability. As some students have commented, the pandemic has deprived them of learning how to provide nursing and midwifery care in this new viral age.

We have to set up processes that schools and health service providers can embrace as part of the clinical education mission that supports the nursing and midwifery workforce.

Perhaps one reason this mission has not been collectively embraced lies in how schools have partnered with health services providers. The American Association of Colleges of Nursing's (AACN) 2016 report on its study of academic nursing's partnerships with academic health centres, *Advancing Healthcare Transformation: A New Era for Academic Nursing*, while from an American-only context and geared towards schools affiliated with academic health centres, sheds light on this 'partnership problem'. First, in some regions of the world, school leaders have minimal meaningful participation in the governance of the health service providers where their students receive clinical education, and these health service providers have not always been invited to participate in school governance. Second, few faculties are fully integrated with health service providers in both leadership and clinical services roles. Third, research endeavours have largely operated independent of health service providers, even when the research is conducted within the health service providers' facilities in which students of that school receive clinical education.

The straightforward if not simple solution to the 'partnership problem' is reciprocal governance, integration of faculty and staff, and joint research projects, as articulated in the World Health Organization's (WHO) *State of the World's Nursing 2020: Investing in Education, Jobs and Leadership*, published jointly in 2020 by the WHO and the International Council of Nurses (ICN).

First, schools and health service providers need to participate in each other's governance. One model used in various universities that have both a school of nursing and midwifery and an academic health centre is to have the school's dean also serve as the centre's chief nursing executive. Another model is to appoint the centre's chief nursing executive to a leadership role within the school. Additionally, as Recommendation 6.4 of the WHO's *State of the World's Nursing 2020* report suggests chief nursing or midwifery officers, in countries that have them, need to work as partners with schools and health service providers in making strategic decisions about nursing and midwifery clinical education (WHO 2020). But the central point is that academic nursing leaders and nursing and midwifery workforce leaders need to be part of each other's governance.

Second, faculty also need to be in joint appointments with health service providers, and providers' staff need to be on schools' faculties (WHO 2020, paragraph 120). This would allow for integration of students whom the faculty–staff supervise into the healthcare team during pandemics. And when students are mobilized in parts of the country where faculty are not part of the health services' staff, local staff can be deputized to work with schools' clinical faculty to provide supervision. Students are an important resource, especially during pandemics. They need the opportunity, under supervision, to experience and learn to practice safely in a pandemic work environment.

Third, nursing and midwifery research needs to be conducted as joint projects between schools and health service providers, not siloed on either side of the partnership, and should be driven by shared imperatives that contribute to workforce knowledge (WHO 2020, paragraph 181).

In some countries, many, if not most, of these partnership aspects are in place. However, schools have not been part of local, regional and national preparedness planning for critical events. Another possible solution to furthering a collective vision for clinical education during pandemics is for joint preparedness planning between schools and health service providers. The ongoing role of students during pandemics, or other local, regional, national or global crises, could be written into these plans to the benefit of both sectors.

Furthering the mission of nurses' and midwives' clinical education is not just the concern of schools and health service providers. With half of WHO member countries already experiencing nursing and midwifery workforce shortages, and with projected workforce shortages in other member countries, it is an urgent global public concern. Six million new nursing jobs are needed worldwide by 2030 (WHO 2020). The COVID-19 pandemic has threatened the future supply of this global workforce supply and exposed vulnerabilities in the nurse and midwifery education supply chains.

Whatever the underlying problems and solutions – be they building strong partnerships, including schools in crisis preparedness planning, or something entirely different – it will take the commitment of nursing and midwifery associations and councils around the world to shore up clinical education. For this reason, we call on these associations and councils, especially the ICN and the International Confederation of Midwives, to commission a study on ways for schools, health service providers, and local, regional and national health systems to embrace the mission of the clinical education of nurses and midwives.

We urgently need to recalibrate how we organize and facilitate clinical education to ensure competent, confident and credentialed providers in our new pandemic age. The COVID-19 pandemic is not going away any time soon. It could be out of control for another four or five years (Hodgson 2020). And when it is under control (or endemic or whatever happens to it), who knows what the next global crisis will be? After all, the COVID-19 pandemic took us all by surprise. We need to future-proof our nursing and midwifery workforce in preparation for the next global challenge, lest we not have the nurses and midwives necessary to meet the future workforce needs the WHO has identified.

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