

DISTANCE LEARNING IN NURSING TRAINING: REFLECTIONS ON THE COVID-19 PANDEMIC

EDUCAÇÃO A DISTÂNCIA NA FORMAÇÃO EM ENFERMAGEM: REFLEXÕES SOBRE A PANDEMIA DA COVID-19

EDUCACIÓN A DISTANCIA EN LA ENSEÑANZA DE ENFERMERÍA: REFLEXIONES SOBRE LA PANDEMIA DE COVID-19

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Objective: to reflect on the use of distance learning in nursing graduate programs in Brazil in the scenario of the COVID-19 pandemic. **Method:** critical essay through reflections anchored in the literature about the use of distance learning in the training of nurses and circumscriptors resulting from the pandemic. **Results:** discussions on the use of distance learning in nursing education in Brazil respond to different educational, professional, political and economic interests. In the context of the COVID-19 pandemic, since 2020, such debates have been intensified due to the use of distance learning methodologies in the continuity of many training courses, once exclusively in person. **Conclusion:** although the methodologies of distance learning allow, at first, the continuity of the training processes in nursing, it is reaffirmed that teaching-learning for health care demands proximity and contact.

Descriptors: Education, Distance. Education, Nursing. Coronavirus Infections.

Objetivo: refletir sobre o emprego da educação a distância na graduação em enfermagem no Brasil no cenário da pandemia da COVID-19. *Método:* ensaio crítico por meio de reflexões ancoradas na literatura acerca da utilização da educação a distância na formação de enfermeiros(as) e dos circunscritores decorrentes da pandemia. *Resultados:* as discussões sobre o emprego da educação a distância na formação em enfermagem no Brasil respondem a diferentes interesses educacionais, profissionais, políticos e econômicos. No contexto da pandemia de COVID-19, a partir de 2020, tais debates têm sido potencializados em função do emprego de metodologias da educação a distância na continuidade de muitos cursos de formação, outrora exclusivamente presenciais. *Conclusão:* não obstante as metodologias próprias da educação a distância permitirem, em um primeiro momento, a continuidade dos processos formativos em enfermagem, reafirma-se que o ensino-aprendizagem para o cuidado em saúde demanda proximidade e contato.

Descritores: Educação a Distância. Educação em Enfermagem. Infecções por Coronavírus.

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Objetivo: reflexionar sobre el uso de la educación a distancia en programas de graduación en enfermería en Brasil en el escenario de la pandemia COVID-19. Método: ensayo crítico a través de reflexiones ancladas en la literatura sobre el uso de la educación a distancia en la formación de enfermeras y circunscriptores resultantes de la pandemia. Resultados: los debates sobre el uso de la educación a distancia en la educación en enfermería en Brasil responden a diferentes intereses educativos, profesionales, políticos y económicos. En el contexto de la pandemia COVID-19, desde 2020, estos debates se han intensificado debido al uso de metodologías de educación a distancia en la continuidad de muchos cursos de formación, una vez exclusivamente presenciales. Conclusión: aunque las metodologías de la educación a distancia permiten, al principio, la continuidad de los procesos formativos en enfermería, se reafirma que la enseñanza-aprendizaje para la atención de la salud exige proximidad y contacto.

Descriptor: Educación a Distancia. Educación en Enfermería. Infecciones por Coronavirus.

Introduction

In the current globalization scenario, educational processes are considered as one of its pillars. Thus, distance learning (DL) emerges not only as a possibility, but as a reality in many countries and, above all, applied to the training of professionals in higher education and its expansion. This teaching modality can be applied through various instruments or media, the mediators in the areas of training, training, improvement and professional updating.

DL has emerged in a scenario of advances in information and communication technologies, and has been transformed and expanded each year. Currently, it is considered an important strategy for education at different levels of education, inclusive higher education, a scenario in which it has been the target of several clashes, led by economic forces that defend its establishment, and educational currents which affirm that, not always, such articulation is possible, especially in the context of training for health care⁽¹⁾.

In Brazil, the expansion of DL courses occurred in the late 1980s, along with the evolution of educational technologies and with greater access to the computer and the Internet, elements that have been growing intensely in recent years⁽²⁾. The DL has emerged after its inclusion in the Law of Guidelines and Bases of National Education, Federal Law n. 9,394, of December 20, 1996⁽³⁾. Based on this legal framework, several initiatives began to be developed in an attempt to promote teaching-learning, breaking with paradigms such as synchrony and the physical

presence of teachers and students in the same educational space/time. Obviously, this new paradigm brought several flexibilities, and demanded important adjustments, including correspondence teaching, tv-mediated teaching and, more recently, the advent of the Internet, given its popularization in recent years⁽⁴⁾. These changes transformed DL and, consequently, the way of thinking about the educational processes in this new moment⁽⁵⁾.

The objectives of the teaching-learning activities that take place in the distance modality do not differ from those applied in classroom education - the development and improvement of the student through ethical, cultural guidelines and based on a solid formative paradigm should occur regardless of the modality analyzed. Similarly, it should be highlighted that, although curricula may undergo changes, they cannot be reduced depending on the modality, but can be reviewed and adapted according to markers, such as level of training, target audience and characteristics of educational technologies.

The DL has been evidenced as a strategy capable of favoring continuous learning, and should recognize collectivity, cooperation and interaction as markers of the teaching-learning process⁽⁶⁾. In a collaborative learning perspective, based on interaction and cooperation, it is highlighted that DL can promote the grading⁽⁷⁾ of the relations between teacher and student, so that the teacher becomes a mediator of learning and no longer a holder of knowledge. In a virtual environment, this professional becomes

responsible for directing the student's learning, establishing cooperative relationships that favor the adoption of strategies for the knowledge search, analysis of evidence and construction of a critical attitude towards this formative process.

Also in relation to the role of the teacher in these courses, not only the need for the tutor to mediate learning is highlighted, but also to allow the continuous development of autonomy, self-efficacy, assertiveness and decision-making⁽²⁾, fundamental competencies for the formation of students in contemporary times. In addition, institutions that implement this form of teaching should promote conditions for the exchange of experiences between teachers-students, student-students, information and resolution of doubts that emerge during the learning process. In the case of health training courses, such reflections should also incorporate aspects such as the need for physical contact, such as in in-service training⁽⁸⁾.

Despite the rapid expansion of DL in Brazil, it is observed that few reflections have been conducted to adopt a more critical stance in relation to the offer of undergraduate and graduate courses in this modality. Thus, reports that affirm the notion of flexibility predominate as if this was the only element to be pursued in a formative proposal. Despite the other markers of DL, flexibility often emerges as a condition that weakens teaching, meant as an element opposed to the discipline and control of educational processes. Such positions may reflect a lack of knowledge about DL, which will unequivocally lead to discussion about their use in health education.

The recent scenario of the new coronavirus and the COVID-19 pandemic, since 2020, has reheated old debates, especially when considering the training of health professionals exclusively through this modality. In this essay, the focus is directed to undergraduate nursing courses, since in this field the reflections around DL have been more prominent, activating not only positions constructed based on scientific evidence, but also of class entities, educational

institutions and other audiences that respond to different objectives and interests^(6-7,9).

Thus, this essay aims to reflect on the use of DL in nursing undergraduate programs in Brazil in the scenario of the COVID-19 pandemic.

Method

In the methodological aspect, this essay was produced after a reflection supported in the scientific literature about the training of nursing professionals through the assumptions of the DL⁽⁹⁻¹⁰⁾. This reflection proposes a debate based on the literature that can add knowledge to the ongoing productions in the international scenario that have discussed DL in professional training in times of the COVID-19 pandemic⁽¹¹⁻¹²⁾.

In this sense, the exploration of the Brazilian context may be of particular interest, since it represents movements different from those observed in international production. More than that, the present reflection is oriented to understand that the pandemic is a situational event of great proportions, triggering the need to problematize its repercussions specifically for health education. The reflexive essay, therefore, starts from the dialogue between literature already consolidated with a context still insipient, in which evidence has been produced to increasingly support this debate.

Results and Discussion

Distance education in nursing education in Brazil: notes for a debate

In the national context, the DL public has multiplied in recent years due to the flexibility of the regime of studies that this modality offers and the most affordable prices, especially in higher education. Its employment has also been reflected as a possibility to expand access to education to populations living in remote regions, which is important in a country marked by regional inequalities such as Brazil⁽⁸⁾. In the

scope of health policy, the National Permanent Health Education Policy (NPHEP) stands out, which provided educational offers in DL through the creation of the Open University of the SUS (UNA-UHS), a collaborative network of educational, service and management institutions of the Unified Health System (UHS) that has enabled the training of professionals and technicians⁽⁸⁾.

In Brazil, nursing represents a field that has been strongly receptive to this new educational paradigm, which affects not only undergraduate courses but also specialization, improvement and professional training courses. However, this type of teaching is still the subject of constant debates, with positions in favor of and against its adoption in this course, specifically, because this profession has, as one of the work dimensions, managerial activities and health care, which requires face-to-face contact and human interaction in the contexts of teaching and service training.

The positive evidences that support the use of DL in nursing education highlight aspects such as the possibility of media integration for simulation of practice scenarios, in addition to practical experimentation by the student, without putting the life of a real patient at risk, for instance. In addition, such activities allow the student to reflect on decision-making process, by gathering information, raising hypotheses, analyzing contexts, as well as risks and benefits⁽¹³⁾.

These teaching-learning strategies can be used in classroom courses and even in hybrid modalities, in an articulated way to classroom teaching, service training and the implementation of activities that require contact and proximity. What is discussed is that such tools, in a distance course, would cover the entire formative process, with no guarantees that the learnings that require presence would actually be operationalized.

The recommendations explained in the literature⁽¹³⁾ consider DL and tele-nursing as possibilities of action and even of training and updating, in order to constitute strategies used in a complementary way to the methodologies considered “traditional”, carried out in person.

Thus, in an undergraduate nursing course exclusively in classroom, some contents and disciplines could be offered using DL resources, which would bring some benefits to students, such as access to newer contents and the use of innovative technologies, which could be an important increase also considering the active methodologies. This dialogue seems to be consolidated and recognized in the scientific literature. But what about offering a nursing course entirely at a distance?

In nursing teaching, it becomes a challenge to use this modality throughout the course, since it puts human contact, which occurred in face-to-face situations, considered fundamental to the act of caring, is suspended. In Brazil, the Federal Nursing Council (COFEN) has adopted positions opposed to the opening of undergraduate nursing courses exclusively in the DL modality, emphasizing that it is not against this modality and its teaching-learning strategies. However, it argues that practical classes in laboratories for the daily training of students and the insertion in the reality of health services at the different levels of care of the UHS, since the initial years of the course, are essential for the learning and good training of the future professional, because they allow to deal with real people and problems, which are not recreated in virtual environments⁽¹⁴⁾. Although the simulation of practice scenarios has its importance, especially for the student at the beginning of the course, since this approach can reduce their anxiety in the face of contact with the empirical field, it is noteworthy that the absence of experience in the field, face-to-face interaction with the other (colleague, teacher, patient/client/user) can move this student away from his future context. The implications for the formation of professional identity still need to be better investigated in the scientific literature, possibly comparing graduates of classroom courses with those trained through the DL in nursing.

Nursing, together with other professions, has made efforts and problematized the expansion of DL in health courses, mainly due to the concern with the quality of teaching that is

offered and the practical dimension involved in the courses. According to COFEN, the councils' concern about distance learning has increased after the accelerated growth in the number of courses in this modality in recent years in Brazil. From 274,603 new vacancies authorized by the Ministry of Education (MEC), in 2017, the number jumped to 913,300 in 2019. Currently, 396 different distance courses are recognized in the country⁽¹⁵⁾.

Also according to COFEN, the representative entities of nurses were also totally opposed to nursing courses in full in DL, both at the technical and higher levels, because they believe that, for the formation and exercise of this profession, human contact is fundamental and cannot be replaced by any type of technology⁽¹⁶⁾. It is suggested, in this context of hypermodernity, that innovation in nursing education is not necessarily the use of technologies capable of facilitating learning or simulating practice scenarios, but precisely resuming and investing in a formation that is close, humanized and that presupposes face-to-face contact, corporeity.

Besides the Councils, associations and scientific and professional societies, the National Health Council (CNS) issued, in 2018, a public note, to position itself contrary to this teaching methodology in the courses that form professionals in the area. Signed by 58 institutions, the note expresses a perspective of those who live the practice of health activities in Brazil. According to them, the expansion of enrollment and/or the social need of DL does not justify the adoption of this modality of teaching to train professionals working in the health area, once there are vacancies in the classroom modalities.

The note does not address, however, the expansion of the course in remote areas, where there are no educational institutions to train health professionals, but points out that it is necessary to deepen the debate on public education policies, considering the need for each course. The CNS also points out that it does not oppose the opportunities that technologies offer to the formation of higher education courses in the classroom modality and that it recognizes the

qualification of pedagogical processes promoted by the development of virtual tools.

It should be noted that the data presented here, and even the positions of these organizations gain important dimensions, if taken against the background of the model of expansion of Brazilian higher education, initiated in the 2000s, whose emphasis was marked by the growing predominance of private/market interests and the flexibility of state regulation, a process called the "gold rush" of **commodity education** and the **educational market**^(17:1015, author's griffins). In the curricular sphere, the reverberations of these neoliberal logics in the teaching and learning processes are problematized, in this case, the active teaching-learning methodologies, in their various spheres, particularly with regard to a pedagogy that increasingly turns to the individual manager of itself and its learning, flexible, available to learn, whose knowledge is adjusted to the economic demands of the market⁽¹⁸⁾.

Thus, despite being an increasingly present resource in teaching practices, it is perceived that the DL keeps linked to itself polemics in relation to its constitution and the way it is established. As already pointed out, the problem is not the DL *per se*, but its exclusive and integral use as a teaching modality in health courses. The DL, in our country, was historically associated with a lower quality education precisely because it was initially an alternative to people who could not engage in traditional education, either by labor requirements or because they were not in the typical schooling period⁽¹⁹⁾. However, there are successful experiences in which the distance learning was employed effectively and efficiently, well planned, attuned to developments in the field of information and communication technologies and with curricular arrangements that guarantee the quality of training.

The evolution of DL over the years and the improvement of its educational tools after the advances of digital information and communication technologies has also allowed greater interaction between the subjects of learning, favoring exchange, mediation

and collaboration, allowing a higher quality follow-up⁽¹⁹⁾. These technological increments, fundamental to improving the quality of training through DL, should also be monitored based on the training of professionals working in these courses, expanding the expertise with which students can keep contact.

In contrast to the positive aspects that have become increasingly dense over time, it should be problematized that the unbridled implementation of this modality of teaching, often without planning, with a view to meeting the needs of each course purely with the economic purpose of educational institutions, has raised a warning to the Professional Councils regarding the type of professional who will be trained and their real technical skills to deal with the daily problems of health practice. Thus, all these elements end up contributing to the DL in the nursing area, generate debates and problems solving process that are important and should be considered.

Previously, DL was fundamentally presented as a complementary strategy to traditional and classroom education, the expansion of this modality in private higher education has enabled the provision of several courses in the area of health at distance⁽¹⁷⁾. Such offers are often not accompanied by important reflections to professional exercise, which can bring, as a consequence, significant risks to the quality of health care⁽²⁰⁾.

Another important aspect of being evidenced in relation to DL, refers to the high rates of students' dropout in this type of teaching. Evasion can be evidenced as one of the main problems of DL, as there are cases in which only half of the students have completed the training programs. The main causes for evasion are: lack of time; financial situation; non-adaptation to the virtual environment of the course; distance; not dedication to studies; not receiving the necessary resources from the institution; the course is not exactly what they wanted; absence of interaction with other students, among others⁽²¹⁾.

Given the scenario of the COVID-19 pandemic, these issues are not mischaracterized. On the contrary, they can be enhanced. Thus, it is

important to continue these investigations, given the specificities resulting from the pandemic and also the speed with which these changes are implemented and also reviewed. In a scenario of impermanence, it is important that the questions which guide the discussion about the possibility or not of a nursing degree totally in the distance modality may reflect not the need to adjust to the reality of the pandemic, but rather the comparison of a national educational and professional reality that, regardless of the transformations fostered by the pandemic, should, most likely, be held. This occurs when we consider aspects such as access to education, the valorization of nursing professions, the profile of students, the amount paid by students in private courses in the DL modality, professional remuneration, among several other crossings that form our educational context.

Although remote education is being considered in the context of the pandemic as an urgent response, seeking the maintenance of teaching and learning processes, especially for the training of professionals who can act in the so-called "front line of combat", including nursing professionals, it is important to consider that this scenario cannot automatically mean the feasibility of a nursing training exclusively at a distance. Although DL is contributing in the current scenario with the offer of tools and methodologies that allow the continuity of training processes in classroom courses, these courses have not begun to be offered in the DL modality. The assumptions that guide these courses continue to be those of the classroom model, even though the use of distance learning resources is favoring – and also enabling – the maintenance of training in a scenario in which social distancing has proved to be one of the only strategies for containing contagion. The actions offered today and the existing reflections in the context of the pandemic are still insipient, but they mainly portray the potentialities of DL for remote teaching, not in a strategy of substitution to classroom teaching, but precisely in not interrupting the formative processes⁽⁹⁻¹⁰⁾.

What has been observed in the classroom nursing courses that have adopted teaching-learning strategies inspired by the DL is that theoretical training has been possible with the use of these resources. Service training and laboratory activities have not been operated remotely, on the contrary, they have been postponed and refurbished due to the evolution of the pandemic in our context. Thus, DL has contributed with part of this maintenance, but obviously does not replace what is understood as essential in the training for nursing care - the presence, the corporeity, the proximity. In a scenario of instability, these reflections should be monitored throughout the pandemic and the possible resumption of classroom activities in the future.

Thus, the pandemic can be an important element to reheat the debate about distance nursing education, by providing more evidence that may, in the future, support the planning of this formative model. However, it is asserted that it is not only a production of evidence, but that it can be critically reflected for a possible, feasible education that can be offered to students, future nurses, and the professionals about to be trained, not only for a labor market with strong demands, but for a society in which health is not a commodity, but a right and a responsibility of all.

Conclusion

In view of the argument developed in this essay, it is considered the importance of better discussing the DL in nursing education and not only in the scenario of the COVID-19 pandemic. In addition to the unequivocal contributions of teaching-learning strategies, distance emerges as an adaptation to a context of social isolation and distancing that has not enabled the maintenance of face-to-face teaching in Brazilian universities. The implementation of a fully distance course for nursing constitutes an old debate, which cannot be biased due to new circumscriptors, whose amplitude and duration are not yet estimated.

In a scenario of instability, with a pandemic in transit and with repercussions still unknown in the Brazilian context, which may have direct implications for health education, it is considered that this discussion around nursing education via DL should be conducted with prudence, striving for an exercise that can be conducted independently of political and economic contexts that may be degraded as a result of the ongoing pandemic.

Class councils should follow this scenario, reaffirming their positions in defense of quality education that allows adequate training for the care. This training, by the arguments presented here, although can benefit from innovative strategies headed by the DL, cannot forego essential elements in care, such as presence, contact, corporeity and face-to-face interaction that, historically and culturally, make up our work in nursing.

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2 – writing of the article and relevant critical review of the intellectual content: Fabio Scorsolini-Comin, Lucas Pereira de Melo, Lucas Rossato and Ronan da Silva Parreira Gaia;

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