

WhatsApp as a support strategy for emergency nursing students during the COVID-19 pandemic

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Why was the idea necessary?

Thirty-four registered nurses enrolled for the postgraduate emergency nursing programme at the Department of Nursing Science at a university in South Africa (SA), starting in February 2020. The programme consists of a theoretical and a practical component. Typically, learning and teaching occur through face-to-face contact for four hours per week in the classroom, and work-integrated learning (WIL) comprises 32 hours per week. The lecturer and clinical facilitators accompany students in an emergency department for at least three hours per week for ~28 academic weeks. Students have specific clinical learning outcomes to master during the WIL. On 15 March 2020, the SA Government declared a national state of emergency in respect of the COVID-19 pandemic. Tertiary education activities came to a halt and face-to-face contact was replaced with online activities – a new challenge for both students and lecturer.

In addition to the university's formal online teaching and learning system, announcements were communicated through email and Padlet, an informal online platform. However, this individualised communication between students and lecturer was slow, and many students asked similar questions. Students were often unable to access the formal and informal teaching and learning systems, as they were in clinical practice dealing with the COVID-19 pandemic, wearing their 'space suits' (personal protective equipment), causing student and lecturer frustration. Like other healthcare professionals working 'at the coalface', students indicated that they felt isolated and disengaged,^[1] and considered discontinuing the programme. Whatsapp was regarded as a potential supportive strategy because it promotes quick and easy communication, expands social networking,^[2] is related to positive learning outcomes,^[3] and encourages student interaction.^[4] The present short report aims to describe the use of WhatsApp as a support strategy for emergency nursing students during the COVID-19 pandemic.

What was tried (the intervention)

As all students had smartphones and used Whatsapp to communicate, the lecturer started a Whatsapp group, including all emergency nursing students, the clinical facilitators involved in the various hospitals (private and public), and the lecturer. The platform would allow the lecturer and clinical facilitators to maintain connection with students, increasing the students' access to support and information. Whatsapp facilitated, for example, the sharing of academic, logistical arrangements, and circulating interesting cases and new developments in clinical practice.

Communication on the group's Whatsapp from 1 March to 31 December 2020 was exported in portable document format (PDF). Using thematic analysis, all authors individually analysed the data manually and agreed on themes. The three themes that emerged were system, academic and

emotional support. The UFS Faculty of Health Research Committee approved the research proposal (*ref. no.* 842/2020) and all emergency nursing students and clinical facilitators signed informed consent.

Whatsapp provided a space for immediate support during deployment, as well as academic and emotional support. Table 1 shows some messages from Whatsapp communications that support the three themes identified.

The lessons learnt

The lessons learnt are discussed in terms of the three themes identified below.

System support

Through Whatsapp communication, the lecturer became aware that emergency nursing students' employers demand full-time service. Emergency nursing students rotating through other disciplines (e.g. operating theatre or critical care units) as part of the clinical component were redeployed to the emergency department. Contrary to the service managers' actions, students envisioned continuing and completing the emergency nursing programme and expected to complete the rotation placements. The health services viewed students as employees and frontline workers, demanding more from them, contributing to increased stress and uncertainties. Students confronted an instantaneous change in practices and ways of working. The lecturer and clinical facilitators were aware of the tension and could focus on support and interventions to ensure a favourable outcome for employer and student, such as writing letters to hospital management to explain that the programme is continuing online. Collaboration with the clinical facilitators was invaluable as they understood the students' fears and uncertainties and provided direction and support to students on the Whatsapp group.

The core lessons learnt relating to system support were being aware of students' stressors and having open communication and collaboration between academic institutions, health services and students.

Academic support

The lecturer strived to provide immediate feedback on academic concerns to relieve some of the students' immediate distress. The lecturer responded to the pandemic by adapting the curriculum. The emphasis shifted to support students in what they were dealing with in clinical practice, such as 'happy hypoxaemia' and associated conditions and treatment modalities of COVID-19, instead of focusing on chest injuries as planned. Furthermore, learning was no longer restricted to classroom contact time because the learning platform changed to online. Suddenly, teaching and learning became a 24-hour service,^[5] were directly related to practice, and consequently more authentic. The present study confirms Cetinkaya's^[6] views that learning occurs

unconsciously and that students learn more effectively if an image accompanied the WhatsApp message.

Shared information included, for example, articles, new protocols, and links to YouTube videos. Additionally, WhatsApp was used to stimulate student engagement, e.g. posting chest radiographs or arterial blood gases, and then asking students questions. Students were also posting concerns and questions and indicated when they required guidance about theory and practice.^[7] Whatsapp provided peer-to-peer as well as student-lecturer-clinical facilitator support.^[8] The unrestricted open communication platform promoted student-generated learning opportunities in real time, e.g. re-structure patients' movement through the emergency department, and intubate and mechanically ventilate a patient diagnosed with COVID-19. Through WhatsApp, lecturers, clinical facilitators and peers could facilitate theory-practice integration.

Students negotiated deadlines for assignments, as shown in Table 1, with leniency from the lecturer, who understood the students' context and struggles as 'coalface' workers. It is the lecturer's responsibility to maintain a balance between the effects of the pandemic on students and the expected outcomes of the programme. Therefore, continuous critical reflection is required to know when to expect more from the students and when to give them some space. It is important to look at the comments made by each student – sometimes, one needs to answer the question for the group or give additional support, e.g. give an online lecture on arterial blood gas analysis. The lecturer should discern when an individual needs specific support.

Table 1. Examples of excerpts that support the themes

Theme	Excerpts
Deployment	Lecturer: 'No class tomorrow.' Student: 'So then we should arrange to work because we are going to short hours as class days also count as hours.' Clinical facilitator: 'Yes, if no class, then you should work to have enough hours.' Lecturer: 'Please do not go to work, you still have assignments to do so that you don't fall behind.'
Academic support	Lecturer: 'Morning – myself and X have uploaded two chest X-rays on Padlet. You can interpret the chest X-rays, send to me via email. I will then send you the correct answers. You may use the practice session as one of the chest X-rays that you need to do in the VGK 201 practical book. We will sign it for you. Just make a note in the book.' Student A: 'When is "the end of this week" – today or tomorrow? Can we still submit tomorrow?' Student B: 'Would also like to know.' Student C: 'Think it's Monday.' Lecturer: 'Monday is 100%.' A student posted the following link: 'Something interesting on the modes of ventilation https://www.facebook.com/164130603642941/posts/2960162874039686/ '
Emotional support	Lecturer: 'I have uploaded interesting information on sustainable wellbeing. Have a look if you want to and if you find it valuable or not, please let us know on WhatsApp.' Student: 'Exam stress – I am out of my width. Am so disconnected I can scream.'

The above text highlights the importance of adaptability and leniency of stakeholders and their ability to encourage theory-practice integration through WhatsApp. Additionally, student-generated learning opportunities strengthen a student-centred educational approach.

Emotional support

Peer support flourished as students experienced the same uncertainties. Communication on the platform reminded the lecturer that students are human beings with unique ways of coping with a crisis. Some students took control and continued as if the crisis was an everyday occurrence, while others either withdrew, harboured ideas of suicide or used the pandemic as an excuse for not meeting deadlines and requirements of the programme. Furthermore, students, clinical facilitators and lecturer continued to build a trusting relationship through Whatsapp. Like the respondents in Gon and Rawekar's study,^[5] students found the increased availability of the lecturer and clinical facilitators supportive. Bano *et al.*^[9] reported that spending time on WhatsApp positively influenced students' psychological wellbeing, as reflected in one of the quotes: 'Thank you for being such a caring, kind, and understanding [lecturer and clinical facilitator] these times. You have gone above and beyond for us and we appreciate you so much! [Clinical facilitator] ...thank you for your compassion & support during this time for making yourself available to students...'

The availability of peers, lecturer and clinical facilitators through WhatsApp is paramount for emotional support.

What will I keep in my practice?

The present research supports Cetinkaya's^[6] finding that WhatsApp's use as supportive technology should be encouraged, as part of blended learning requires further research. One should acknowledge that WhatsApp cannot replace other e-learning platforms such as Blackboard but should be used in conjunction with other online platforms. Whatsapp was a valuable tool to use in a crisis and may be beneficial for open communication between students and learning facilitators beyond the COVID-19 crises. The student group found it easy to share information, maintain contact, give feedback and create and maintain social relationships. The use of WhatsApp promoted the transfer of learning as practice-based questions were posed, and students and learning facilitators deliberated possible solutions and referred to information sources. Including the clinical facilitators was vital to enhance everyone's experience, and enabled specific, focused clinical facilitation in practice.

What will I not do?

Communication and support through Whatsapp groups were unrestricted, making the lecturer available to students for close to 24 hours in a single day. The unrestricted communication times were uncomfortable for the lecturer, as students would send messages to the group at odd hours. Perpetual exposure to student issues in the clinical environment through this unrestricted WhatsApp group could contribute to lecturer burn-out. Therefore, in the future, Whatsapp will only be used as student support – guided by common guidelines known by students and lecturer.

Declaration. None.

Author contributions. Equal contributions.

Acknowledgements. None.

Funding. None.

Conflicts of interest. None.

Evidence of the innovation



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Accepted 10 May 2021.

Afr J Health Professions Educ 2021;13(3):176-178. <https://doi.org/10.7196/AJHPE.2021.v13i3.1517>