

Opinions of Midwifery Students on Distance Education Process and Practical Courses in COVID-19 Period: A Mixed-Method Study

COVID-19 Döneminde Ebelik Öğrencilerinin Uzaktan Eğitim Süreci ve Uygulamalı Dersler Hakkında Görüşleri: Karma Yöntem Çalışması

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ABSTRACT

Objective: This study aimed to determine the opinions of second-grade midwifery students who do not have hospital experience yet, about the COVID-19 pandemic, the distance education process, and applied courses.

Method: The research was carried out between February 15, 2021 and March 03, 2021 in the midwifery department of a university by mixed method. The sample of the study consisted of 45 students. The data were collected through a form prepared by the researchers, describing the socio-demographic characteristics of the participants, their views on the COVID-19 pandemic, the distance education process, and applied lessons. Chi-square test was used for descriptive statistics and quantitative data in the statistical analysis of the data, and content analysis was used in the analysis of the qualitative data.

Results: It was determined that 22.2% of the students remained in quarantine. During this process, it was determined that the students experienced feelings such as loneliness and uncertainty and developed various coping mechanisms. While the advantages of the distance education process are that there is no transportation problem and easy access to the resources related to the course, the disadvantages are determined as spending too much time in front of the computer, technical difficulties, and less lesson hours. It was concluded that the activities made them feel like midwives.

Conclusion: It was concluded that the negative feelings of the students about the COVID-19 pandemic and the distance education process were dominant, and they were satisfied with the activities carried out within the scope of their practical lessons.

Keywords: COVID-19, distance education, midwife, pandemic, practical lesson

ÖZ

Amaç: Henüz hastane deneyimi olmayan 2. sınıf ebelik öğrencilerinin, COVID-19 pandemisi, uzaktan eğitim süreci ve uygulamalı dersler hakkındaki görüşlerini belirlemektir.

Yöntemler: Araştırma 15.02.2021-03.10.2021 tarihleri arasında bir üniversitenin ebelik bölümünde karma yöntemle gerçekleştirilmiştir. Araştırmanın örneklemini 45 öğrenci oluşturmuştur. Veriler, araştırmacılar tarafından hazırlanan, katılımcıların sosyo-demografik özelliklerini, COVID-19 pandemisi hakkındaki görüşlerini, uzaktan eğitim sürecini ve uygulamalı dersleri anlatan bir form aracılığıyla toplanmıştır. Betimsel istatistikler için ki-kare testi, verilerin istatistiksel analizinde nicel veriler, nitel verilerin analizinde içerik analizi kullanılmıştır.

Bulgular: Öğrencilerin %22,2'sinin karantinada kaldığı belirlendi. Bu süreçte öğrencilerin yalnızlık ve belirsizlik gibi duygular yaşadıkları ve çeşitli baş etme mekanizmaları geliştirdikleri belirlenmiştir. Uzaktan eğitim sürecinin avantajları ulaşım sorununun olmaması ve dersle ilgili kaynaklara ulaşımın kolay olması iken dezavantajları ise bilgisayar başında çok fazla zaman geçirme, teknik zorluklar ve ders saatlerinin az olması olarak belirlenmiştir. Etkinliklerin kendilerini ebe gibi hissettirdiği sonucuna varılmıştır.

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Sonuç: Öğrencilerin COVID-19 pandemisi ve uzaktan eğitim sürecine ilişkin olumsuz duygularının baskın olduğu, uygulamalı dersler kapsamında gerçekleştirilen etkinliklerden memnun oldukları sonucuna varılmıştır.

Anahtar Kelimeler: COVID-19, ebe, pandemi, uygulamalı ders, uzaktan eğitim

Introduction

The novel coronavirus disease (COVID-19) first appeared in 2019 in Wuhan, China, as pneumonia cases of unknown origin and was declared a pandemic by World Health Organization in 2020 (Guan ve ark., 2020; WHO, 2020). The COVID-19 pandemic has become a fundamental threat to global health and has negatively affected various sectors such as transportation, education, workplace, and health, in particular (Çevirme & Kurt, 2020; Seven & Abban, 2021). Countries have started to take some measures in order to prevent this negative impact in every field. Social distance rules, use of masks, lockdowns, quarantine practices, closing of cafes and restaurants, and interrupting face-to-face training at universities and at other educational institutions are some of these measures (Dewart et al., 2020; Kickbusch & Leung, 2020; Shigemura et al., 2020). Interrupting face-to-face education, especially at universities, has helped reduce the number of cases and the burden on the healthcare system during the COVID-19 pandemic (Dewart et al., 2020; Haslam, 2021). However, the learning and teaching processes have been interrupted and the conventional system is damaged (Leigh et al., 2020, Boz Yüksekdağ, 2020) as the universities were caught before they could prepare for this suddenly emerging process. For this reason, all courses were conducted through distance education, even practical courses (Mucuk et al., 2021). Midwifery education has also shifted into the distance education process just like other educational fields. Midwifery education has a rich tradition of blending innovation with proven training methods (Johnson & Fullerton 1998). In the extraordinary atmosphere of COVID-19 pandemic, new methods have been tried to be developed and adapted to this situation. Even so, factors regarding academicians and students made it difficult to adapt to this process. Inexperience of academicians in distance education, unsuitable home environment for students, and insufficient technological resources such as computers and internet are some of the factors that make adaptation to distance education difficult (Klar, 2020). In addition to effective technological resources and learning management systems (such as Moodle, aTutor, Claroline, and Dokeos) that perform the management, documentation, and reporting processes of the distance education system, factors such as the use of virtual video conferencing environments such as Zoom and Microsoft Teams, in addition to experiences of academicians in the process has helped increase the effectiveness of the training by facilitating adaptation to this process (Çoban ve ark., 2016; Seven & Abban, 2021).

Effects of COVID-19 on nursing students have been discussed in various research from the literature (Savitsky et al., 2020; Hayter & Jackson, 2020), but there are a limited number of studies examining the effects of the epidemic on midwifery students (Kuliukas et al., 2021).

The aim of this study was to reveal the opinions of second-grade midwifery students, who do not yet have hospital experience,

about the COVID-19 pandemic, distance education process, and practical lessons, with a focus group study.

Methods

A mixed method in which qualitative and quantitative research methods are practiced together was used for the research. Both qualitative and quantitative research were conducted simultaneously. The research was carried out in Amasya University Health Sciences Faculty Midwifery Department second-grade students between February 02, 2021 and March 03, 2021.

No sample selection was made and all of the 52 second-grade midwifery students were aimed to be reached. The aim of the study was explained to 46 students who accepted to participate in the research and they were additionally granted that their personal information would not be requested, and their oral and written consent were taken after having the informed consent form read. One student withdrew after starting the research. Before starting the research, no pilot application was made. The criteria for inclusion in the research were determined as having taken a practical course and volunteering to participate in the research. Those who did not take a practical course and did not volunteer to participate in the study were not included in the study.

The students are second-grade midwifery students and have been taking distance education for about 1 year. Normally, there are clinical practical lessons for two semesters. Unfortunately, the students have not yet been able to participate in the clinical practice of any lesson and the process has been compensated with homework. Their definitions of this process are important in terms of learning how the students, who have not yet come into practice, evaluate the process.

Quantitative Research

Quantitative research data were obtained online with an 8-questionnaire containing information about socio-demographic and COVID-19 and its descriptive characteristics (age, city of residence, presence of acquaintances with a positive COVID-19 test, quarantine, and symptomatic status).

Percentage and frequency of the quantitative data were evaluated using the Statistical Package for the Social Sciences program. Categorical data were analyzed with the chi-square test.

Qualitative Research

For the qualitative research type, phenomenological approach is adopted. Phenomenological is an approach that requires multi-dimensional thinking and interpretation, shaped by the focus of emotion, thought, and experience (Tekindal & Arsu, 2020).

The research data were collected using focus group interviews. A small group of 6–10 people is recommended for focus group interviews (Ersin & Bayburt, 2016). Forty-six students who volunteered to participate in the research were randomly divided into groups and 7 groups were formed, each group of 6–7. Changes

were made in the groups based on timing of the interviews. In addition, one student withdrew from the research while it was being carried out. For this reason, that group was completed as five people. The groups ranged from five to eight people because of these changes. Nicknames were created for the participants by the researchers. Distribution of the groups and students is shown in Figure 1.

Focus group interviews were conducted in a semi-structured manner. Focus group interviews were held online, lasted between 55 and 108 minutes, and were recorded with the consent of the participants. Both of the researchers participated in the focus group interviews and the facilitator has always been the same researcher. While collecting qualitative research data, questions were asked to the participants about the COVID-19 pandemic, the distance education process, and applied for courses in this process, and the answers of the participants were audio-recorded and then evaluated by two researchers.

Some of the questions were as follows:

1. How does she evaluate the COVID-19 process?
2. What is he having the most difficulty with?
3. What does he do to deal with it?
4. How does she evaluate the distance education process?
5. What are the advantages and disadvantages of distance education?
6. What are the activities they do within the scope of applied lessons and their opinions about these activities?

When the data reached saturation, the interviews were terminated. When all the codes were repeated and no new data emerged, the researcher ended the interview. After the interview, the participants summarized their general opinions. The purpose of the study was made clear to the participants that

their information would be kept confidential. The participants expressed their opinions more openly because they knew the researchers. The facilitator only raised the questions and did not comment in any way (credibility).

Content analysis was made on the qualitative data. No software was used while evaluating the data. Both of the researchers took notes between the interviews and after the interviews were completed. The researchers took notes separately and continued their discussion until they reached a consensus. They reviewed the recordings together and reported them (confirmability, dependability). Eight themes were defined as a result of these reports. The themes are as follows:

- **Theme 1.** Social isolation, loneliness, and uncertainty
- **Theme 2.** The period being scary, worrying, and causing guilt
- **Theme 3.** Cleaning and fear of contamination
- **Theme 4.** Difficulties
- **Theme 5.** Coping methods during the COVID-19 period
- **Theme 6.** Advantages of the distance education process
- **Theme 7.** Disadvantages of the distance education process
- **Theme 8.** Views on practical lessons conducted distantly

Ethical Approval

Institutional consent (January 19, 2021-1835) and ethics committee consent from Amasya University Science Ethics Committee (February 12, 2021-4879) were taken to conduct the research. Oral and written consent were obtained from the participants.

Results

Descriptive Properties

Students are between the ages of 18 and 22 and the mean age is 20.00 ± 0.86 . All of the students are women. As they live in different cities, they have been evaluated regionally and 62.2%

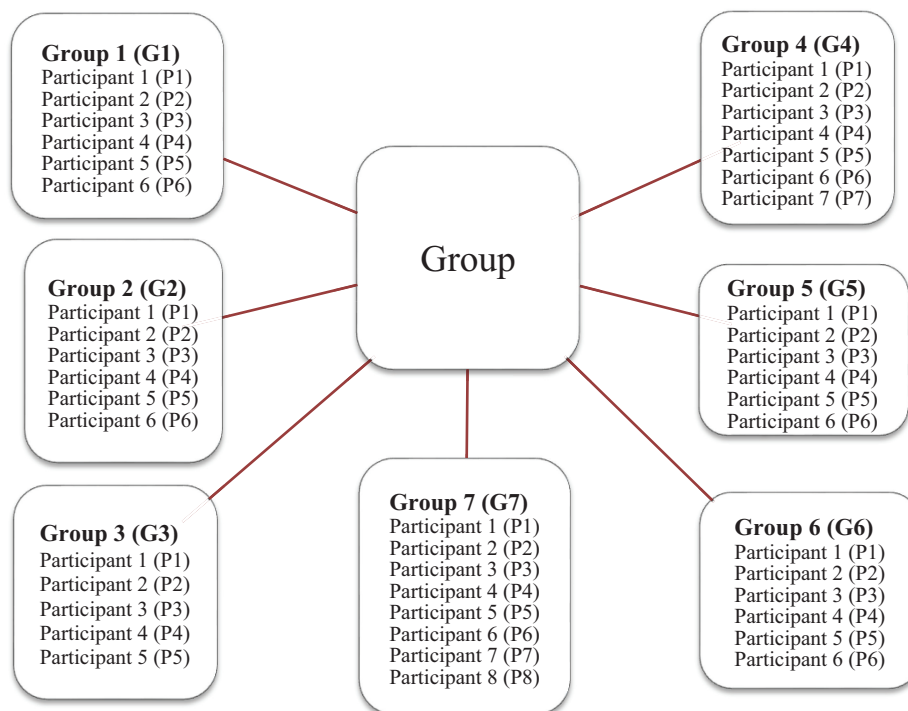


Figure 1. Distribution of the Groups, Number of Participants, and Participant Coding

(28 students) of them stated that they lived in the Black Sea Region. The students expressed their reasons for choosing the midwifery department in rates as follows: 33.3% (15) because of having an interest, passion, curiosity, and being their dream job, 22.2% (10) because of their interests in the healthcare sector, and 20% (9) because of having enough exam scores for the department.

Quantitative Data

Almost half of the students had relatives with positive COVID-19 test and 22.2% of them remained in quarantine. Additionally, most of those who experienced symptoms reflected more than one symptom at the same time (Table 1).

Age, the region they live in, and the presence of people who are positive for COVID-19 ($p = 0,33, p = 0,53$), being in quarantine due to COVID-19 ($p = .058, p = 0,70$) were compared and were not found to be statistically significant.

Qualitative Data

The students were asked questions consisting of three parts: COVID-19 process, distance education process, and practical lessons. Among the data about the COVID-19 process, issues such as social isolation, loneliness and uncertainty, being scary, worrying and causing guilt, fear of cleanness, and contamination were more prominent than others.

Theme 1. Social Isolation, Loneliness, and Uncertainty

Most of the students reported that they had similar feelings about being unable to go out due to maintaining social distance. Almost all of them considered it a feeling of loneliness and a difficult process unless they could get out.

Sometimes we feel very lonely, but we cannot go to anyone and chat. There are only social media and phone, they are not helpful for us, we feel we are lonely. (G2/P2)

Staying at home compulsorily triggers the feeling of going out; it is very hard to tolerate. Psychologically you are in a very bad condition; the people you love are sick and they can't do anything. Next door I listened to my father's coughing sounds, and it was really a difficult process. Not being able to hug the

people you love is a real distress. We were talking to the people we love, but now we are at a distance. And this has come out of necessity, so our psychology has been affected badly in the process. (G4/P5)

I think it's a psychologically exhausting process because we're all at home all the time and don't go out to avoid exposure to the virus. When we go out, we pay attention to ourselves and worried if there is something there or something here. We are constantly using cologne on our hands. (G6/P6)

I think it is a very difficult period. Because I had COVID 19. It is a very difficult process; you are stuck in a room; you can't get out in any way; You are all restricted and everything you eat and drink is tasteless. It affects people a lot. It's quite a time to recover later on. You become like obsessed. (G7/P2)

There have been no restrictions on my location. Since there haven't been any restrictions for tourists and we have been stuck in the houses, I have never got used to that psychology. Entertainment centers are open but we are inside. (G1/P3)

Theme 2. The Period Being Scary, Worrying, and Causing Guilt

In this section students are more concerned about their relatives having COVID-19 or infecting their relatives with it rather than being infected.

I think it's both worrying and scary. We have many relatives and they have advanced age, heart-related problems, high blood pressure, and diabetes. We still think that nothing will happen as we are young, but it is a more challenging process for them. We are worried a lot about our relatives. That's why we live with the worry of infecting our loved ones and that something will happen wherever we go; it is a very bad situation, I hope it will be over as soon as possible. (G7/P1)

Not sure whether it is to call for the bad or panic attack, but I have been worried if my mother gets corona, or if my father gets it, or if they are taken into intensive care; I have gone through such a process, I have withdrawn more into myself. (G1/P1)

My father works at the hospital and we are afraid if it will happen. In this respect, I think it is wearing us all psychologically. (G6/P6)

Theme 3. Cleaning and Fear of Contamination

Students reported that they were more meticulous about cleaning to avoid COVID-19 and expressed their concerns about the risk of COVID-19 infection wherever they touch.

We have seen how important cleanliness and hygiene is; We have realized that communication is actually very valuable. (G2/P3)

Especially the hand hygiene; Whenever I touch somewhere, panic occurs to see if it passed or infected me; I am more panic because I have been in the hospital twice because of suspicion of the infection. (G2/P1)

When we go out, we get more cautious; We get suspicious if there is something there or here. We are constantly cleaning our hands with cologne. (G6/P6)

Theme 4. Difficulties

Those whose relatives or themselves have suffered from COVID-19 have stated that they have particularly hard times. They described situations such as listening to the coughing sound of

		n	%
Do you have any relatives who were tested positive for COVID-19?	Yes	22	48.90
	No	23	51.10
Degree of kinship of your relative who is positive for COVID-19 (n = 22)	My relatives	10	45.45
	My family and myself	4	18.18
	My family, relatives	3	13.63
	My neighbors, relatives	3	13.63
	My neighbors	2	9.11
Have you remained in quarantine due to COVID-19?	Yes	10	22.20
	No	35	77.80
Have you experienced COVID-19 symptoms?	Yes	8	17.80
	No	37	82.20
If so, which of the COVID-19 symptoms have you experienced? (n = 8)	Multiple symptoms	6	75.00
	Loss of smell	1	12.50
	Cough	1	12.50

the one in the next room, not being able to enter the room, etc. as difficult occasions. Evaluating this with the quantitative data, we see that those who talk about the difficulties are the ones whose first-degree relatives or themselves are COVID-19-positive and also have multiple symptoms.

Actually, it is like this; It is a difficult process for everyone, but it has also been a difficult process, especially for healthcare professionals and working society. There have been layoffs. Healthcare professionals have been far away with their families. In case they can infect them too. It has been a very difficult process psychologically for everyone. (G5/P3)

My mother and father had COVID and we actually had a hard time in this period; they stayed at home but we couldn't stay in the same room with each other, we couldn't eat together. I had siblings at home and I had to take care of them all the time; My father was in a room, my mother was in a room, we were in another room, it was psychologically a difficult period. It was actually very difficult because we had the disease at home. (G4/P4)

Theme 5. Coping Methods During the COVID-19 Period

It is also observed that students mostly talked about coping methods such as reading books, watching movies/series, walking, cooking, and helping with home chores and some have stated that they had acquired new hobbies such as playing musical instruments, knitting, and some even got a pet. At the same time, spending time with their families was a situation they described as an advantage and made it easier for them to cope with the period. It is also seen that they chose sleeping and using social media, computer, and phone as their coping methods.

I was with my family all the time, and it felt good as it was something I couldn't experience for a long time. Being with my family was the best part for me. (G1/P4)

I made use of this period by reading a book. I had an interest in knitting and tried to learn it for a while. I made up my gaps in the lessons. (G1/P6)

We all started playing taboos together. We started playing the games my parents played in their youth. We started buying games at home, we actually started filming videos at home, started to engage with social media, and spent time at home with things like phones and computers. (G1/P2)

Usually, especially when I am troubled, I go for a walk during this pandemic period, I wear my mask, take my headphones and walk for an hour. I usually sleep when I am bored and overwhelmed. I sleep and read books all the time. (G3/P5)

I took up cooking, I cooked whatever came to my mind. I made people in the house gain a lot of weight, including myself. I was constantly interested in this. (G4/P3)

I got a pet. I pet a stray animal. We live together. I don't get too bored as long as it is with me. I'm playing with it. (G5/P2)

I was good at painting. I tried to make new small paintings myself. Actually, I had been far away from it, but I tried to get used to it again. I also had plenty of enthusiasm for knitting, but I didn't have much time for it as my mother was constantly saying that I had to study. I started making shower washcloths. It was good anyway, it distracted me a little, I cleared my thoughts, and it made me relax psychologically. (G6/P3)

Theme 6. Advantages of the Distance Education Process

Getting rid of transportation problems, not getting up early in the morning, and being with their families are reported by students as advantages of distance education process. Being able to follow the lessons and access the documents over and over again are among other positive aspects they counted.

Its advantages are reaching the lecture records later and viewing the parts you haven't understood. We had enough access to course documents. If there was a problem on our internet that day, we would have the opportunity to view it later. (G1/P3)

We can stop and watch again; We can enter whenever we are available, not when we are busy (G2/P5)

The biggest advantage is that you don't need to get up and get ready in the morning, you don't need to set off; We wake up 10 minutes before class in pyjamas, that's the biggest advantage for me. Practices are the disadvantages; I constantly feel incomplete. I study theoretically but still forget. (G3/P5)

We could only follow a lecture instantly while at school and it was over. In other words, whatever we took as notes in the notebook or how carefully we listened to the lecture were all we could do. But now that we were at home, we have the chance to view that lesson over and over again, once or twice until we have understood the parts where haven't. (G5/P5)

Actually, we could be more comfortable when we were at home. Normally, we didn't actually have a preparation process for school or anything. We could easily get directly to the computer. That was favorable for us. (G5/P7)

I was able to focus more, especially in the library, for example, I could focus for hours, but when we are at home, like our friend said, this is not possible unless we leave our comfort zone. There is a saying that the bed calls from there, it's like that, or something like that. We always have breaks when we get a text on the phone or, I don't know, watching movies and eating is more attractive. I cannot focus and work at home. (G6/P5)

Theme 7. Disadvantages of the Distance Education Process

Students talk about negativities such as having less lesson hours, being constantly in front of the computer, having technical problems, not being able to concentrate on the lesson, being asleep, not being obliged to attend, and having too much homework.

I think lesson hours are a bit short. I think it is a bit lacking in this respect. (G1/P6)

I think it is a much more difficult situation and requires much more effort. Our joints hurt from sitting constantly. In fact, our instructors give breaks for us to rest on, but it is not enough. We have homework, there are things we need to do research. (G3/P4)

I could not fully join the lessons because I was having problems with the computer, and when I joined later, I had a hard time understanding. I had a perception as if I had never attended that lesson. I think it's psychological. Apart from that, I am constantly in front of the computer while doing research and this hurts my eyes. (G3/P1)

I think the most important disadvantage is that there is no attendance requirement. Okay, there are impossibilities, we

also have internet or power outages, but there is comfort as there is no obligation to attend. (G3/P4)

You are always at home and asleep. That's why it is not very efficient. Two minutes later we forget what we have learned. I think I am incomplete because we do not have the lessons that we should see in practice. I think that our practical lessons in distance education are quite missing. (G4/P6)

We may encounter technical problems with computer. (G5/P7)

I think the distance education is very good for courses and subjects that do not have practice. Because we can listen to the lessons we have been taught again and complete the missing parts there. But if we were at school, for example, we could not come over the subjects that need to be gone through twice. But when we were at home, we watched them again and again and understood. Even so, we are lacking in practice. (G6/P6)

Theme 8. Views on Practical Lessons Conducted Distantly

This semester, students have had two practical lessons of 8 hours each, for "Mother Child Health and Family Planning (MCH/FP)" and "Prenatal Period I (PP-I)", for a total of 16 hours. Within the scope of the MCH/FP course, the students have made training and consultancy examples such as family planning in the form of role play, breast self-examination, vulva examination, as well as educational materials. For the PP-I course, students have also done homework and practices such as making videos by performing Leopold manoeuvres themselves, making fetus samples from play dough, drawing pictures of female reproductive organs, collecting data from pregnant women with the role play method, and doing training. Although there have been opinions of the students about these practices in positive direction, they have also thought that were not like the real practice, not an alternative for the clinic and not sufficient, and it would be better for them to be face to face. Some of the students have stated that it would be better for their teachers to give examples of these practices. One of the most important data is that they have expressed that they felt like a midwife when they did these practices. Some have even stated that they had real experience with their neighbours or people around them.

When I learned about self-examination of the breast and vulva, I tried to do it to every woman, including my mother; I made models about them, and I was asking every pregnant woman I saw how she was fed because of my homework in the prenatal class. I was trying to tell them what I had learned. (G1/P3)

They gave homework and we shot a video. We shot videos as if we faced a pregnant woman, as if there was a couple. We have presentation assignments. We gave trainings as if our teacher was our pregnant. (G1/P5)

We don't even feel like students. It was the only point where we felt like a midwife when we shot a video or when our teachers were in the role of advisors. (G1/P4)

The videos have really been effective. With all those practices, I imagined myself as a midwife and I felt it was a very nice thing. Practices made it more memorable. (G1/P2)

I think it was definitely instructive, at least I got self-confidence. These contributed a lot, whether it be making videos, preparing presentations or making models. (G4/P7)

We made a baby model. We drew pictures of the lessons we taught, the anatomical things. We prepared various reports. We made presentations. We shot the video of the Leopold manoeuvre. They were tasks given to us by our teachers, I think they made a lot of effort to teach, even from a distance. I had a lot of fun with these practices, I got really good results. I could get even more efficiency face to face, but I was still able to get efficiency even from afar. (G5/P1)

We shot videos of vulva and breast examinations in MCH/FP class. After I learned these, one of our neighbor, a woman of 35-40 years old, asked me some questions about my department. She touched on this issue. She said that she had not done such examination before. I told her what I had learned and I really felt like a midwife. This way we learned well at home even if we were not face to face (G5/P3)

I think it would be much more effective if these were for example at school, if we were in a real hospital environment. I am very worried about this; we are almost at the end of the second grade and we do not even know how to make an injection yet, we only know how to measure blood pressure, we could only do it practically. Since I am missing on these, I really do not have an idea when the syllabus will be completed and how we can make up this deficiency, but the thought of switching to this hybrid education makes a little more sense. No matter how risky it is. (G6/P5)

Discussion

Midwifery is the art of providing quality and qualified care to women and their families in reproductive and maternal and child health services, especially during pregnancy, childbirth, and postpartum period (Çakır Koçak et al., 2017; Ejder Apay, 2014). For this reason, midwives constitute one of the most important components of the workforce in healthcare services. Training midwives who can provide quality and qualified care will be possible with a quality midwifery education. Midwifery education in our country has experienced periods of progress and regression in the historical process, and finally, midwifery vocational education has officially reached undergraduate and graduate standards (Karaçam, 2016). In today's world where rapid technological developments are experienced and extraordinary situations such as pandemics are encountered, the focus is on adapting the midwifery vocational education, which applies evidence-based health care, to changing situations and graduating students as qualified health professionals. (Carr, 2003).

In this study, which was conducted to determine the views of midwifery students on the COVID-19 pandemic, the distance education process, and applied courses, the participants evaluated the COVID-19 pandemic as a process in which social isolation, loneliness, uncertainty, fear, anxiety, and guilt feelings came to the fore. Similarly, in many studies, it has been observed that students have psychological difficulties during the COVID-19 pandemic and experience various mental problems such as stress and depression (Alateeq et al., 2020; Dilmen Bayar et al., 2020; Rogowska et al., 2020; Son et al., 2020).

It is evident that students are worried about many issues related to infection, cleaning, and education. Similarly, in a research conducted by Kuliukas et al. (2021) in Australia, it is reported that midwifery students are worried about infecting their elderly parents and they express that they clean everything they touch.

Ulenaers et al. (2021) conducted a research with nursing students, in which they stated that they needed more psychosocial support and felt lost in the pandemic chaos. Similar to these studies, Ghent University (2020) stated that students felt more anxious or depressed compared to the period before COVID-19.

Gaining effective coping mechanisms during the COVID-19 pandemic and isolation process is very important in the protection and development of psychological health. Developing effective coping mechanisms prevents the individual from experiencing problems such as depression and anxiety. For this reason, it should be determined whether there are coping mechanisms that individuals adopt, and active coping strategies that support them to remain optimistic and socially active should be encouraged (receiving social support from their relatives, acquiring a hobby, etc.) (Aşkın et al., 2020; Bao et al., 2020). In this study, the participants stated that they mostly read books, watch movies or TV series, and often spend time on social media during the COVID-19 pandemic. Some of the participants also stated that spending time with their families and helping with housework helped them cope with this difficult process. In this sense, it is considered positive that students develop and adopt various active coping strategies in the COVID-19 pandemic, which is a very difficult process from a psychological point of view.

When the participants were asked about the advantages and disadvantages of the distance education process, it was seen that the students generally considered it as an advantage to get rid of the transportation problem, to be able to listen to the lectures again, and to access the documents again and again. In similar with the result obtained from this study, in a study conducted by Genç et al. with graduate students in 2020, students evaluated the distance education process as economical in terms of time and money and stated that it provides ease of access to resources. In another study, it was determined that students read more books and articles with distance education (Şener et al., 2022).

In this study, the students reported that less lesson hours, too much time spent in front of the computer, technical problems, and too many homework as disadvantages. It has been observed that similar problems are experienced in almost all studies conducted to determine the disadvantages and problems of distance education (Aktaş et al., 2020; Altun Ekiz, 2020; Genç et al., 2020; Serçemeli and Kurnaz, 2020; Telli Yamamoto and Altun, 2020). In their study, it was reported that, as a different disadvantage, they evaluated the fact that the theoretical and practical parts of the applied courses do not go simultaneously as a factor that reduces learning efficiency (Şener et al., 2022).

In a qualitative research examining the effectiveness, strengths, and limitations of distance education programs prepared for nurses and midwives, it was reported that the distance education programs were welcomed by the participants, yet they were worried about it being continuous (Willott et al., 2018). Similarly, a research conducted in our country reported 36.7% of the health vocational high school students stating that they were worried about the persistence of the digital transformation, which has become widespread, especially in the field of education, during the pandemic process (Uçkaç, 2021). In a study conducted by Şener et al. (2022) with nursing department students, it was concluded that more than half of the students preferred formal

education and that formal education should be supported with online applications. As a matter of fact, similar results were obtained in the studies conducted by Özbay and Çınar (2020) and Kahyaoğlu Süt and Küçükkaya (2016).

The students who participated in this study stated that they often benefited from activities such as model and role play within the scope of their applied lessons. In general, the students did homework and practices such as making fetus samples from play dough, drawing pictures of female reproductive organs, and training with the role play method. Although the students were satisfied with these activities, they argued that these practices did not replace the clinic, so that the hybrid method could be applied, even face-to-face education and clinical practices, no matter how risky. In addition, in this study, students stated that they felt like midwives after the activities they did within the scope of their applied lessons.

Conclusion and Recommendations

Findings of this study showed that although students have both positive and negative feelings about the COVID-19 pandemic and the distance education process, their negative emotions are dominant. That is to say, while the students positively evaluate the lack of anxiety to catch up with the class and the opportunity to watch the course records over and over again, they negatively evaluated the difficulties they experienced in their education and most importantly, staying away from clinical practices.

No regional research examining the difficulties, feelings, and thoughts of midwifery students during the pandemic process could be reached in the literature. In this sense, it may be suggested to carry out researches including all midwifery students.

Ethics Committee Approval: Ethics committee approval was received for this study from Amasya University Science Ethics Committee (February 12, 2021, No: 4879) were taken to conduct the research.

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

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Genişletilmiş Özet

Bu çalışmada, henüz hastane deneyimi olmayan ebelik ikinci sınıf öğrencilerinin COVID-19 pandemisi, uzaktan eğitim süreci ve uygulamalı derslerine yönelik görüşlerini belirlemek amaçlanmaktadır.

Bu araştırmada, nitel ve nicel araştırma yöntemlerinin birlikte uygulandığı karma yöntem kullanılmıştır. Araştırma, 45 ebelik öğrencisiyle 15.02.2021-10.03.2021 tarihleri arasında gerçekleştirilmiştir. Nicel araştırma verileri, tanımlayıcı özellikleri ve COVID-19'a ilişkin bilgileri içeren 8 soruluk bir soru formu ile online olarak, nitel araştırma verileri de odak grup görüşmeleri ile elde edilmiştir. Nicel verilerin analizi için frekans ve yüzde ile ki-kare testi, nitel verilerin analizinde içerik analizi kullanılmıştır.

Öğrencilerin yarısına yakınının, COVID-19 testi pozitif olan yakınları olduğu ve %22,2'sinin karantina yaşadıkları saptanmıştır. Yakınları ya da kendi COVID-19 geçirmiş kişiler özellikle daha fazla zorlandıklarını belirtmişlerdir. Nicel verilerle karşılaştırıldığında zorluklardan bahsedenlerin birinci derece yakını veya kendisi COVID-19 pozitif olup aynı zamanda birden çok semptomlara sahip kişiler olduğu görülmektedir.

COVID-19 sürecine ilişkin verdikleri bilgilerde sosyal izolasyon, yalnızlık ve belirsizlik, korkutucu, endişe verici ve suçluluk duyurucu, temizlik ve bulaştırma korkusu gibi konuların ön plana çıktığı görülmektedir.

Öğrencilerin çoğunlukla, kitap okumak, film/dizi seyretmek, yürüyüş yapmak, yemek yapmak ve evde yapılan işlere yardımcı olmak vb. baş etme yöntemlerinden bahsettikleri, bazılarının müzik aleti çalmak, örgü örmeye başlamak gibi yeni hobi edindikleri ve hatta evcil hayvan edindiklerini belirttikleri de görülmektedir.

Öğrenciler, uzaktan eğitim sürecinin ulaşım sıkıntısı yaşamaktan kurtulmak, sabah erken kalkmamak, aile yanında olmak gibi avantajlarını bildirmişlerdir. Aynı zamanda dersleri tekrar dinleyebilmek ve dokümanlara tekrar tekrar ulaşabilmek yine saydıkları olumlu yönlerdendir.

Öğrenciler ders saatlerini az bulmak, sürekli bilgisayar başında olmak, teknik sorunlar yaşamak, derse adapte olamamak, uyku halinde olmak, devam zorunluluğunun olamaması ve ödevlerin çok olması gibi olumsuzluklardan bahsetmektedirler.

Hızlı teknolojik gelişmelerin yaşandığı ve pandemi gibi olağanüstü durumların yaşandığı günümüz dünyasında, kanıta dayalı sağlık hizmetinin uygulandığı ebelik mesleki eğitiminin değişen durumlara uyarlanması ve nitelikli sağlık profesyonelleri olarak mezun olunması hedeflenmektedir (Carr, 2003). Ebelik öğrencilerinin COVID-19 pandemisi, uzaktan eğitim süreci ve uygulamalı derslere ilişkin görüşlerini belirlemek amacıyla yapılan bu çalışmada, katılımcılar COVID-19 pandemisini sosyal izolasyon, yalnızlık, belirsizlik, korkunun yaşandığı bir süreç olarak değerlendirmiştir. Kaygı ve suçluluk duyguları ön plana çıkmıştır. Benzer şekilde birçok çalışmada öğrencilerin COVID-19 pandemisi sürecinde psikolojik zorluklar yaşadıkları, stres ve depresyon gibi çeşitli ruhsal sorunlar yaşadıkları gözlemlenmiştir (Alateeq ve ark., 2020; Dilmen Bayar ve ark., 2020; Rogowska ve ark., 2020; Son ve diğerleri, 2020).

COVID-19 pandemisi ve izolasyon sürecinde etkili baş etme mekanizmalarının kazanılması, psikolojik sağlığın korunması ve geliştirilmesinde oldukça önemlidir. Etkili baş etme mekanizmaları geliştirmek, bireyin depresyon, anksiyete gibi sorunlar yaşamasını engeller. Bu nedenle bireylerin benimsedikleri başa çıkma mekanizmalarının olup olmadığı belirlenmeli, iyimser ve sosyal olarak aktif kalmalarını destekleyen aktif başa çıkma stratejileri teşvik edilmelidir (akrabalarından sosyal destek alma, hobi edinme vb.) (Aşkın et al., 2020; Bao et al., 2020). Bu çalışmada öğrenciler, COVID-19 pandemisi sırasında en çok kitap okuduklarını, film veya dizi izlediklerini ve sosyal medyada sıklıkla vakit geçirdiklerini belirtmişlerdir.

Öğrenciler, ders saatlerinin azlığı, bilgisayar karşısında çok fazla zaman geçirme, teknik problemler ve çok fazla ödevin dezavantaj olduğunu belirtmişlerdir. Uzaktan eğitimin dezavantajlarını ve sorunlarını belirlemeye yönelik yapılan hemen hemen tüm çalışmalarda benzer sorunların yaşandığı gözlemlenmiştir (Aktaş vd., 2020; Altun Ekiz, 2020; Genç vd., 2020; Serçemeli ve Kurnaz, 2020; Telli, Yamamoto ve Altun, 2020). Çalışmalarında farklı bir dezavantaj olarak uygulamalı derslerin teorik ve pratik bölümlerinin aynı anda gitmemesini öğrenme verimliliğini azaltan bir faktör olarak değerlendirdikleri bildirilmiştir (Şener vd., 2022).

Sonuç olarak öğrencilerin COVID-19 pandemisi ve uzaktan eğitim sürecine ilişkin olumsuz duygularının baskın olduğu, uygulamalı dersler kapsamında gerçekleştirilen etkinliklerden memnun oldukları sonucuna varılmıştır.