Our society is infatuated with computers and their ever-expanding possibilities. Learning online using Web-based modalities is now widespread throughout the educational system. However, I believe that a degree of vigilance about its use in nursing education is in order and that it must be accompanied by in-person learning. Research so far supports the effectiveness of Web-based education. As a matter of fact, in September 2010, the U.S. Department of Education (Means, Toyama, Murphy, Bakia, & Jones, 2010) published a meta-analysis of online learning investigations and concluded that students studying in face-to-face classes did slightly worse than those learning online! The best learning outcomes were demonstrated when online and face-to-face methods were blended (hybrid). Unfortunately, the comprehensiveness or narrowness of defined educational outcomes was not addressed in this analysis. I believe that uncovering the unique effect of in-person learning will eventually revise conclusions about classroom versus Web-based effectiveness. Therefore, in planning best nursing hybrid education practices, some considerations about best use of the Internet and best use of in-person learning need to be considered.

At the outset, the character of the Internet itself poses challenges. Carr (2010) has raised provocative questions about how Internet tools are changing the modern learner by developing “the permanent state of distractedness that defines the online life” (p. 112). The Internet subjects users to an extraordinary diversity of signals received through “power browsing” rather than through concentrated learning. Carr worried about the loss of systematic thought and ability to concentrate on complex tasks. As the speed of data accelerates, so does learner distraction accelerate with skimming and scanning rather than focused attention. Likewise, in 2004, Oppenheimer foretold such risks to thinking and reasoning in “The Flickering Mind,” in which he called for restraint in the computerization of education and heralded the necessity of face-to-face learning in the classroom. Beyond such concerns about the Internet as a pedagogical instrument, there are additional cautions about widespread adoption of Web-based instruction as a primary modality in nursing. These cautions persist despite the finest online teaching methodologies.

First, the physical separation of student and teacher, as well as student and student, inherent in Web-based learning follows a troubling industrial model. Education is no longer a human relationship but is instead a virtual exchange. Speedy, anywhere–anytime learning is disembodied and has become a highly profitable product in the marketplace for schools that have strong distance learning infrastructures. The commercialization of education occurs as university administrators, vendors of technological hardware and software, and investors look toward profits as a driving force.

Second, consider the anywhere, day-and-night written message demands on nursing faculty, who, just like students, can work alone in pajamas at home. What is the price of such convenience and presumed liberty? A heavy workload, job insecurity, lost spontaneity, and isolation from colleagues and students can pose difficulties. Faculty workload increases in both the creation and implementation of courses (Mancuso-Murphy, 2006). Often, faculty are required to teach online to have and keep their positions. Some programs, particularly BSN completion programs for RNs, have been converted to Web-based only. The Internet teacher spends a long time alone, which is appealing to some but burdensome for extraverted individuals, who find satisfaction and meaning through interpersonal relationships. Many faculty are sustained by in-person teaching experiences!

Third, and most troubling to me, is that Internet learning is, by definition, learning at a distance. Students and teachers are separated from one another physically. Face-to-face becomes face-to-interface. The American Association of Colleges of Nursing’s 1999 white paper, entitled “Distance Technology in Nursing Education,” includes a note that “reliance on educational technology poses questions about the relationship of the learning milieu to the social and behavioral skills needed in a humanistic, practice-oriented discipline” (p. 2).

Advocates of online teaching re-define interpersonal relationships and enthusiastically describe bonding in cyberspace communities where, they assert, true dialogue occurs in relationships sometimes having more authenticity those in the “real” world wherein people are physically present. Likewise, quality Web-based teaching can elicit deep reflection and meaningful interchange. Today, it is possible to apply creative online interaction strategies that promote a high level of virtual re-
latedness with and between students as in their written messages to each other. However, there is something missing in the use of this tool to educate nurses, and that requires the design of creative in-person learning experiences.

Returning to the implications of the American Association of Colleges of Nursing’s white paper (1999), let us consider how to foster the exquisitely sensitive relational skills necessary to be effective with patients, families, and other professions, as well as within organizations and the community. Relevant educational outcomes need to be fleshed out accordingly; some may not be measurable. Face-to-face work in blended (hybrid) courses must bring nursing students together to learn in the physical presence of one another to enhance the social and emotional intelligence essential to nurse—to listen beyond words, to watch faces and bodily expressions, to pick up nonverbal skills, to interact socially and therapeutically, to negotiate, to resolve conflict, and to build caring collegial community. Just as simulation with high-fidelity manikins cannot replace interaction with living patients, so online interaction cannot replace learning through socialization in face-to-face learning community.

Let us begin by articulating nursing behaviors and skills at the associate, bachelor’s, and graduate level that cannot be learned at a distance. These then must be deliberately emphasized in the face-to-face component of hybrid programs. What we know is more than what we can tap out on a keyboard! Nurses grow from silence to voice through listening, speaking, and being heard. Developing nursing knowledge without nursing voice leads to smart nurses who may lack vital nursing know-how—to speak for themselves, the patient, the profession, or the community. I believe that the experience of living relationship and mutual support in community nurtures the learner and teacher in the ethical and caring ideal and elicits action and voice. Therefore, every nursing program that is drawn to the apparent efficiency, economy, and convenience of the Internet should also consider the power of including face-to-face experiences that develop those exquisite relationship skills so essential to nurses making a difference.

References

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