

Navigating Post Covid-19 education: An investigative study on students' attitude and perception of their new normal learning environment

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Background: The incidence and aftermath of the COVID-19 pandemic brought about a drastic change in medical education around the world. Traditional classrooms made way for online classrooms in order to ensure that learning continued in a safe and secure environment. However, how well health professional students perceived and accepted these changes have not been fully gauged yet. Therefore, the aim of this study is to evaluate the perception of health professional students about their new educational climate. **Methods:** A modified and validated Dundee Ready Education Environment Measure (DREEM) questionnaire was used to collect data regarding student perception of their educational climate. **Results:** The mean DREEM scores for three time periods were in the accepted positive range of 101 to 150 indicating that most of the students perceived the changes positively. The results indicated that most students preferred blended learning over online learning or face-to-face learning alone. Areas of concern that need improvement were identified by poor item-wise scores. **Conclusion:** Strategic remedial measures for these concerns need to be developed to improve the quality of education received by the students. However, the results of our study indicated that most of the students were able to adapt positively to the new education environment due to the change in the circumstances during COVID.

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Abstract:

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INTRODUCTION

Medical education, over the years, has relied on traditional teaching methods and physical classrooms to impart the necessary knowledge and skill sets to future health professional students. Nevertheless, educational institutions all around the world were forced to use e-learning platforms when COVID-19 was declared a pandemic in order to support students in continuing their studies (Kaul et al. 2021). This inevitable and sudden transformative change tested the flexibility and adaptability of teachers, students, and institutions alike. In a manner of speaking the pandemic opened several opportunities for the improvement of how medical knowledge is delivered to future health professional students. It served as a platform for the evolution of medical education (Kaul et al. 2021).

A primary challenge brought about by this change in the field of medical education was the transition from traditional classrooms to remote learning techniques such as live meetings and pre-recorded lectures. While educators were expected to impart the same quality and quantity of knowledge as before to students through electronic means, students were expected to understand, conform, and exhibit the expected growth in their skill sets. This posed a variety of problems (Chaudhary et al. 2022; Nimavat et al. 2021). E-learning required students to be more independent, and self-reliant and exhibit a certain amount of self-discipline to keep pace with the

curriculum. Further, for medical and nursing students the absence of clinical experience during the lockdown period was a major source of concern (Azlan et al. 2020) along with feelings of loneliness and depression due to isolation (Tahir et al. 2022). With institutions suspending regular classes, health profession students were at the risk of receiving less than an adequate amount of exposure to all the necessary spheres of knowledge and skills. The opportunity for students to learn directly from clinical experience and interaction with patients was largely reduced due to safety concerns. This stood to weaken their performance both in exams and their ability to become skilled health professional students (Ahmed et al. 2020).

The online learning had a number of distinct advantages too. It introduced flexibility into the students' study routine, providing them with the opportunity to learn according to their individual convenience. It made way for a student-oriented learning process which permitted them to study at their own pace. Students also showed a preference for recorded lectures over live classes, as they can be repeatedly listened by students (Kim et al. 2020). Safety during the pandemic, cost and time conservation and convenience have all been cited to be advantages of online education (Hussein et al. 2020). Several new challenges have also come to the forefront. The interferences to normal life like changes in regimen added stress from COVID-19 lockdown, isolation, and access to good internet connections have all made e-learning much more challenging for a significant number of students (Hussein et al. 2020; Shahrivini et al. 2021). Virtual classrooms limit teacher-student interaction which is an essential element in any given environment. More importantly, students have been discouraged by the reduction in the practical and clinical aspects of learning during the COVID period (Abbasi et al. 2020; Javed et al. 2021). On the other hand, simulation-based learning has been recommended to counter the absence of direct clinical experience during the pandemic (Abdulrahman et al. 2022).

The need for collecting feedback from both teachers and students is essential to understand the type of changes and improvements needed for better delivering the curriculum via e-learning (Nimavat et al. 2021). Moving forward, the future of medical education depends on how well the students, educators, and institutions adapt to the changes. Medical education cannot be restricted to traditional learning methods as online methods have been shown to be as effective as physical classrooms (Kim et al. 2020). The pandemic has created an opportunity to create a flexible but competent learning environment for students (Nimavat et al. 2021). Currently, the blended learning technique is widely considered as it encompasses both synchronous and asynchronous learning strategies. This will encourage students to be more involved in the process of their education (Lapitan Jr et al. 2021). Therefore, the aim of this study was to identify the extent of favorable and unfavorable aspects of remote learning. This knowledge will be valuable in designing future learning practices for efficient curriculum design and knowledge delivery.

MATERIAL & METHODS

This descriptive cross-sectional study was conducted at Northern Border University (NBU), Arar, Saudi Arabia among the health professional students from the colleges of medicine, applied science, and nursing. The ethical approval for study was obtained from the local committee of bioethics, Northern Border University (Ref: MED-2022-11-1371). The students were selected using a random sampling method. Students who enrolled in courses in the Universities after the start of the pandemic and students who passed out from their respective universities before normal classes resumed after the pandemic were excluded from the study. A modified version of the DREEM questionnaire was employed to collect the necessary data. The perception of the students of their educational environment was analysed before, during and after

COVID-19. Dundee Ready Education Environment Measure (DREEM) analysis is a widely validated method to analyse educational environments, particularly in Health professional educational institutions (Al-Ahmari et al. 2022; Miles et al. 2012). DREEM analysis was chosen for this study as it provides the possibility of identifying the strengths and weaknesses associated with each institution or country independently and taking focused remedial measures as per individual scores. A modified version of DREEM was used in this study which was verified by an expert medical education team. DREEM inventory evaluates student perception under 5 domains constituting a total of 50 items. Items 4, 9, 13,17, 25, 35, 39, 48, and 50 are negative statements and hence were reverse scored. The 50 items are scored on a 5-point Likert scale, as follows: Strongly agree – 4.0, Agree – 3.0, Uncertain – 2.0, Disagree -1.0, and strongly disagree - 0. For individual items, a mean score of ≥ 3.5 is considered a true positive. Items with a mean score of ≤ 2 indicate problem areas and concerns. A mean score of 2–3 is an item that needs can be bettered for maximum benefit to students. The responses to the questionnaire are used to generate an overall score with a maximum value of 200. Completion of the inventory will be undertaken on a voluntary basis, and data anonymity will be maintained. Items 6,8,13,37,41,47 and 50 were modified to reflect the aims of the present study. The five domains of student perception and the maximum possible scores for each domain are,

1. Student Perception of Learning (SPL) – 12 items with a maximum score of 48
2. Student Perception of Teachers (SPT)- 11 items with a maximum score of 44
3. Student’s Academic Self Perception (SASP) – 8 items with a maximum score of 32
4. Student’s Perception of Atmosphere (SPA) – 12 items with a maximum score of 48
5. Student’s Social Self Perception (SSSP) – 7 items with a maximum score of 28

RESULTS

The responses to the modified DREEM indicated that students perceived their educational environment positively in all three timelines and all colleges (Figure 1). The initial study conducted during the pre-covid period was extended after considering the impact of COVID on medical education. A total of 300 valid responses were received and considered for each of the three timelines. The respondents were 53.4% male and 46.6 % female. The results showed an increase in the total DREEM scores during the pandemic and after when regular classes had begun as compared to the pre-covid period. Medical students perceived the changes brought about by the pandemic positively to a good extent.

The mean scores for individual items of the DREEM questionnaire for pre-COVID, COVID, and post-COVID periods are listed in Table 1. Of the 5 domains SPT alone marked a decrease in score during the COVID and post-COVID periods when compared to the pre-COVID period. The highest positive score was recorded for item 47 (I prefer blended learning over face-to-face learning) for COVID and post-COVID durations. The lowest negative score was given to item 19 (My social life is good) during the COVID timeline. Several problem-prone areas were identified with scores lower than 2. Table 2 lists the country-wise distribution of domain scores and Table 3 lists the overall mean scores for each domain.

DISCUSSION

Due to the COVID-19 pandemic, students' learning environments had to transition to an online setting, and this had a significant impact on students' subjective happiness. DREEM has long been used to gauge the environment associated with educating medical students. It has been used as an effective tool to identify both strengths and weaknesses in a given institution (Al-Ahmari et

al. 2022; Miles et al. 2012). In our study too, we utilized DREEM to understand the full impact of the COVID pandemic on health professional students studying in different colleges of Northern Border University in Saudi Arabia. Data analysis revealed that health professional students have adapted well to their new environment, irrespective of the intensity of the changes around them. This is consistent with previous studies conducted in various universities in other countries (Miles et al. 2012; Syed et al. 2021).

We observed an overall increase in the DREEM scores of the COVID and post-COVID timeline in comparison to the pre-pandemic period (Figure 1). Though all three timelines reported positive scoring, this observed increase in DREEM scores during and after the pandemic can be attributed to the flexibility introduced into the otherwise tight schedule of health professional students with the introduction of online learning (Lin et al. 2021). This increase was in line with other similar studies in which health professional students aligned with the blended learning principle. Effective time management, where students may choose their own learning pace, was one of the reported advantages of online learning (Vishwanathan et al. 2021). Students felt virtual classrooms to be more relaxed than physical classrooms. However, the overall positive score does not fully reveal the true picture. Several items that received ratings of less than 2 were reported as areas of concern. These areas need to be paid special attention for improvement.

SPL domain showed an increase in scores during and after a pandemic. In the pre-COVID period, students reported being too tired to enjoy learning (Table 1). However, the score improved during COVID when e-learning was introduced. Another area of concern in this domain was the authoritarian nature of teachers. This has been reported in other studies as well (Vishwanathan et al. 2021). Nimavat *et al* recommended adopting both the synchronous mode

(Live classroom, virtual lab, etc.) which will allow students to immediately interact with their peers and the educator during live online sessions, and the asynchronous mode in which students can think through issues later with their classmates via the internet (chat rooms and discussion forums (Nimavat et al. 2021).

The only domain to report a reduction in scores during the pandemic and post-pandemic timelines was Student Perception of Teachers (SPT). The data obtained highlighted faculty-centered teaching, lack of effective communication skills of the faculty teaching, and the lack of social life as areas of concern (Table 1). During the pandemic and in its aftermath, the social lives of students were severely hindered. Students reported feeling lonely and depressed. Anxiety and frustration due to isolation and lack of communication affected a significant population of health professional students (Aristovnik et al. 2020; Shahrivini et al. 2021). In our current study too, items 19 and 28 scored negatively indicating students' mental health was impacted by the lockdown and ensuing isolation period.

The item scores in the SPA domain indicated the presence of a technological gap among both students and teachers. Though this was amplified during the transition from physical to virtual classrooms. Studies indicated the reluctance of teachers to accept and make themselves familiar with the new technology platforms that were made available to aid virtual learning (Nimavat et al. 2021). As a result, e-learning's effectiveness was somewhat diminished. Due to a lack of technology, poor internet access, and resistance to change on the part of both students and teachers, Abbasi et al.'s study in Pakistan concluded that learners prefer face-to-face instruction (Abbasi et al. 2020). Just using online sessions that encompass only pre-recorded lectures and occasional face-to-face sessions may not be enough to increase student participation. Azlan *et al*

recommended improving the efficiency and scope of online education by considering collaborative educational tools and mediums (Azlan et al. 2020).

Abbasi *et al*, in their study, reported how e-teaching and learning experiences limited the number of interactions between teachers and their students (Abbasi et al. 2020). In congruence with this, the score of item 49 (I am able to ask questions whenever I want) dropped significantly during the COVID timeline when e-learning was made exclusive for safety.

Students' responses provide some useful descriptive information regarding how they perceived about distinct learning environments. The connections between the physical and psychosocial learning environments that have been found are important because maintaining a suitable learning environment becomes an ongoing challenge for educators as a poor learning environment may prevent students from learning. It's possible that a learning environment's inadequacies could also lead to a general unease that comes up on a psychosocial level, affecting the standard of the learning environment. Overall, the study reveals that they had positive perceptions of their learning environments, which were reflected by relatively high levels of task orientation, cooperation, student cohesiveness, and satisfaction. This study has also served the dual purpose of establishing the need for a blended learning environment for improving the educational environment of health professional students while exposing the challenges and concerns plaguing medical education. Emphasis needs to place on making the learning atmosphere stress-free by encouraging students to interact and participate more both in physical and virtual platforms. A healthy and efficient educational environment is essential for nurturing both the professional and personal growth of future health professional students (Aga et al. 2021). The COVID-19 pandemic has significantly impacted medical schools around the world, with the Middle East being no exception (Gordon et al. 2020). Our study also showed similar

results. The outbreak made it impossible for students to attend lectures or study in small groups, and the whole curriculum shifted online (Rose 2020). To stop the spread of the infection, clinical rotations had to be put on hold until the social distance was reduced (Chaudhary et al. 2021; Gaur et al. 2020; Kim et al. 2020). Medical students relatively accepted the online format and were generally content with the online course (Gaur et al. 2020) despite the sudden transition to online learning. Although most students had favourable opinions of the online format, many of them also mentioned feeling lonely and missing their interpersonal relationships as a result of the social distance policy. Happiness is referred to as subjective well-being and is described as "a global evaluation of life satisfaction"(Zheng et al. 2021). Considered in context with its relationship with academic performance and empathy, more recent studies have highlighted the significance of emotional well-being in health profession students (Chaudhary et al. 2020; Khalil et al. 2020). The improvement of the well-being of students as a fundamental human need and the promotion of social connectivity are both potential responsibilities of healthcare institutions (Dworkin et al. 2021). To further understand how health profession students' subjective happiness changes over time, it is important to look into how they perceive their educational environment (Yoo & Kim 2019). A few educators have just employed the DREEM to look into the association between the learning environment and students' well-being. Positive evaluations of the medical school's learning environment were found to greatly reduce students' stress in one study (Gordon et al. 2020); in another, it was discovered that Student's Social Self-perceptions, one of the DREEM subscales, significantly correlated with subjective happiness (Kim et al. 2020). The association between this and COVID-19 has, however, barely been explored in investigations. Pre-pandemic data were not taken into consideration in the studies that already exist on health profession students' satisfaction and stress following COVID-19 (Isaradisaiikul et

al. 2021; Rose 2020; Stormon et al. 2022). Therefore, it can be difficult to figure out whether students' perspectives have changed for better or for worse following COVID-19 (Meo et al. 2020). As far as we understand, only a few studies have looked into how students perceived the learning environment and how happy they were both before and after the outbreak (Villanueva et al. 2021). Our study was designed to evaluate pre-pandemic data to contrast with post-pandemic data. As a result, we could look into how COVID-19 affected health students' views of the learning environment and their subjective happiness.

As a result of the pandemic, the learning environment go beyond traditional classroom education and had a quick shift to online learning. Since its introduction, E-Learning has become a widely used instructional strategy. Blended learning, or a combination of traditional classroom training and online instruction, is likely to become an accepted method of education in the medical field. The purpose of blended learning is to increase educational effectiveness by combining the benefits of in-person and online learning. Blended learning in health professions education has shown that more successful than traditional classroom instruction in terms of knowledge acquisition. This form of teaching and learning has been used in higher education for many years.

Our study results revealed that the student's preferences towards blended learning rather than physical classes or e-learning alone need to be taken into consideration for building a beneficial medical education system. One of the major areas of improvement needs to be SPT. Importance needs to be given to both the educational and mental growth of students for the improvement of this domain. It has been made evident that both students and faculty need to be in line with technological advances to maximize the efficiency of blended learning.

CONCLUSION

Students perceived the changes brought about by the pandemic positively to a good extent, however, there are emerging and evolving connections between the physical and psychosocial learning environments related to the use of new information technologies. In particular, psychosocial aspects may affect how satisfied learners are with learning in these settings. A regular training session is recommended for teachers and students alike to remove the reluctance exhibited by them towards new technologies. Further, medical universities should keep in mind the mental and social health of students while designing curriculum and should establish a support system for vulnerable students.

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Table 1(on next page)

Table 1. Mean score of individual items of DREEM

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	DOMAINS AND ITEMS	Pre-COVID	COVID	Post-COVID
	SPL			
1	Encouraged to take part in classroom events	2.2	2.5	2.5
2	The educators provided thorough information regarding the course of study.	2.5	2.4	2.6
3	A good support system for stressed-out students	2.4	1.9	2.3
4	Exhausted and unable to enjoy the course	1.8	2.6	2.6
5	My approaches to learning were successful.	2.4	2.2	2.4
6	The course coordinators promoted a student-centered teaching approach.	2.2	2.6	2.6
7	A lesson is frequently motivating.	2.3	2.7	2.5
8	The instructors pushed active participation from the students.	2.4	2.2	2.3
9	The trainers are authoritarian.	1.8	2.2	1.9
10	I am confident that I will pass this year.	2.5	2.1	2.3
11	The environment remains tranquil while lecturing.	2.4	2.6	2.6
12	A well-planned course	2.1	2.3	2.2
	SPT			
13	There is faculty-centered teaching.	2.2	1.9	2
14	This course rarely makes me feel bored.	2.1	2.2	2.1
15	In this course of study, I have close friends.	2	1.5	1.7
16	My competency is being developed by what is being taught.	2.3	2.2	2.1
17	In this course, cheating is a concern.	2	1.5	2.1
18	Faculty members can effectively communicate with learners.	2	1.8	2
19	My social life is satisfying.	2.2	1.4	2.1
20	The content of the lesson seems extremely defined.	2.3	2.2	2.1
21	I believe I am being adequately prepared for my future as a professional.	2.2	2.3	2
22	The teaching helps to develop my confidence	2.4	2	2.2
23	During lectures, there is a comfortable environment.	2.1	2.7	1.9
	SASP			
24	The teaching time is effectively utilized.	2.3	3.1	2.9
25	The teaching above places a strong emphasis on factual learning.	2.9	3	2.8
26	The work from last year provided an effective foundation for this year's work.	2.4	2.9	2.6
27	I am able to remember any information that I need.	2.2	3.1	2.9
28	I don't often feel lonely.	2.2	1.8	2.4
29	Students receive quality feedback from the faculty members.	1.7	2.9	2.6
30	There are prospects for me to enhance my interpersonal abilities.	2.2	2.1	2.8
31	My work has taught me a lot about empathy.	2.4	2.9	2.8
	SPA			
32	Constructive criticism is provided by the faculty.	2.4	2.8	2.7
33	Socially, I feel relaxed during lectures.	2.6	1.9	2.6
34	During lectures, there is an informal atmosphere. / PBL	2.1	2.8	2.3
35	The course is disappointing to me,	2.2	2.4	2.5

36	I have good concentration abilities.	2.2	2.3	2.6
37	The tutor has access to the newest technology.	2.4	1.6	2.3
38	I am informed of the course's learning objectives.	2.5	2.4	2.5
39	The lecturers become agitated during classes.	2.1	2.3	2.2
40	The instructors for the course are well-prepared for their classes.	2	1.9	2.1
41	My knowledge of technology continues to develop here, which has made learning enjoyable.	2.4	2.2	2.2
42	The enjoyable aspect of the course exceeds its stress.	1.8	2.2	1.9
43	My learning is inspired by the environment.	2.3	2.4	2.3
	SSSP			
44	My ambition for continuous improvement is encouraged by the teacher's guidance.	2.6	2.3	2.6
45	I feel that a lot of what I must learn is related to my course.	2.9	2.8	2.9
46	My classroom provides an amazing environment to acquire knowledge.	2.5	2.6	3.1
47	I choose blended learning over classroom instruction.	2.2	3.4	3.5
48	The focus of the lesson is overly teacher-centered.	2.1	2.4	2.3
49	I'm convinced that I am able to ask whatever questions I want.	2.8	2.1	2.7
50	I support distance learning over face-to-face teaching.	1.7	2.1	1.9

Table 2(on next page)

Table 2. Distribution of mean score college-wise.

1 Table 2. Distribution of mean score college-wise.

Domain	Pre-COVID	COVID	Post-COVID
College of Medicine (Male Campus)			
Students' Perception of Learning	29	31	31
Student's Perception of Teachers	22	20	22
Students' academic self-perception	18	21	22
Students' perception of the atmosphere	31	28	30
Students' social self-perception	17	20	21
TOTAL	117	120	126
College of Medicine (Female Campus)			
Students' Perception of Learning	30	31	33
Student's Perception of Teachers	24	23	24
Students' academic self-perception	16	19	18
Students' perception of the atmosphere	30	29	29
Students' social self-perception	18	19	19
TOTAL	118	121	123
College of Applied Science (Male Campus)			
Students' Perception of Learning	28	30	27
Student's Perception of Teachers	26	26	27
Students' academic self-perception	17	19	20
Students' perception of the atmosphere	29	24	30
Students' social self-perception	16	18	20
TOTAL	116	117	124
College of Applied Science (Female Campus)			
Students' Perception of Learning	23	24	23
Student's Perception of Teachers	22	18	18
Students' academic self-perception	19	23	24
Students' perception of the atmosphere	27	30	31
Students' social self-perception	16	15	18
TOTAL	107	110	114
College of Nursing (Female Campus)			
Students' Perception of Learning	27	28	30
Student's Perception of Teachers	22	20	20
Students' academic self-perception	15	24	23
Students' perception of the atmosphere	24	29	26
Students' social self-perception	17	18	19
TOTAL	111	119	118
College of Nursing (Male Campus)			
Students' Perception of Learning	25	26	29
Student's Perception of Teachers	27	23	23
Students' academic self-perception	19	25	24
Students' perception of the atmosphere	21	23	23
Students' social self-perception	17	16	17
TOTAL	109	113	116

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Table 3(on next page)

Table 3. Overall mean of DREEM analysis.

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Domains	Pre-COVID	COVID	Post-COVID
SPL	27	28.3	28.83
SPT	23.83	21.67	22.33
SASP	18.33	21.83	21.83
SPA	27	27.17	28.17
SSSP	16.83	17.67	19
TOTAL	112.99	116.64	120.16

Figure 1

Figure 1: Variation of Domain scores during the three timelines

