



Reflection

COVID-19: Multiple Perspectives

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PERSPECTIVES

The Coronavirus Pandemic has affected households all across the globe throughout most of the year 2020. Since the onset of the pandemic, people have found themselves having to transition from in-person to remote working and learning, which required a quick turnaround in the changeover. In fact, one day work and classes were conducted face-to-face and the next day everything had to be moved to working and learning remotely from home. Instructors had to make rushed decisions on how they would conduct their courses for the rest of the semester. I will share a personal experience of COVID-19 from multiple perspectives: employee, student, and daughter and discuss how COVID-19 impacted experiences of adult learning: formally and informally.

Perspective: Employee

I began to show symptoms that I had been infected with the virus in June of this year, yet I was not aware that the symptoms I was experiencing were actually caused by COVID-19. My symptoms began with a migraine and dizziness in which I assumed the dizziness was from the migraine. When I realized that I had contracted the virus, I instantly began to worry about what people would think of me. Would people be angry that they may have been in contact with me, thus being exposed to the virus? These questions were magnified when the company where I work part-time sent a message out to all employees in

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the center asking them to pack up and leave immediately, no questions asked. The no questions demand caused employees to speculate about who was sick. If the company had taken care of this in a manner that was not a way of exercising power over the employees, people may have felt more at ease about this situation.

My job took advantage of their power by not providing informal education to their employees. The way that they handled the news about my contraction of the virus instilled fear into my coworkers, causing some of them to point fingers of blame in my direction. When companies hold excessive power over their employees, they fail to bridge the gap between their decisions and the employees' understanding of those decisions. While it is understandable that the information related to COVID was ever changing, procedures could have been implemented to try to reduce the negative domino effect of fear.

The company limited non-formal education on policy and procedures related to COVID-19 to lengthy informational emails. Sometimes multiple emails were sent in a day which quickly became overwhelming. Having options for how the information was received would have been beneficial to the hundreds of workers that are employed. Other options that would have been helpful include video or audio, webinar, or small group sessions where employees could ask clarifying questions. Multiple non-formal approaches are ideal over a singular approach of written word when employers are looking at educating hundreds of employees. It is important for large companies to utilize a variety of education avenues to ensure that the information is clear and easily understood and social injustices are not being forced onto any employees (Ogundahunsi & Olaniyi, 2020).

Perspective: Student

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I was so busy dealing with my illness and the embarrassment that I was feeling that I forgot to inform my professor that I was falling off track in my summer studies. I was a few days into being sick when I realized this and I let them know that I was falling behind. I felt more humiliation over this because I had previously convinced my professor to let me take an independent study for the summer course. My professor was flexible in understanding and worked with me so that I did not have to drop the course. I am grateful for the flexibility that I received because once I was no longer symptomatic, it still

took me about six weeks to recuperate and that flexibility helped to reduce the stress that I was experiencing during my recovery. It is important for students to reach out to their instructors for support because the pressures of a pandemic can spiral out of control if they are not appropriately managed. Not only can the isolation of the virus cause students to become anxious and depressed, but the stress of pursuing an education in the middle of a crisis can also increase the weight that students carry and cause students to reach emotional and mental saturation (Aten, 2020).

Perspective: Daughter

Again reflecting on my personal experience with COVID-19 and how it affected my teaching and learning, I must share that while my recovery was nearing an end, my father began to show

symptoms of the virus. The majority of my experience with COVID-19 was from the perspective of a daughter. Once my dad began running a high fever, his symptoms progressed rapidly. My siblings and I received word late one night that his breathing became labored and his face was turning blue. He was admitted to COVID-ICU with the diagnosis of COVID-Pneumonia. Originally, he did not need to be placed on the ventilator and he remained off life support for thirteen days. Late one evening he began to struggle with his breathing and was intubated and placed on a ventilator. We had no idea that he would remain on the ventilator for 57 days; this included the time it took to wean him off of it. During his course of treatment, his kidneys began to fail and ultimately stopped functioning altogether so he was placed on dialysis.

Over this time, it seemed like each day new medical terminology was given to us, without a lot of explanation. Because of the restrictions on visitors, we were not allowed to see our dad and had to blindly put our trust in the medical professionals whom we had never met. The CDC website and the information we were receiving from our local and national departments of health seemed to change on a daily basis, so we were unable to receive concrete information about the virus, appropriate procedures, etc. This further complicated our confidence in the medical profession. We had to informally educate ourselves through our own research and conversations with our friends in the medical profession. This left us feeling like the doctors and nurses caring for our dad were not concerned with us knowing how they were caring for him.

At one point, my brother who lives out of state, decided to show up at the hospital and requested a meeting with dad's social worker. The social worker took him seriously and began to find some answers for us. When my brother went back home, he did not inform the hospital that he left town for fear that they would again become lackadaisical in educating us on dad's care. Visitors not being permitted to visit patients in the hospital was one of the most difficult aspects of this situation, especially since video visits were not offered either. This policy required us to put all of our trust in medical professionals who did not know my dad on a personal level.

After a month in the COVID ICU, Dad was moved to the regular ICU and at that time he was allowed to have a single visitor with limited visitation hours. That visitor had to be the same individual each day and could not be rotated among family. The family had to choose one person that would go see him. There were many "touch and go" moments during this time when the family was called upon to make decisions for our dad's future. One doctor kept making comments that because of dad's weight, age, and some pre-existing conditions, he was likely not to make it through this alive. It was as if he gave up on him because he had issues working against him.

At one point there was a video conversation between one of my siblings and the doctor, with the doctor in the room with my dad. This conversation was one of the most intense conversations because, while the doctor was "hoping for the best, but preparing for the worst," he was stating that the chances were greater that our dad would never get out of bed again, never get off of the ventilator, and never regain mental function. The doctor told us that we should start thinking about the quality of life that we wanted him to live and whether or not he had any directives set in place. Again, it seemed like the doctors had given up on him and since we could not see him, it made things worse. With dad being in the same room, he began to respond in a way that seemed like a reaction to the conversation and that made us wonder if he had more brain function than was originally assumed.

My older brother immediately scheduled a meeting with the case manager to request to see our dad in person. The hospital obliged his request but was under the assumption that it was an “end of life” meeting. He was allowed to see dad in person and the primary contact was changed over to him. Only allowing one family member to visit day in and day out is extremely stressful on that family member and I felt like it was asking too much of one person. It seemed like the medical professionals were taking advantage of the fact that family visits were restricted. It was during this time that we realized that our dad was not responding to the medical professionals, but he was responding to family. This made sense to us because we are his loved ones and the medical team were all strangers to him, which indicated the importance of family members being allowed access to patients. When patients have access to family interactions, their psyche becomes more stable and their recovery is stimulated (Bellou & Gerogianni, 2014).

Once my brother was allowed to see our dad, we requested that our dad be taken off of all sedation medications. We thought that if he was not going to make it then the medication was not going to save him. He was also on a series of medications including pain medicine and anti-delirium medicine. Two days after he was off of the drugs, the medical professionals were able to take him off of the ventilator for the first time in thirty-nine days. He was breathing on his own! He entered the weaning process so he could eventually be taken completely off of life support. Dad’s cognitive function also continued improving as did all other aspects of his recovery. His kidneys began to function and they were able to stop dialysis.

After seventy-one days in the hospital, he transferred to a rehabilitation hospital where he would receive therapy for about an hour each weekday and they would ween him off of the trach. He was in the rehabilitation hospital for two weeks when I was finally able to visit him. When I entered the room, he was shaking in fear because he was under the impression that he was still dying. Because of his perceived lack of brain function, the medical professionals failed to educate dad on his illness and on his recovery. This led to unnecessary anxiety that could have been prevented if they would have taken the time to educate him. Thankfully, we were able to help him understand that he was no longer dying, but he was in recovery. From that day on, he began working harder to be transferred to a rehabilitation facility where he would receive therapy for three hours a day.

When I was visiting dad in the transitional rehabilitation facility, he was having a difficult time hearing and his brain was still foggy from some pain medications. There were several times when the charge nurse would come in and talk to dad, but dad did not understand what they were talking about. Because I know my dad, I recognized this issue, especially since he would look to me for clarification. I would then repeat the information for him, by rewording the information in a way that he could understand. The nurse became frustrated with me and I informed them that I am a professional interpreter and I knew what I was doing. At the beginning of the stay, the medical staff would ask me to leave the room every time they adjusted dad or took care of his medical needs. I overheard him tell the charge nurse about my level of education and from then on they did not question my ability to understand the content. This let me know that they had preconceived notions about my capabilities. After being asked to leave the room several times within my first hour of visiting with my dad, I questioned the reasoning behind it. They had made assumptions that because I am female and he is male, dad would not want me in the room. They made this

decision without consulting him. I asked him in front of them what he wanted and he said he wanted me there the whole time.

Dad began getting stronger every day that he was in the rehabilitation hospital. He was in the hospital for ninety-nine days, his prognosis improved to determining that he would be home after two weeks in rehab. He was able to have his feeding tube removed and began eating solid foods and he even got out of bed, taking up to eight steps at one time. All three of the predictions that the medical professionals said were not likely to happen have proven to be wrong (getting out of bed, breathing without the ventilator, and regaining full cognitive function). One thing is clear, there are still a plethora of unknowns when it comes to the Coronavirus, but it is obvious to me that my dad is still here because we, the family, would not give up on him and we fought for him when he could not fight for himself.

FORMAL AND INFORMAL ADULT LEARNING IN COVID-19

As I reflect on my experience with COVID-19, I realize that I have learned a lot about being a doctoral student and an adjunct instructor during difficult situations. As an instructor, I found myself in the flurry of rushed decisions and methodology changes. What I have learned in my experience is that there are many other aspects of this pandemic than just the illness alone, such as financial, mental health, and peer perspectives. All of these side-effects of the virus also impact adult education (Aten, 2020).

The experiences that I had with COVID have been both experiential and transformational learning experiences. Being a student in a pandemic has directly impacted my approach to both learning and teaching. As a student, I have learned how to ask for help when I would become overwhelmed with assignments and distracted by the situations that accompanied COVID-19. Finding a safe place to talk about experiences that impact learning was an integral part of keeping me on track in assignments. A pandemic can have adverse effects on learning due to mental health barriers such as anxiety and depression, therefore it is important that students know where to go to receive the support that will help them have a successful college experience (Sahu, 2020).

Just as it is important for students to reach out to instructors to work out a plan to keep them on track in their studies, it is also important for instructors to communicate with students. At the beginning of the Fall 2020 semester, I was upfront with my students about the situation with my dad. I did not go into great detail because I did not want to place any extra burden on the students. By being transparent type of reciprocal agreement students, and many of them when issues arose in their lives. I have learned that flexibility, within reason, was key to student success and instructors must meet during the pandemic. Students on middle ground when conflict arises, while maintaining a balance so students do not fall so far behind that they could never catch up (Sahu, 2020).

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Non-formal and informal adult education are other important aspect of this reflection. This holds true in both the perspectives of employee and daughter. Employees need to feel like their employers have their best interest in mind. When it comes to educating employees, an open line of communication is necessary. Employers often offer non-formal education through informational videos, and workshops. Informal learning may occur through emails and other announcements. Without providing informal and non-formal education, employees can become increasingly anxious in situations such as a global pandemic.

Informal education was also a crucial aspect in my experience with my dad. In my family's experience, there were many times that we were left in the dark about what was going on with our dad's health. Sometimes we had questions that were never clearly answered or were ignored altogether. If the medical professionals would have taken more time to educate us, the process through this experience would have been much better. Educating us would have helped us to feel more at ease with my dad's life being in someone else's hands. It would have also improved our confidence in the medical professionals. Whether we are talking about employer/employee or doctor/patient, informal and non-formal education are integral. Through all of this, the most important lesson that I learned in my academic, career, and family experience is that patience and perseverance are key to success. Through my multiple experiences with COVID-19, I found that this holds true for both students and educators.

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