COLLEGE CONVERSION INTO COVID-19 QUARANTINE CENTER: READINESS OF STUDENTS TO GO BACK TO COLLEGE

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Abstract

Purpose: The aim of the study was to assess students’ readiness to go back to college after closure due to COVID-19.

Methodology: The study used a descriptive cross-sectional design which was done at KMTC-Mombasa Campus. Participants (Students) were selected using multi stage sampling and sample size determination was done using Fischer’s statistical formula at a confidence level of (p=95%), n=253. Data was obtained using a structured questionnaire through online surveys and focused group discussions via online platform. Data analysis was done using SPSS and Excel then results presented using tables and narrations.

Results: 76.7% (194) of the respondents were ready to get back to college immediately while 23.3% (59) were willing to resume studies later. The main reason for respondents wanting to go back to college immediately was to finish school (n=60). 67.8% (40) of the respondents who wanted to go back later feared contracting COVID-19. 78% (175) of respondents were aware that college had been used as quarantine center yet they were still ready to go back to college immediately.

Unique contribution to theory, practice and policy: The closure of learning institutions globally during the COVID-19 pandemic is unprecedented. Readiness of college students to resume studies in an institution used as a quarantine centre for clients suspected of having a highly infectious disease has not been examined in literature. The findings of this study are useful to policy makers and leaders in education sector as normalcy resumes and learning institutions are opened.

Key words: COVID-19, Kenya Medical Training College, Readiness, Mombasa, Quarantine Center, Students
1.0 INTRODUCTION

The Corona Virus Disease of 2019 (COVID-19) was first declared as a world health emergency in January 2020 by the World Health Organization. Since then, the disease has continued to spread across the world thereby affecting activities of daily living including institutional learning. On 13th March 2020, the first case of COVID-19 was reported in Kenya after which the cases have continued to increase, (Highlights, 2020). In order to control the spread of COVID-19, (Deng, Chen, Zhou, Zhang and Chen, 2020) proposed several public health measures including but not limited to closure of schools which enhanced social and physical distancing.

Following any pandemic or an outbreak, many organizations have found out that preparedness to resume normal operations like working, schooling or offering other services become difficult to operationalize. According to (Mukherjee, Bhattacharjee, Sharma and Paul, 2020) for a facility to resume operation after shut down there must be prior planning, education, drilling and revision of plan. Communication before, during and after pandemic is done to provide and exchange relevant information with the public, partners, and stakeholders to allow them make well informed decisions and take appropriate actions to protect health and enhance safety, especially in the context of resumption to normal operation or schooling, (Ilessami and Alele, 2016).

As discussed in a survey by Loop and DeNicola (2019) in PricewaterhouseCoopers (PwC) bulletin, on returning to the workplace after COVID-19, management should consider the importance of engaging stakeholders with empathy and demonstrate an understanding that while all of their workers have experienced this crisis, they might have experienced it differently. Like these workers, some students may have conditions that increase their risk of serious COVID-19 infection and may be reluctant to return to the campus. Others may have myriad challenges posed by the dynamics of the pandemic which require extra planning. Sensitivity to this reality cannot therefore be over emphasized. A study by Almazol and Tennant (2020) showed that students were sent home with only a draft outline of distance learning, and institutions managed fairly well on teaching. This was demoralizing in the part of the students since they were not involved in the inflexible academic program. Therefore this study intends to get the students view on their readiness to resume studies in college.

Problem Statement

COVID-19 like any other pandemic has destabilized peoples’ way of living, such that when it comes to resuming normal activities there is so much that needs to be thought through by the stakeholders. In Kenya several government institutions were used as quarantine centres including KMTC-Mombasa. The fact that clients were using student’s hostels could have caused general fear among the learners which to some extent could have hampered their readiness to resume college. When readiness of key stake holders is not known, key decisions are made based on assumptions that there will be cooperation. In preparation for reopening resources like money, time and manpower may be used to make the institution ready for learning while at the same time learners are not ready. In a study on resumption of normalcy after closure due to COVID-19 pandemic, congregants were not involved in the matter of operationalization of worship or other services (Mukherjee et al., 2020). This led to few worshippers attending service in their parish. It
is therefore paramount that learning institutions assess readiness to resume by involving students as key stakeholders.

2.0 METHODOLOGY

The study was done at KMTC-Mombasa using descriptive cross-sectional design. Participants (students) were selected using multi stage sampling. N=850, n=264, sampling determination was done using Fischer statistical formula (p=95%). Total participants turn up was 253 (n=253). A structured questionnaire was administered through online surveys and focused group discussions conducted online. Data analysis was done using SPSS (Statistical Package for Social Science) version 26.0 and excel. Presentation was by use of tables and narrations.

3.0 RESULTS

3.1 Demographics of respondents

Table 1: Distribution of Respondents by Age, Gender, Department and Year of study

| Demographics     | Category                  | Frequency (n=253) | Percentage (%) |
|------------------|----------------------------|-------------------|----------------|
| Age (Years)      | 18-20                      | 61                | 24.1           |
|                  | 21-24                      | 114               | 45.1           |
|                  | 25-29                      | 55                | 21.7           |
|                  | 30 and above               | 23                | 9.1            |
| Gender           | Male                       | 101               | 39.9           |
|                  | Female                     | 152               | 60.1           |
| Department       | Clinical Medicine          | 57                | 22.5           |
|                  | Nursing                    | 107               | 42.3           |
|                  | Pharmacy                   | 41                | 16.2           |
|                  | Health Records             | 21                | 8.3            |
|                  | Occupational Therapy       | 11                | 4.3            |
|                  | Medical Imaging Science    | 16                | 6.3            |
| Year of study    | 1st year                   | 80                | 31.6           |
|                  | 2nd year                   | 79                | 31.2           |
|                  | 3rd year                   | 78                | 30.8           |
|                  | 4th year                   | 16                | 6.3            |

45% (114) of students were within the age group of 21-24 years while 9.1% (23) were aged above 30 years. Gender was defined as biological characteristic of being either male or female. 60.1% (152) of the respondents were female.
Department was defined as the course in which the student is enrolled. The findings revealed that majority of the students were from the Nursing department 42% (107). This is because the department has two intakes per year with course duration of three and a half years. Most of the KMTC departments have a single intake per year and the courses runs between two to three years.

The academic year of the student is the level of study as stipulated by KMTC curriculum. Students were evenly distributed in year one, two and three except year four, 6.3% (16) as shown in table 1 above.

3.2 Readiness of students to go back to college after its use as a quarantine centre

According to the study readiness was defined as willingness to go back to college after its use as a quarantine centre. The researchers wanted to determine readiness of the students to go back to college. In this study the participants were asked when they were willing to go back to college.

Table 2: When to go back to college

| Readiness to Resume | Frequency (n=253) | Percentage % |
|---------------------|------------------|--------------|
| Immediately         | 194              | 76.7         |
| Later               | 59               | 23.3         |
| Total               | 253              | 100          |

In the study resumption to the college was defined as willingness to go back to college following its use as quarantine centre. The researchers wanted to determine willingness of the students to go back to college. Respondents were asked to state when they were willing to report back to the college. Responses were grouped into two categories immediately and later. “Immediately” meaning that students are willing to go back at the time of data collection, and “later” meant students were not willing to go back to college at the time of data collection. Results in table 2 show that majority of the respondents 76.7% (194) were willing to go back to college immediately while (23.3% (59) were willing to resume studies later.

Table 3: Summary of reasons for Immediate Resumption.

| Reasons                                    | Frequency (n=194) | Percentage (%) |
|--------------------------------------------|-------------------|----------------|
| To Finish school                           | 62                | 32             |
| To make up for lost time                   | 24                | 12             |
| Bored at home                              | 40                | 21             |
| Ready to take necessary precautions taken  | 56                | 29             |
| Essential for response to COVID            | 12                | 6              |
| Total                                      | 194               | 100            |

Among those who were willing to go back immediately 32% (62) cited that the reason as to why they wanted to go back was to finish their school
“I don’t need any more time, we are ready to come back and finish the school. Since our guardians had much hope in us after finishing the college to help the take up financial burdens at home”

“I need to terminate my college life”

“I strongly believe that am missing a lot on my studies and I had set my achievement plans and objectives which am intending to pursue.”

The other percentage of those willing to resuming immediately 29% (56) felt they were able to take care of themselves due to the fact that they are medical students

“Any time since I will follow protective measures”

“As soon as possible, reason is because we are medics and we have the required skills to prevent spread of COVID19 among ourselves”

Boredom was also cited as a reason to go back to college immediately21% (40).

“This September as scheduled by the government. I feel like I’ve wasted so much time of my life at home doing nothing…”

Table 4: Summary of reasons for resuming Later

| Reason                              | Frequency (n=59) | Percentage (%) |
|-------------------------------------|-----------------|----------------|
| After guidelines implemented        | 5               | 8              |
| Alternative quarantine center is found | 14             | 24             |
| Fear of contracting COVID 19        | 40              | 68             |
| **Total**                           | **59**          | **100.0**      |

68% (40) of those who wanted to resume college later stated their reason as fear of contracting COVID-19

“Coming back is possible but the fear is the campus may still be contaminated”

“Life is important compared to school”

“Since the covid 19 infection is raising rapidly”

“Well, when the rate of infection of the virus has gone down and assured that we will be safe, I'll just be ok to come back. Thank you.”

Other reasons given for going back later were as soon as the institution was able to find an alternative quarantine centre. 24% (14)

“The campus being a quarantine cannot be a conducive environment for studying and it's a health risk”

3.3 Awareness and resumption
Table 5: A cross tabulation of quarantine awareness and readiness to resume college

| Quarantine awareness | Readiness to resume | Total |
|----------------------|---------------------|-------|
|                      | Immediately (frequency) n=227 | Later (frequency) |
| Yes (frequency) n=227 | 175                 | 52    | 227  |
| Percentage (%)       | 78                  | 22    | 100  |
| No (frequency) n=26  | 19                  | 7     | 26   |
| Percentage (%)       | 73.08               | 26.92 | 100  |

78% (175) of respondents who were aware that the college was being used as quarantine center were willing to come back immediately to the college. Awareness did not affect the readiness of the students to resume college (p=0.646).

It is possible that students just want to go back to normal. Students had their mind set as to when to finish school. At the time of data collection a semester had been lost with major academic milestones being affected for example graduation.

The findings of the study shows that learners were willing to go back to college after their institution was converted to a quarantine centre. This could be because the students did not find the alternative learning approach of online and distance learning conducive.

This finding supports the study by (Bothwell, 2020) that studying at home, online studies and distance learning being implemented during the pandemic has several students disadvantaged and many students may not have the correct setup such as books, computers, and high-speed Internet connection.

3.4 Perception of Safety and resumption

Table 6: A Cross Tabulation of Safety and Resumption

| Safety of Campus | When to resume | Later | Total |
|------------------|----------------|-------|-------|
|                  | Immediately    |       |       |
| Yes              | 129            | 37    | 166   |
| No               | 65             | 22    | 87    |
| Total            | 194            | 59    | 253   |

66.4% (129) of the respondents who were willing to resume college immediately (n=194) perceived the college as safe despite its use as a quarantine centre. However, 8.5% (22) of the respondents where (n=253) were not ready to come back to the college immediately and perceived the institution as “unsafe” mentioning reasons like the college’s proximity to an Isolation centre (Coast General Teaching and Referral Hospital). This implied that of the total population of 850 students at the time of data collection that 72 of them may not resume college if college reopens, further affecting planning.
DISCUSSION AND RECOMMENDATIONS

A major effect of the Corona Virus (COVID-19) pandemic has been the closure of educational institutions by most governments across the globe to contain the spread of the disease according to Toquero (2020). Levinson, Civik and Lipsitch (2020) reported that closure of schools resulted in disruption of essential educational, social and developmental benefits that come with institutional learning. The United Nations Educational Scientific and Cultural Organization (UNESCO, 2020) also highlighted that school closure due to the Pandemic carried a high economic cost.

At the time of data collection the disease had continued to spread for over 7 months across the globe with no cure or vaccine discovered. Due to the protracted nature of this condition and its implication on economic shut down the World Health Organization (WHO) during the 73rd World Health assembly, urged governments to have measures in place to ensure countries moved towards economic recovery. UNESCO (2020) stated that reopening schools was the first step in economy recovery. Institutions of higher learning contribute to development of the country’s workforce. KMTC a major stakeholder in production of the Kenya’s health workforce is among the institutions that were preparing to reopen considering a major part of the curriculum (Clinical skills) required institutional learning. Several KMTC campuses across the country were converted to quarantine centres among them KMTC Mombasa, therefore readiness of students to go back to college after its use as a quarantine centre has great implications for planning for reopening of learning institutions and return of students.

In this study majority of the students 194 (76.7%) were ready to go back to college. This could be because following the pandemic a new mode of learning (online Learning) was introduced for the first time to the students after the schools were closed. Students may have been uncomfortable with this new approach to learning as they had not been used to it. These findings support a number of studies indicating students discomfort with the transition to online and distance learning compared to conventional face to face strategy of teaching and learning. A study by Crawford et al. (2020) linked online learning to demotivation of students and loss of social interactions. Adnan and Anwar (2020) in their study on student perspectives on online learning further indicated that students were dissatisfied with the outcome of online learning. Closure of schools added stressors to students already contending with other challenges (Kirshner, Gaertner and Pozzoboni 2020). In the Kenyan context, these challenges include engagement of students in other activities for example household chores or gainful employment, lack of a conducive online learning environment to mention but a few.

Majority of the students who were ready to go back (32%) wanted to finish college, this agrees with an impact analysis on COVID 19 and higher education report by UNESCO which cited that a majority of undergraduates wanted to finish school and continue to the next level of life. It is commendable that students are ready to take personal responsibility to protect themselves from infection. In this study 29% of the students wanted to go back to college because they believed they will take personal responsibility in protecting themselves. This finding supports a study conducted by Cohen, Hoyt and Dull (2020) which reported that majority of students limited their movement before restriction of movement was initiated by the government. This is a welcome
finding for educational leaders because institutions have been identified as possible areas of rapid spread of infection as exemplified by the rising cases in nursing homes and prisons (Li et al., 2020). Other students were mostly bored staying at home (21%) and ready to go back to college immediately. Educational institutions offer more than what is prescribed in the curriculum. Students engage in other activities for example sports and music. They also interact with their colleagues and other members of society who are not ordinarily accessible to them while at home. These findings agreed with Crawford et al. (2020) whose study indicated that online learning resulted in an interruption of social interactions which were a major source of entertainment for students within learning institutions.

68% (40) of the students who wanted to resume college later were scared of contracting COVID 19. Fear of contracting COVID-19 is real among the general population. Instances of stigmatization of individuals who have tested positive for COVID-19 have been reported in Kenya (Kihiu, 2020). These results were consistent with the initial findings by Ahorsu et al. (2020) which indicated that individuals developed anxiety from actual fear of COVID 19 leading to development of an assessment scale which has since been used among populations in managing mental health challenges associated with COVID 19. A study conducted by Bradley, An and Fox (2020) also suggested that reopening colleges may not have been acceptable to all students due to the several differences that exist in terms of affordability and implementation of COVID 19 preventive strategies.

Awareness on campus facilities being used as a quarantine did not have a significant relationship on the readiness of students to resume school based learning (p=0.646). This may imply that students wish to resume face to face studies overrides any fears they may have about college facilities having been used for quarantine. The findings agreed with a study conducted across the USA among college students by Cohen et al. (2020) where they reported that students had more concern about COVID 19 implication on education than their health and the health of the general public. This was further attributed to the withdrawn attitude students have showed towards online learning and the challenges of connectivity and access to learning material (Adnan et al., 2020).

22 (8.5%) of students were not ready to resume college and perceived the college unsafe to go back. This implied that this group of students were likely not to go back to college supporting the findings by Onyema et al. (2020) which reported that students’ drop-out rates tend to increase as an effect of protracted school closures. This is a worrying finding which education stakeholders need to take note of. Having 8.5% of students not get back to college upon reopening has far reaching implications for the education sector. For example, a drop in student population may lead to a drop in revenue affecting planned institutional activities. It may also imply that resources that had been utilized to enroll the students in the first place are considered wasted if the ultimate goal of completion of studies and employment of skills is not attained.

In conclusion students were ready to resume college regardless of their level of knowledge of its use as a quarantine centre. Their perception of safety on college facilities did not have an impact on their readiness to resume college. Facilities used by contacts of COVID 19 continue to be decontaminated and made ready for use by students once they resume. Preparations for
implementation of other COVID 19 mitigation measures are ongoing and consultations with other stakeholders will have to continue in order to augment efforts towards planning for the resumption of institutional learning.

**Recommendation**

The study recommended that the Management should find strategies to communicate and convince the percentage of students who were unwilling to resume college to reduce school dropout. Key stakeholders should actively engage one another to ensure learner’s perception of safety is increased to improve on readiness of students to resume college and that the Management should ensure all preventive strategies are adhered to before schools reopen.

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