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Exploring the experiences of nursing faculty during the coronavirus (COVID-19) pandemic—A qualitative descriptive study



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ABSTRACT

Aim: To gain an understanding of the experiences of nurse educators during the COVID-19 crisis.
Background: The pandemic forced the closure of colleges and universities nationwide. Nurse educators were challenged to offer didactic and experiential learning in online formats.
Design: Qualitative description.
Method: A purposive sample of 27 nurse educators employed in Maryland participated in semi-structured interviews from February to April 2021. Content analysis was performed by two researchers independently and results compared for thematic analysis.
Results: Three themes were identified: (1) uncertainty within pandemic ambiguity, (2) prioritizing pedagogy, and (3) professional commitment.
Conclusion: Faculty need increased pedagogical support for online teaching. Online pedagogies must include ways to support student emotional well-being and development of clinical judgment. A profession-wide reflection of how nursing education can meet the evolving needs of the health care system, especially when access to clinical sites is limited, is warranted.

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Introduction

The coronavirus (COVID-19) pandemic has had a dramatic impact on higher education in the United States. Beginning in March 2020, over 1,100 colleges and universities in the U.S. cancelled in-person classes (NACUBO, 2021). Faculty and campus leaders were in crisis mode, constantly responding to changing public health recommendations. In response, faculty and students had to move to online education in a matter of days. Clinical sites were closed to students in spring of 2020 and when nurse faculty and their students returned to in-patient settings in the fall, they risked exposure to COVID-19. Complaints of emotional and physical exhaustion were common among nurses, faculty, and students.

Although literature is emerging regarding the nursing student experience during COVID-19 (Masha'al et al., 2020), less is known about the burdens experienced by nurse educators as they responded to the challenges necessitated by COVID-19, or the strategies they used to keep the pipeline of new nursing graduates open. It is imperative to understand the pandemic experiences of nursing faculty to learn how to support them during future large-scale public health emergencies. Therefore, the aim of this study was to gain a better

understanding of the experiences of nurse educators during the COVID-19 crisis.

Methods

This study employed qualitative description to discover a comprehensive summary of the “who, what and where...” (Sandelowski, 2000, pp. 338) of the experiences of nurse educators during the first year of the COVID-19 pandemic.

Sample and Recruitment

Participants were recruited from nursing programs via an email shared with the Maryland State Council of Deans and Directors of nursing programs with a request to forward to faculty. The recruitment email, sent in February 2021, provided basic information about the study, investigator contact information, and a link to indicate study interest. Clicking on the link took the nurse educator to an eligibility questionnaire. To join the study, participants had to be higher education nursing faculty teaching during the COVID-19 pandemic, able to read and write English, and have internet access. Eligible participants automatically received an electronic consent followed by a demographic survey via Qualtrics. Once consent was verified, participants were contacted via email to arrange a date and time for a virtual interview.

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Data Collection and Management

Interviews occurred from February to April 2021. A semi-structured interview guide (Supplement 1) was utilized to assure focus on the research question and continuity between three interviewers (X1., X2., & X3). The interview guide was trialed with an experienced nurse educator and revisions made based on feedback prior to use. Interviews were conducted from private offices, recorded (audio and video) via secure university video conferencing platforms, and lasted 45–90 minutes. Participants were offered the opportunity to use a pseudonym or have cameras off during the interview. Most participants were in their homes during the interview and were encouraged to speak freely beyond interview questions. Interview recordings were transcribed verbatim by Rev.com, and verified and de-identified by the interviewer. All study data, documents, and an audit trail were maintained on a password protected secure server. Participants received a \$30 e-gift card.

Data Analysis

Data collection ceased when data saturation was achieved. A content analysis approach was used to identify, describe, and make inferences about collected data in a way that was faithful to the research question (Bradshaw et al., 2017). As each new interview was conducted, researchers documented initial ideas about the content in memos. Interviews were read word-by-word and coded to determine initial categories. An iterative process of data analysis included repeated reading, reviewing, and refining of categories and themes (Bradshaw et al., 2017). Findings were discussed until consensus was reached on categories and themes.

Trustworthiness

A systematic strategy was used to objectively gather, quantify, and describe the phenomena being studied, thereby enhancing the validity of the results (Elo et al., 2014). Researchers were all practicing nurse educators; therefore, efforts were made to assure the analysis was not biased by personal perceptions. Data were quantified to provide insight into the frequency categories and themes were mentioned to aid in prevention of bias (see Supplement 2. Results of Thematic Analysis). The use of multiple researchers allowed for diversity of thoughts about the data. When bias was suspected, researchers went back to the raw data to confirm there was adequate evidence to support categories and themes.

Member checking with six participants confirmed our findings and helped to establish the credibility of the results. An auditor engaged to review the audit trail and results also confirmed the findings. Supplement 3 summarizes the data collection and analysis approach and steps taken to enhance trustworthiness. The consolidated criteria for reporting qualitative research (COREQ) were followed in the creation of this report (Tong et al., 2007).

Ethics

Institutional Review Board approval was obtained from Towson University (Project #1328). This research was supported by internal funding from the College of Health Professions. All participants were informed of the voluntary nature and purpose of the study prior to consenting to participate.

Results

Participant Characteristics

Of the 27 participants, all were female, predominantly White (78%, $n = 21$), and masters (59%, $n = 16$) prepared. Respondents taught in associate (44%, $n = 12$), baccalaureate (37%, $n = 10$), and graduate (18%, $n = 5$) programs (Table 1). Participants represented 10 of the 28

Table 1
Socio-demographic characteristics of nurse faculty participants ($n = 27$)

Sample Characteristic	n (%)
Gender	
Female	27 (100%)
Race/ethnicity	
Black of African American	5 (19%)
White	21 (78%)
Prefer not to answer	1 (3%)
Highest level of nursing education	
Master's degree	16 (59%)
Doctoral degree	11 (41%)
Program type—primary teaching load	
Associate degree	12 (44%)
Bachelor's degree	10 (37%)
Master's degree	4 (15%)
Doctoral degree	1 (3%)

nursing education programs in Maryland. No faculty taught fully online prior to the pandemic.

Thematic Results

A content analysis of the data provided an understanding of faculties' experiences during campus closures for COVID-19. Their insights were characterized by three general themes of (1) uncertainty within pandemic ambiguity, (2) prioritizing pedagogy, and (3) professional commitment.

Uncertainty Within Pandemic Ambiguity

During the pandemic, nursing faculty struggled with stress and anxiety. As health care professionals, they recognized the potential harm of a global pandemic but were initially unsure of the impact. This ambiguity, or uncertainty, left nursing faculty with an acute sense of the unknown (Lexico, 2021). The lack of information on how colleges and universities should best respond to the pandemic led to much ambiguity on how to move forward during the initial months. It contributed to faculty feelings of uncertainty regarding how best to continue to fulfill their work responsibilities while supporting the students and meeting the needs of their families.

Faculty confronted the sudden closing of colleges and universities, as well as the cessation of clinical and laboratory experiences for students. Initially, faculty focused on a rapid transition to online learning. Most had only one to two weeks to move their courses to an online platform and in-person experiences did not always translate easily or well in an online environment "...we had entire lectures surrounding, 'walk a mile in the shoes of an older adult' where they simulate all these different things. And we had this space to fill ... how are we going to replace that online?" (P02)

Faculty Support

Most faculty expressed satisfaction with the way administrators at their institution responded to the pandemic. They believed the administration took steps to protect the campus community. "I do see protective policies and practices in place, and I do feel like we are following the science and the evidence-based best practices around it." (P18) Administration provided faculty with technical support to move their classes online, providing laptops and internet connectivity to faculty and students where needed, and offered educational resources on how to navigate the learning management system. Administration demonstrated respect for the faculty as the expert educators, supporting faculty decisions regarding content delivery. Faculty recognized that administration was also learning how to respond to the fluctuating challenges of a pandemic "... they kind of,

just said, 'Figure it out.' But not in an unsupportive way, but in a way that, 'We're, kind of, learning this, too. You make the best judgment call, and we'll deal with the ramifications after.'" (P02)

Not everyone felt supported by administration. Some faculty expressed dissatisfaction over differing standards for faculty and students. While students were provided remote learning, one faculty reported they were expected to remain on campus and their salary was reduced,

The University also proposed a 10% pay reduction, ... well, is there going to be a 10% reduction in the expectations for committee work? I just felt like there was complete disregard for faculty need for support, but yet a tremendous burden and expectation that faculty go above and beyond to support the student. (P21)

Overwhelmingly, faculty identified their peers as their greatest source of support. "My colleagues have ... been so incredibly important to my ability to cope with this. ... Just knowing that there are people that have your back and are standing alongside you and are for you and are bearing you up." (P18)

Concern for Student Challenges

Students told faculty that they were genuinely concerned about their education and worried about continuing while balancing increased childcare and work. Many students were working additional hours to help provide financial support for their families. Faculty were sensitive to the stress and anxiety the students were experiencing,

... students who are just really on edge right now and I have to bring myself to understand that they are also going through... they're learning in a pandemic. I'm not only teaching in a crisis situation; they're learning in a crisis situation. (P23)

Although participants reported working hard to create online classes and produce experiences to replace lab and clinical, many reported that students were initially unhappy with online instruction and found the faculty unhelpful. "They found us unsupportive. It was probably the worst teaching evaluations I got." (P02)

Students and faculty were also distressed by the added burden of the political tensions and racial unrest at the time. "But it just seems so daunting and so overwhelming ... , and then all of the social unrest on top of that. And then all of the political stuff on top of that. It just means a lot, emotionally it gets too much." (P07) Some faculty believed they were ill-prepared to address their students' social justice concerns, especially in an online format. "I didn't know, should we be having open conversations in class about the political climate? I knew colleagues who were doing that, but I didn't, necessarily, feel comfortable with that." (P02)

Student Motivation and Engagement

Faculty also described challenges with student engagement and motivation; "... keeping them motivated ... can be a little bit exhausting because they're more needy right now." (P24) Another expressed the frustration of losing the interpersonal connection with students, "It's been very challenging because you don't really get to see the students, so you really don't have a full sense of how they're doing emotionally, physically, you don't know what other challenges they're experiencing (P05)

Most faculty reported that distance learning created a barrier between the students and the faculty interfering with faculty-student relationships. However, a few believed the pandemic and

online learning facilitated an improved relationship. "We all had to be resilient, not only as faculty, but students. We had to kind of meet each other in the middle, and they had to trust us, and we had to trust them." (P16)

Personal Challenges

Many faculty struggled with personal challenges during this time. They were fearful of the virus and experienced distress over the threat to their safety and the safety of their loved ones.

While I was already stressed out at work trying to transition my courses online, ... I dealt with the very personal loss of my father from COVID-19, which was quite confusing because we were all learning together about what this virus was, the severity of it, and it really just hit home. (P23)

Some faculty, including older faculty who assumed a childcare role for their grandchildren, were faced with helping children learn when the public schools closed. "I'm trying to do a remote lecture and having to mute ... to answer first-grade and second-grade types of questions, just added to the burden of responsibility and then, ultimately, the anxiety and the frustrations." (P21)

Prioritizing Pedagogy

During the transition to online teaching, nurse educators had to continuously reevaluate the impact of their teaching strategies and find new and creative ways to meet students' learning needs while maintaining course/program outcomes. Faculty spent the summer months of 2020 working on improving course delivery, many taking classes on utilizing the online technology available at their academic institution. As the pandemic continued into fall 2020, and faculty became more comfortable with online instructional technology, the impact of the pandemic and distance education on student learning outcomes and the quality of instruction became a primary concern. Continually evolving policies and procedures, and pandemic challenges led to the necessity to balance the need for increased flexibility for students with maintaining high standards for progression. Balancing "... trying to be really empathetic with what they're going through and also trying to make sure that they are meeting the objectives of the program so that they're prepared to go out there." (P04)

Supporting Student Mental Health

As students continued to face barriers, faculty recognized that the students' stress and anxiety was impacting their academic success. Faculty believed they had an additional responsibility to address the emotional health needs of students. Faculty had frequent virtual one-on-one meetings with students to provide academic and emotional support. Many used classes to talk to students about their concerns. One faculty reported starting each class with a question "... 'Tell me one thing stressful COVID has done in your life, and one thing positive COVID has done.' You know, across the board, they had never felt such stress and anxiety." (P24)

Creativity and Flexibility

By fall of 2020, faculty were rethinking their teaching strategies. Feedback from students demonstrated dissatisfaction with the online teaching implemented in the spring. "We weren't sure that flying by

the seat of our pants was really effective. It was not as effective as we wanted it to be.” (P21) Faculty wanted to offer valuable learning experiences that met student needs and outcomes in an online environment. “So, trying to create my way of being in the classroom and recreate that in a way that was authentic to who I am as an instructor was extremely challenging in the spring.” (P21) Faculty reported the need for increased creativity as they worked to create multi-media presentations for lectures and labs, spending online class time on application of material to make up for missed clinical and simulation opportunities. Many reported frustrations with a lack of knowledge in how to create an online experience for students that supported the development of clinical judgment. Virtual simulation packages were an incomplete solution and faculty did not feel confident making up the gap in their classes.

They [students] have trouble seeing the whole picture and they have trouble really connecting the dots, . . . and I worry about their critical thinking skills, and they don't have any opportunity to practice prioritizing skills . . . That's my biggest concern (P25)

In a vacuum of pedagogical support from administration on best practices to develop clinical judgment and skills online, faculty turned to more experienced peers and outside resources to help them find creative solutions to focus lessons on developing clinical judgment.

I just went to a . . . conference And they had all of these different resources to help with critical thinking for nursing students and engaging activities. . . . So, I would say now it's a little bit better compared to when the pandemic first started because like I said, we didn't know... (P26)

Faculty engaged in a process of continuous evaluation and revision of learning activities to improve the student learning experience and help students attain learning outcomes. “I keep saying it to myself, this has not been done before. There's a saying that we're building the plane as we're flying it... It definitely taught me to be a lot more flexible.” (P07)

Concern About Student Preparation

Although most faculty reported that students were allowed to return to some clinical experiences in the fall of 2020, group sizes were smaller with little to no access to specialty units (e.g., mental health, obstetrics, community, and pediatrics). Recreating clinical in the lab was a challenge. To limit student exposure to COVID-19 while supporting student success, faculty created online lab demonstrations, provided small group practice sessions with social distancing, and adhered to cleaning protocols between lab groups. Programs faced challenges providing students with difficult to obtain PPE as well as fit testing students for N-95 masks. Many faculties responded to missed clinical opportunities by requiring the students' purchase virtual simulation packages and creating case studies to encourage the development of clinical judgment.

Despite attempts to continue to provide laboratory and clinical experiences, faculty were concerned that the lack of clinical exposure was impacting student competence. Students who graduated in May 2021 had most of their nursing education online and missed many hours of direct patient care. “I don't want them to go to a clinical site and be like, ‘Oh, I don't know how to give insulin. . . . I never had to’.” (P08)

Faculty expressed concern that lack of opportunities to practice interpersonal, psychomotor, and communication skills would handicap students in the clinical setting.

. . . that interpersonal content, coming face to face with somebody and experiencing another human being, I think they sense there's something lacking, and I sense there's something lacking. (P18)

Some faculty had begun to look toward the future and the influence of the pandemic on nursing education and the workforce. They began to consider how the pandemic has changed nursing practice and how they will need to adapt curricula to meet future needs. They were reflecting on questions such as: In what ways has the pandemic changed nursing practice? How are we preparing students to be resilient, capable nurses? One educator expressed this uncertainty well.

Am I teaching and guiding them in the right way? Because I'm not out there in the front lines and I'm not there to physically witness all of these changes. Am I even equipped to provide them with that? (P23)

Professional Commitment

Jafaraghaee et al. (2017) define professional commitment as “loyalty, the desire to stay in a profession, and a sense of responsibility toward the profession's particular problems and challenges.” The increased focus on student support and pedagogy required tremendous effort from faculty and had a negative impact on their work-life balance. Although most faculty enjoyed not having to commute, many reported maintaining 60-to-80-hour work weeks, communicating with students via email and creating lessons until late at night. “Sometimes you do feel like you make these Herculean efforts to carve out a robust experience for students in the midst of this COVID environment, particularly clinical. This is not easy to do. You know?” (P18)

Faculty reported that a strong motivation for continuing in their academic position was student success. “My personal motivation is student success. . . . I want them to get out there. I want them to touch a life.” The focus on student success led faculty to consider their own professional growth in the face of adversity.

I had to remind myself that . . . its heavy work, but we tend to normalize it as, oh, that's just what I do. I had to stop and think about it and say no, I'm doing something fabulous here, I'm doing something that is truly important and not easy for anyone to do. (P23)

Despite the challenges throughout the pandemic, faculty applied their experience in nursing education in new ways to meet the needs of their students.

My experiences working as a nurse educator during the pandemic, definitely I had a range of emotions over the entire year. There were times I was angry. There were times I was frustrated. There were times that I was incredibly proud to be a nurse educator. But when I think back, it just took a lot of creativity and flexibility. I was scared. I didn't know what was going to happen during this entire process, but I will say that I feel like I was very proud and happy to be able to continue to educate nurses during this trying time. (P19)

Discussion

In this study, we sought to gain a better understanding of the experiences of nursing faculty during the COVID-19 pandemic. Themes and categories describe the struggles faculty faced as they moved from a professional experiential practice program to an online environment. Nursing faculty reflected on the personal and professional challenges they endured amid rapidly changing state and federal guidelines. Despite the adversity they faced, participants in our study described student success and a strong professional commitment as their motivation for continuing in their academic careers.

Unfortunately, our findings also show that this level of engagement came at a cost of prioritizing work over personal concerns.

Nursing faculty identified issues with student motivation and engagement in the classroom, indicating that the importance of prioritizing student mental health, a concern noted in other studies (Son et al., 2021). Faculty learned that during times of crisis, we need to conduct frequent well-being check-ins with students, and devote some class time to strategies to support students' mental health.

While comfort with the institutions learning management system made the transition of didactic content to an online platform relatively easy, the lack of pedagogic support to adapt active learning, lab, and clinical experiences into meaningful online instruction was an unexpected challenge with important consequences. As in other studies (Culp-Roche et al., 2021), faculty struggled to develop lessons that supported students' development of the psychomotor skills, interpersonal skills, and clinical judgment. Hawkins and Wiles (2020) reported that at the start of the pandemic, nearly 70% of nursing faculty had not taught online. Learning to teach online was a struggle for faculty during this time (Gazza, 2002). Matthias et al. (2019) suggested that nursing faculty should participate in formalized educational programing on online instructional design and learning management systems to improve online instruction. One way administration can support online teaching is to provide faculty with an instructional designer. Richter and Schuessler (2019) identified the need for instructional designers to assist faculty with the creation of online content that supports student engagement and learning outcomes.

Peer support and collaboration were critical to faculty success during COVID-19. Consistent with findings from Puska and Janzen (2020) and Gazza (2022), faculty capitalized on the strengths and experience of their peers to help them navigate curricular demands, student challenges, and the online learning environment. Faculty with online experience became valuable resources, sharing their expertise on topics from how to use the technology to creating engaging lessons to best practices for content delivery. While helpful to their peers, faculty with experience in online education often felt overwhelmed by efforts to support peers while meeting their own academic responsibilities. Administrators should consider reducing the academic load of faculty with essential skills so that they are available to support their peers.

Limitations

There were several limitations to this study. To assure our participants had the experience of working in academic settings during closures, we limited our interviews to nurse educators in Maryland. Nurse educators in areas where the governmental response differed may have had different experiences. Respondents of racial/ethnic backgrounds other than White or Black, and male educators were not represented in our findings. These educators may have been impacted differently. Overwhelmingly the respondents reported being motivated by love for their job and a desire to help their students. This may indicate a self-selection bias of highly committed individuals. Therefore, we may be missing the experiences of nurse educators who had different perceptions of their experience. Although we took steps to prevent bias (multiple coders, member checking, memos, use of a semi-structured interview guide, a quantitative look at numbers of faculty that supported a category or theme, and peer review) as nurse educators ourselves we may have been biased during the analysis of the findings.

Conclusion

Participants in our study demonstrated a laudable commitment to their profession and their students, taking great pride in their work and displaying resiliency in the face of adversity. Faculty would

benefit from increased administrative support to hone their craft as nurse educators in online environments. Online pedagogies must include ways to support students' emotional well-being and the development of clinical judgment. A profession-wide reflection of how nursing education can meet the evolving needs of the health care system, especially when access to clinical sites is limited, is warranted. The pandemic has revealed a need to re-assess academic-practice collaborations; new models are needed that leave open a place for student nurses during disaster situations.

Author Contributions

X1 and X2 co-designed the study, collected and analyzed data, and wrote/reviewed/edited the manuscript. X3 co-designed the study, collected data, drafted the introduction, and reviewed/edited the manuscript.

Declaration of Competing Interest

None.

Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:[10.1016/j.teln.2022.05.010](https://doi.org/10.1016/j.teln.2022.05.010).

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