

The Experience of Being a Full-Time Academic Nurse Educator During the COVID-19 Pandemic

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Abstract

AIM The aim of this study was to uncover the experience of being a full-time academic nurse educator (ANE) in a baccalaureate or higher degree nursing program during the COVID-19 pandemic.

BACKGROUND In 2020, ANEs who were teaching in clinical and classroom settings, conducting in-person research, and engaging in service were suddenly required to work under new COVID-19-induced conditions.

METHOD A hermeneutic phenomenological approach was used for the study. Personal interviews and a demographic questionnaire were utilized to collect data.

RESULTS Fourteen ANEs participated. Five themes were uncovered through data analysis: riding a rollercoaster, figuring it out, giving and getting help, seeing silver linings, and feeling loss.

CONCLUSION This study uncovered the experience of being an ANE during the pandemic. The findings inform strategies to enhance working conditions for current and future ANEs during the remainder of the pandemic and in post-COVID-19 nursing education.

KEY WORDS Academic Nurse Educators – COVID-19 – Nursing Education – Nurse Faculty Shortage – Faculty Recruitment and Retention

A universally agreed-upon definition of a labor shortage does not exist. According to Veneri (1999), “shortages occur in a market economy when the demand for workers for a particular occupation is greater than the supply of workers who are qualified, available, and willing to do that job” (p. 15). Reasons for a labor or occupational shortage include an increase in the demand for labor, a decrease in the supply of labor, and restriction of prices, such as wages (Barnow et al., 2013). In baccalaureate and higher degree nursing education programs, there continues to be an inadequate supply of academic nurse educators (ANEs) to prepare the next generation of entry-level and advanced practice nurses. The number of budgeted full-time ANE positions increased annually from 10,661 in 2008 to 22,838 in 2020 (American Association of Colleges of Nursing [AACN], n.d.-a), a 114 percent increase over a 12-year period. During this time, the vacancy rate for full-time positions ranged from a high of 8.3 percent in 2013 (AACN, n.d.-b) to 6.5 percent in 2020 (Fang et al., n.d.), a major reason that nearly 80,500 qualified applicants were denied admission to baccalaureate and higher

degree programs in nursing in 2019 (AACN, 2020). Nursing education leaders are working to correct the faculty shortage by preparing additional educators, recruiting more nurses to ANE positions, and improving working conditions for current ANEs (AACN, 2020). However, although the supply of ANEs has increased, the shortage persists and could worsen because of current conditions.

Early in 2020, working conditions in nursing education were disrupted across the United States because of the COVID-19 pandemic. ANEs who were accustomed to teaching in clinical and classroom settings; conducting in-person research and evidence-based practice initiatives; and engaging in program, institutional, professional, and community service found themselves working under new conditions. To mitigate the spread of the disease, colleges closed campuses, requiring educators to work from home, deliver courses through virtual means, and alter or pause in-person research and service responsibilities.

The impact of pandemic-induced working conditions on the ANE experience is unclear. The purpose of this study was to uncover the experience of being a full-time ANE in baccalaureate or higher degree nursing programs during the COVID-19 pandemic. It is hoped that the findings will be useful for enhancing working conditions for current and future ANEs during the remainder of the pandemic and in post-COVID-19 nursing education. Understanding the experience of being a full-time ANE during the pandemic is a first step toward developing strategies to support current and future ANEs and ultimately address the ANE shortage.

BACKGROUND

In pre-COVID-19 nursing education, working conditions influenced ANE job satisfaction, burnout, and resilience. Faculty satisfaction is a known predictor of intent to stay in a nursing faculty position (Darnell et al., 2020). Two years prior to the pandemic, ANEs reported fair to very favorable levels of job satisfaction that they attributed to

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personal, organizational, managerial, academic, professional, and economic conditions (Arian et al., 2018). Conditions that created a sense of autonomy (Dalby et al., 2020) and feelings of doing meaningful work (Bittner & Bechtel, 2017) positively influenced ANE satisfaction. Offering a manageable workload (Dalby et al., 2020) and having personal and family-focused policies (Denson et al., 2018; Lee et al., 2017) that fostered work-life balance (Farber et al., 2020) also increased satisfaction. Lastly, having relationships with students, administrators, and colleagues contributed to faculty satisfaction (Bittner & Bechtel, 2017, Dalby et al., 2020). Collectively, these prepandemic findings indicate that working conditions influence the ANE experience and, specifically, work satisfaction.

Working conditions also influence the development of burnout. In a study of early career faculty, 27.5 percent of respondents indicated they intended to leave academia; 68.2 percent planned to do so within the next six years (Aquino et al., 2018). Age, degree type (PhD, DNP), emotional exhaustion from being overextended, and depersonalization (a symptom of burnout) were significant predictors of intent to leave. Better work-life balance, compassion satisfaction, and deriving pleasure from being able to perform work resulted in less burnout and secondary stress (Owens, 2017). Creating supportive and positive work environments, promoting well-being, providing emotional support (Aquino et al., 2018), and building resilience (Aburn et al., 2016) can help to mitigate burnout.

Resilience, a dynamic process of adapting and adjusting with good mental health and the ability to bounce back, is influenced by working conditions (Aburn et al., 2016). McDermind et al. (2016) reported that developing supportive collegial relationships, embracing positivity, and reflecting on negative experiences helped novice ANEs overcome adversity and move forward with their work. In a study conducted during the COVID-19 pandemic, resilience was identified as the strongest predictor of quality of life. ANEs with better quality of life were better able to adapt to changes during the pandemic (Keener et al., 2021). Maladaptation can result in an inability to work, a loss of control over work, financial losses, and/or mental health conditions such as stress, anxiety, and/or depression (Nobles et al., 2020).

Although not specific to ANEs, Heath et al. (2020) recommended working conditions to increase resilience in health care workers during the pandemic, specifically, practicing mindfulness and stress management, ensuring organizational justice, having a manageable and flexible workload, participating in professional development, and feeling valued. As the COVID-19 pandemic is the first disaster to disrupt nursing and higher education for an extended time, it is not known how this type of disruption affected working conditions and the experience of ANEs.

METHOD

A hermeneutic phenomenological approach, based on philosophical views of Dutch phenomenology of the Utrecht School, was used for the study. The approach combines characteristics of descriptive and interpretive phenomenology (Cohen et al., 2000) and aims to uncover a particular experience of interest. For this study, the researcher developed relationships with ANEs in the United States who were working full-time in baccalaureate or higher degree nursing programs during the COVID-19 pandemic as a way to accurately understand their single lived experience.

Sample and Setting

Purposive and snowball sampling approaches were used to reach informants. Participants were recruited through a multimethod approach, which included an announcement on the Sigma Theta

Tau International online community forum and Twitter; emails to nurse faculty colleagues; and asking individuals who read the invitation to distribute it to colleagues who met the inclusion criteria. Although data saturation determined the final sample size, the researcher targeted an initial sample of 10 to 15 informants.

The institutional review board at the university where the researcher was employed approved the study. No incentives to participate were offered. Participants reviewed and signed an informed consent and could withdraw at any time without penalty. Consent forms, demographic data, and transcriptions were stored in password-protected accounts. Pseudonyms were assigned to protect participant anonymity.

Data Collection

A 12-item electronic demographic questionnaire, an initial unstructured personal interview, and a semistructured second personal interview were used to collect data. The researcher's field notes also served as a data source. Data collection took place over a six-month period. Initial interviews were conducted over a two-week period beginning April 15, 2020, approximately four weeks after the first US state (California) issued a mandatory stay-at-home order and five weeks after the first US university shifted to fully remote teaching. Second interviews began on September 11 and ended on October 1, 2020.

ANEs who signed a written consent to participate in the study received an email containing a link to the electronic demographic questionnaire and a list of possible interview dates and times. Initial interviews were conducted by telephone to comply with state-level stay-at-home mandates and minimize use of video conferencing. Informants used a unique researcher-assigned pseudonym on the demographic questionnaire and during the interviews. A sole researcher conducted the initial interviews.

All initial interviews ($n = 14$) began with the researcher sharing the aim of the study and her experience as an ANE and phenomenologist; time was allotted for informants to comment and ask questions. Next, the researcher stated, "Tell me what it is like to be a full-time academic nurse educator during a pandemic." This broad opening statement allowed informants to determine the direction of the interview. Probes such as "Tell me more" and "How do you feel about that?" were used to facilitate richer discussion of topics.

Initial interviews lasted approximately 60 minutes and were audio-recorded using a digital recorder. A trained transcriptionist, who had signed a confidentiality agreement, transcribed all recordings and removed potential identifiers. Transcripts and audio recordings were compared to ensure accuracy. Once preliminary themes were identified during data analysis, second interviews were initiated to secure validation of the preliminary themes and exemplars.

Informants were sent an email that included the preliminary themes, descriptions, and interpretations to review and an invitation to participate in a second interview via telephone or in writing. Informants were asked to comment on the accuracy of the descriptions and interpretations, clarify inaccuracies, and indicate if they had any additional information about their experience to share. Second interviews took place four to five months after the initial interview; 12 of the 14 informants participated in a second interview and elected to provide written comments via email to clarify, validate, and/or refute the preliminary findings. Two informants did not respond to the invitation to participate in a second interview.

Data Analysis

Data, in the form of transcribed interviews, were analyzed using Barritt et al.'s (1984) five-step process as follows: 1) read the narrative

and identify important elements; 2) assign tentative theme names to similar elements; 3) check with informants to seek clarification and validation of analysis; 4) compare narratives of informants to identify commonalities, unique themes, and variations; and 5) review the literature for information about the experience of interest. The goal of the data analysis was to identify common themes about the experience of being a full-time ANE in baccalaureate or higher degree nursing programs in the United States during the COVID-19 pandemic. Trustworthiness was established through credibility, transferability, dependability, and conformability. Member checking, having one experienced researcher conduct the interviews, using broad opening statements and probes during interviews, documenting field notes, verifying transcripts, establishing an audit trail, and providing a sufficient descriptive data were used in the study and align with the criteria identified by Lincoln and Guba (1985).

FINDINGS

Sample Characteristics

Sample characteristics can be used to determine transferability of findings to other settings and contexts (Lincoln & Guba, 1985). Transferability is the level of similarity between the current study and the situation and sample to which it is transferred. The sample included 14 ANEs who were employed full-time in baccalaureate or higher degree programs in the Northeast, Southeast, Midwest, or Southwest regions of the United States (see Supplemental Content for demographic information available as Table 1, available at <http://links.lww.com/NEP/A318>, and Table 2, available at <http://links.lww.com/NEP/A319>). ANEs teaching in baccalaureate, master's, and/or doctoral level programs participated in the study. Nearly 30 percent had no experience with online teaching or virtual simulation prior to the COVID-19 pandemic. Although a majority did not experience changes in their assigned employment/workload responsibilities because of the pandemic, those who did ($n = 6$) saw a reduction in workload in the areas of service ($n = 4$), scholarship/research ($n = 1$), or clinical practice ($n = 1$). The number of courses they were teaching was unchanged.

Participant Experiences and Themes

Data analysis revealed five themes that reflected the experience of being a full-time ANE during COVID-19: riding a rollercoaster, figuring it out, giving and getting help, seeing silver linings, and feeling loss. The exemplars use pseudonyms.

RIDING A ROLLERCOASTER Full-time ANEs had to urgently react to a sudden wave of drastic, chaotic, unplanned change in their working conditions prompted by the stay-at-home order. All the participants were working remotely at the time of the initial interview and had been doing so for four to six weeks. The dynamic nature of their working conditions varied since the start of remote work. Some experienced a decline, others continued to experience excessive, and yet others experienced fluctuations between higher and lower levels of change. After nearly five weeks of being in a dynamic work environment, no participants described being in a stable work environment.

Libby, an assistant professor who was teaching in a DNP nurse anesthesia program, described her experience in this way: "It is a rollercoaster ride of tasks and emotions. Right when you think you have a handle on it, something else pops up or another issue arises." Melinda, a clinical professor with more than 10 years of experience teaching online, described a similar experience: "The circumstance has changed every single day."

When asked what it was like being an ANE during the pandemic, Lindsey, a tenured professor teaching in baccalaureate, PhD, and interprofessional programs exclaimed: "The word I would probably choose is chaotic. Things change very much from one day to the next. The needs of the people you work with and the students and the situation change a lot from one day to the next." Wendy, a clinical assistant professor in a baccalaureate program with no online teaching experience, stated: "For two weeks it was utter chaos, and it was maddening and I couldn't get off [my computer]...I was online all day long. It was horrible. It's quietened down considerably. There's a light at the end of the tunnel. The semester is almost over."

FIGURING IT OUT Full-time ANEs were searching for ways to work under the new conditions. Amid the pandemic, they found themselves in uncharted territory and had to figure out how to fulfill their role responsibilities while working remotely and being physically separated from others. Their primary focus was on figuring out how to teach online, followed by service and research responsibilities. Wilma, an instructor with no experience teaching online or using virtual simulation, told of continuing her teaching and service responsibilities: "We [nursing faculty] had to figure out how do we deliver the last two weeks of that complex care rotation outside of the hospital, still meet the course outcomes, still evaluate.... I might have looked at something and said, hey, I found this and I think this might really work.... A different faculty said I'm on this list serve...and I get these great unfolding case studies so I'm going to use this one and that faculty member used that one with their students."

Jason, who was teaching in a BSN program and had to stop his professional service work, said: "We had to explore some avenues to see if we had something that we could possibly use [to teach online]." He described the process of figuring it out as "trial and error." When a new strategy was unsuccessful, "We [the faculty] had to come up with another idea." As a result, "They [students] probably received three or four revisions of the schedule in a week or two because of running into things." Evan, a lecturer in a master's program, shared how he figured out how to lead a virtual meeting: "I sat and figured it out...[I] run some mock meetings with family and friends so it is a zero stress environment...it becomes important to give a perception to the attendees that you actually know what you're doing."

GETTING AND GIVING HELP Full-time ANEs did not have everything (knowledge, skills, tools, and resources) they needed to do their work in the new environment and needed help to fulfill their role and responsibilities. They gave and/or got help from others to continue teaching under the new conditions. Helpers included administrators, colleagues, publishers, vendors, technology experts, and/or instructional designers. The effectiveness of the help varied. None of the participants described navigating the changing environment independently. Lindsey, an administrative ANE, explained: "They [IT] spent a lot of time helping faculty who have not done things online in the past get prepared as much as possible. We have some faculty who have very poor Internet where they are, so I still have a couple of faculty who are in the building most days." Jason, an experienced online educator and user of virtual simulation, explained: "Some of us [faculty] reached out to faculty who teach totally online and ask about different policies or things they've come up with as far as how much do I interact with the students? Do I take emails late at night, or if I'm up and I see an email do I answer it? ...We have some faculty who don't teach online. They don't understand a lot of the online stuff."

Betsy told how a dean helped her: "I was really stressing out this one week and the dean said, well, tell me what I can do, what can we

take off your plate, so there were some things... taken off my plate that I usually do in this course. Then I said I need help with developing these case scenarios.... She identified a simulation person to help with this." Although she wanted and needed help, Betsy was frustrated with a professional nursing organization that offered a one-hour webinar: "I don't have an hour. They don't understand, I'm spending every minute getting the next week or the next day's thing ready."

SEEING THE SILVER LININGS As they responded to chaotic change, participants were figuring out how to do their work under new conditions while being physically separated from others. They noticed silver linings, or unexpected positive outcomes, some being more impactful than others, and experienced awakening to new ways to work as full-time ANEs. Evan described the benefit of conducting a personnel search during the pandemic: "It [virtual interviews to hire faculty] actually opened up our field of interviewees...we were able to interview everyone whereas we would not have been able to.... If you interview one virtually, you have to interview 10 of them virtually so in that case it was one of hidden gems, or silver linings sort of clouds so to speak. We were able to open up our search."

Andrew, an associate professor teaching in a DNP program who had to halt his research because of the pandemic said the change to online teaching "really has allowed us to reflect back on the mission of the university and really what our programs are designed to do to support the working learner. It's been I think beneficial all around." Wilma said she thinks there will be a lot of changes in the future for the better: "We are going to take all of these things we've learned about, used, and seen and integrate those more into what we already do because they're great."

Wendy shared the impact of several positive changes on her work and her life: "If I need to call it quits after a one-hour postconference and just go outside, I do that. If I need to take a nap at 4 o'clock in the afternoon, I might do that. There is a silver lining.... I have more uninterrupted time to read, which I very seldom have when my calendar is filled with running back and forth to meetings.... Self-care is happening.... I've had some great email exchanges with students that are more personal and compassionate than I might have if they were standing or sitting in front of me in a class.... There [are] some compassionate moments...I can offer more readily via email than I probably would rushing out of class to go somewhere else."

FEELING LOSS While working during the pandemic, the ANEs felt a loss of connection with students, colleagues, and the organization. How, when, and/or why they communicated or connected with others was different than prepandemic. Not engaging with students in person in the clinical setting was the most common loss.

Lindsey described new communication patterns as being "way off." If there is no face-to-face time, she said, "You either create that time or work around not having it." Wendy explained: "It's [not being with students] a loss and they're feeling it and faculty is feeling it. I know that our chairs are feeling it." Wilma said: "I just really miss the live interaction with the students...you just can't have the same interactions with the students over Zoom...I enjoy seeing them. I enjoy sitting and talking with them."

Anna, an assistant professor who was not yet tenured, said this about communicating with colleagues: "I do miss being able to interact and...pop into somebody's office and knock on their door and ask them a question or have someone do the same. Those interactions are missing.... Now when they're in their personal home, even though they're at work, it still feels like you're potentially bothering someone." Patrice, who taught in a BSN program, described the loss

of connection to the organization because of a lack of leadership: "That was really frustrating...a lack of somebody actually taking the wheel and saying, 'No this is what we're looking at, let's all get on the same page.'"

DISCUSSION AND RECOMMENDATIONS

The data from this study indicate that ANEs experienced dramatic, unplanned, and persistent changes in their working conditions over an extended time as a result of the pandemic. In response, ANEs tried to adapt by searching for, developing, and trying new ways to teach, conduct research and scholarship, and engage in service. After six months, they were still trying to adapt.

When ANEs transitioned to remote work, they did not have all the knowledge, skills, tools, and/or resources needed to work under the new conditions. They did not navigate change independently. Instead, they needed help and offered help to others. Through all the turmoil, they discovered new and better ways to do and manage some of their work and to care for themselves. Unfortunately, they felt a sense of loss because they were not connecting with students and colleagues.

The uncovered experience of being an ANE during the pandemic reflects changes in personal, organizational, managerial, academic, and professional conditions. Because such changes can influence faculty satisfaction and, ultimately, the recruitment of new and retention of current ANEs (Arian et al., 2018), it is imperative to identify strategies that may enhance working conditions for ANEs going forward. (Theme-based recommendations for enhancing ANE working conditions and preparing future ANEs are outlined in Supplementary Content as Table 3, available at <http://links.lww.com/NEP/A320>.) Future research about strategy effectiveness is recommended.

Embracing positivity and reflecting on negative experiences can help ANEs overcome adversity and increase resilience (McDermind et al., 2016). Participants identified silver linings that could and should persist post-COVID-19. For example, conducting virtual interviews with a larger pool of applicants, aligning the curriculum with the university mission, and having a more flexible work schedule were positive changes in working conditions identified by participants. Providing opportunities for ANEs to reflect on their experiences and identify silver linings or lessons learned could help them to rise above, adapt, and bounce back during adversity and identity changes to retain because they improve nursing education.

Working conditions that negatively influenced the experience of being an ANE during the pandemic are of concern. Prolonged instability at work, feelings of loss of control over work, and trying to navigate persistent, unplanned change can lead to mental health conditions such as stress, anxiety, and/or depression (Nobles et al., 2020). Feeling a sense of loss because of the inability to relate in person with students and colleagues could cause feelings of grief and alter satisfaction (Bittner & Bechtel, 2017; Dalby et al., 2020). Caring for ANEs, monitoring their health and well-being, and building resiliency can help to mitigate burnout (Aburn et al., 2016). Future research about the long-term impact of pandemic-induced changes for ANEs, including their health and well-being, is recommended.

For the ANEs in this study, teaching was their primary focus. Teaching with technology requires specialized skills and changes in practice. Often, there is a deficit in formal preparation for digital teaching (Nickerson, 2020). Regardless of their online teaching experience, faculty need to know about best practices in online pedagogy (Cantamessa, 2018). Prior to COVID-19, nursing faculty who taught

online reported high levels of self-efficacy and satisfaction, which was fostered through formal preparation, support, professional development, and teaching experience (Hampton et al., 2020; Richter & Idleman, 2017). Not all ANEs in this study were prepared to deliver instruction virtually, which is concerning given that online delivery has been a part of nursing education for nearly two decades. Working under new conditions, many of which will persist following the pandemic, without the necessary skills and resources threatens faculty satisfaction and has a potential impact on retention (Aquino et al., 2018). Therefore, it is recommended that all current ANEs participate in formal training on the use of technology and engage in regular on ongoing professional development that advances excellence in virtual teaching.

Education leaders are encouraged to reenvision graduate-level nursing education to ensure it includes formal preparation for teaching, including teaching with technology, and to recognize the advanced and specialized knowledge, skills, and attitudes of the ANE (Gazza, 2019). New faculty need access to mentors and, when possible, to participate in an academic nurse residency to receive support in the first year of their new role and specifically in teaching (Gazza & Mehrlich, 2019). New and current faculty would benefit from online teaching specialists and technical support, release time to learn about technology, and opportunities to collaborate with colleagues experienced in online teaching and learning (Naylor & Nyanjom, 2020). Because of the level of help provided to and by participants, interdependency among ANEs requires further exploration.

Lastly, a review of recruitment and retention strategies is recommended. Current strategies are based on the prepandemic ANE experience. Therefore, it is necessary to explore their effectiveness and make adaptations based on the current ANE experience.

CONCLUSION

Leaders in nursing education have been addressing the ANE shortage by preparing additional educators, recruiting more nurses to ANE positions, and improving working conditions for current ANEs (AACN, 2020). The approaches, based on prepandemic working conditions, have been used with varying success. In early 2020, the abrupt and prolonged shift to working from home, teaching in virtual settings, and adapting or pausing research and service activities changed nursing education in ways that will persist well beyond the pandemic. The uncovered experience of being an ANE in baccalaureate or higher degree nursing programs during the COVID-19 pandemic reveals opportunities to enhance working conditions for ANEs during the remainder of the pandemic and in post-COVID-19 nursing education.

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TEST INSTRUCTIONS

- Read the article. The test for this nursing continuing professional development (NCPD) activity is to be taken online at www.NursingCenter.com/CE/NEP. Tests can no longer be mailed or faxed.
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