

Nursing Faculty Experiences During the COVID-19 Pandemic Response

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Abstract

AIM The specific aim of the study was to describe nursing faculty experiences during the COVID-19 pandemic.

BACKGROUND Academic nursing experiences were disrupted due to the COVID-19 pandemic. There is concern that the resulting stress threatens nursing faculty emotional well-being.

METHOD A descriptive, quantitative study was conducted, exploring faculty academic and clinical roles during the COVID-19 pandemic, including perception of institutional support provided; faculty burnout, satisfaction, and well-being; and student support needs and well-being.

RESULTS Analyses were performed on 117 quantitative and 49 qualitative responses. Participants perceived support from academic institutions and increased need to provide emotional support to students. Most reported negative effects on well-being but did not report high levels of burnout.

CONCLUSION Nursing faculty are essential to the profession. Stress responses from the COVID-19 pandemic may not be fully realized. Nursing faculty require proactive and sustained institutional and personal support to provide exceptional ongoing education, build resilience, and support students.

KEY WORDS COVID-19 – Nurse Educator Burnout – Nursing Education – Pandemic – Psychological Stress

Following the March 13, 2020 national emergency declaration in the United States concerning the SARS-CoV-2 outbreak, nonessential activities throughout much of the country were curtailed or suspended. By April 10, 2020, 95 percent of the United States was under lockdown, with 42 states issuing stay-at-home orders, and the global death toll from COVID-19 surpassed 100,000. By the end of the summer, US deaths reached 200,000, and globally, deaths surpassed 1 million (Neilson & Woodward, 2020).

Mitigation efforts related to the COVID-19 pandemic resulted in the abrupt halt of most in-person didactic and clinical practicum nursing education across undergraduate and graduate programs. The academic and clinical realities of the pandemic caused faculty to conduct familiar roles through unfamiliar mechanisms, including rapid transition to virtual formats for teaching, testing, advising, and supporting students. Various editorials highlighted the herculean effort and subsequent stress experienced by nursing faculty resulting

from the transition from their traditional course delivery methods to emergency remote teaching (Barton et al., 2020; Hodges et al., 2020). Others emphasized the reality that education after the COVID-19 pandemic may indeed be different (Morin, 2020; Parse, 2020), the need for faculty to remain in academia to prepare the next generation of nurses (Dewart et al., 2020), and the need for a nursing workforce adequately prepared to care for patients (Spurlock, 2020).

During the COVID-19 pandemic, transitioning to a virtual mechanism for engaging with students, collectively and individually, was a necessity. The need to provide virtual emotional and academic support to students was heightened for prelicensure students and for graduate students who were further challenged by the realities of clinical practice as frontline health care providers.

Nursing faculty often hold second appointments in the clinical setting and perform clinical roles in addition to their academic roles (Pollard et al., 2014). Like the rest of the nursing workforce, some nursing faculty with clinical positions continued to provide direct care whereas others were furloughed or otherwise prevented from providing direct care. The unique stressors in their academic and clinical domains may have led to untoward effects, such as stress and burnout, in nursing faculty.

BACKGROUND

Under normal circumstances, nursing faculty report regular stress from their workload, tenure requirements, the need to maintain educational and clinical expertise, and the increased use of technology (Reyes et al., 2015; Thomas et al., 2019). In addition, faculty stress may arise from experiencing workplace incivility, pressure to maintain both clinical and faculty expertise, and role ambiguity (Reyes et al., 2015; Thomas et al., 2019). These workplace stressors were likely compressed by the additional stressors in nursing academia brought on by the COVID-19 pandemic.

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Faculty routinely adapt to stressful experiences, including setbacks, adversities, and traumatic experiences (Reyes et al., 2015); this has also been the case during the COVID-19 pandemic response. Historically, nursing faculty have been asked to rapidly modify didactic and clinical experiences in response to natural or other disasters (Richardson et al., 2015). Emotional distress may be triggered when this response includes redeployment or the need to take on unfamiliar roles (Livornese & Vedder, 2017). Clear and consistent communication, collaboration, transparency, and flexibility are identified as characteristics that assist nurses with adaptation to new roles during such responses (Livornese & Vedder, 2017).

Burnout has been widely studied in clinical nursing practice but has received little attention in nursing faculty (Thomas et al., 2019; Yedidia et al., 2014). Regardless of setting, burnout is characterized by feelings of emotional exhaustion, depersonalization, and a low sense of personal accomplishment resulting from conditions in the workplace (Dolan et al., 2015). Emotional exhaustion, perceived heavy faculty workload, maintenance of advanced practice certifications, and dissatisfaction with teaching support have been found to be predictors of intent to leave in nursing faculty (Yedidia et al., 2014). Yedidia et al. (2014) reported that emotional exhaustion was more prevalent in nursing faculty than in nurses in clinical nursing practice (39 percent vs. 34 percent of samples, respectively).

It is likely that nursing faculty were, and are, at risk for burnout related to their roles in the response to the COVID-19 pandemic. It is possible that the initial wave of the COVID-19 pandemic, during the spring and summer of 2020, added significant emotional exhaustion and stress resulting in feelings of burnout. These feelings may be due to increased workloads, unfamiliar technology, increased need for student advisement and support, and demands of faculty clinical practice. Little is known about the nursing faculty role in disaster response, and there is a need to investigate and describe faculty experiences during the COVID-19 pandemic relevant to the unique challenges faced in academia and practice. Therefore, the purpose of this study was to describe nursing faculty experiences during the COVID-19 pandemic response and to compare these experiences based on academic and clinical employment status.

METHOD

This quantitative, descriptive study was conducted in the summer of 2020. The population of interest was specifically nursing faculty teaching in the classroom setting during the COVID-19 pandemic response. Faculty teaching at least one didactic course in an undergraduate, graduate, or doctoral nursing program in the United States during the spring and/or summer 2020 semester were eligible to participate. Clinical faculty whose role was limited to the laboratory, simulation, or clinical setting and those teaching in nursing programs located outside the United States were excluded. An a priori power analysis for a one-way analysis of variance with three groups, alpha of .05, a medium effect size, and a power of .80 indicated that 159 participants were necessary to meet power for this study. Institutional review board approval from St. John Fisher College was obtained prior to data collection.

Sample

Data collection occurred online using the Qualtrics electronic survey platform. Snowballing recruitment of potential participants utilized both email and social media. Recruitment emails were sent to the researchers' personal and professional faculty networks, two weeks

apart. A call to participate was posted on the researchers' Facebook and Twitter pages every five days until the end of the summer semester. To broaden reach, the researchers tagged the American Association of Colleges of Nursing, the American Association of Critical-Care Nurses, and the National Organization of Nurse Practitioner Faculties after obtaining permission from each organization. In addition, the hashtags #NurseTwitter, #AcademicTwitter, and #NursingAcademia were added to tweets about the study.

Instrument

Because of the unprecedented nature of the COVID-19 pandemic, a survey was created using a rapid iterative process to assess personal and professional demographics and questions regarding participants' teaching, advising, and clinical practice roles during the pandemic response. Participants' perceptions of institutional academic support, ability to support students, burnout, well-being, and satisfaction levels were measured using a Likert scale, as described below. Burnout was assessed using a single item adapted from a prior survey (Dolan et al., 2015) and based on a provided definition of burnout (Sacco, 2019). Regarding well-being, participants were asked to indicate how the COVID-19 pandemic affected their and their students' emotional well-being. The survey was reviewed for face validity by nursing faculty colleagues.

One open-ended question at the end of the survey allowed participants to share any information about their experience as nursing faculty during the COVID-19 pandemic. The resulting 50-item questionnaire was expected to require 15 to 20 minutes to complete. Participants were anonymous, with no identifying data collected related to themselves or their workplace.

Data Analysis

Both quantitative and qualitative data analysis methods were utilized. Quantitative analysis was conducted using SPSS 26. Descriptive statistics, including mean, standard deviation, range, and percentage, were conducted to describe the sample; participants' academic and clinical roles; and participants' perceptions of support, burnout, and well-being during the pandemic response. Inferential analysis included comparisons of participants' perceptions of their ability to meet students' needs, burnout and satisfaction levels, and faculty/student well-being based on faculty designation, years of experience as a faculty member, and clinical practice status.

Although the initial inferential analysis was intended to include a one-way analysis of variance to assess for differences between three groups, the number and size of the groups for faculty designation, years of experience, and clinical practice status varied based on participant responses. For differences by faculty designation and years of teaching experience, nonparametric Kruskal-Wallis testing was conducted due to unequal groupings (MacFarland & Yates, 2016). Differences based on clinical practice were assessed using independent samples *t*-tests because of even group size and the normality assumption being met.

Thematic analysis of the responses to the open-ended question was conducted using the Braun and Clarke (2006) methodology. This method employs steps that include becoming familiar with the data, generating initial features (codes), searching for themes, reviewing the themes, defining the themes, and generating a report (Braun & Clarke, 2006). The process was conducted independently by two reviewers, and themes were discussed to reach consensus.

QUANTITATIVE RESULTS

After reviewing the responses for consent, inclusion criteria, and completion, 117 participants were included in this study; 49 (42 percent) provided a response to the open-ended question. The majority of participants were female (92.3 percent), doctorally educated (PhD, 46.2 percent; DNP, 22.2 percent; EdD, 5.1 percent), in nontenure track/contract positions (45.3 percent), and from the Northeast (62.4 percent). Participants' average age was 50.81 years (range: 38.4 to 63.22), with an average of 27.15 years of experience in nursing (range: 14.04 to 70.26) and an average of 12.35 years in academic nursing (range: 2.81 to 21.89). The majority of participants were academic advisors (67.5 percent) teaching in a bachelor's degree program (61.2 percent), with little to no online teaching experience (66.1 percent). Half of the participants (50.4 percent) also worked in a clinical setting; of those, 51.9 percent worked per diem, and 54 percent worked in an advanced practice nursing role (see Supplemental Content for Table 1 with detailed personal and professional demographic characteristics, available at <http://links.lww.com/NEP/A271>).

Academic Load, Modality, and Support

Nearly all of the participants (94.9 percent) reported teaching in the spring semester; 65.5 percent reported a spring full-time teaching load (defined as three or more courses per semester). Nearly two thirds (61.2 percent) taught in the summer; 28.7 percent of those teaching in the summer had a full-time load. Participants in both semesters overwhelmingly indicated that there was a change to their teaching modality because of the COVID-19 pandemic (92.8 percent and 68.9 percent, respectively; see Supplemental Content for Table 2, available at <http://links.lww.com/NEP/A272>).

Participants were asked to rate, on a 5-point Likert scale (1 = *no support*, 5 = *a great deal of support*), their perceptions of support provided related to educational/instruction technology ($M = 4.27$), course-level supervision ($M = 3.11$), program-level supervision ($M = 3.29$), and college/university-level supervision ($M = 3.48$). Average ratings across these four items were >3 , indicating that participants perceived the same support, moderate support, or a great deal of support provided to them during the COVID-19 pandemic (see Supplemental Content 2, available at <http://links.lww.com/NEP/A272>).

Participants were also asked to rate their perceptions regarding student needs and abilities to meet those needs during the COVID-19 pandemic on a 3-point Likert scale (1 = *decreased support/ability*, 3 = *increased support/ability*). Participants reported reduced ability or the same/usual ability to meet the needs of students with learning differences ($M = 1.88$) and to professionally advise ($M = 1.76$) and provide emotional support to their students ($M = 1.72$), despite an increased need to provide such support ($M = 2.48$; see Supplemental Content for Table 2, available at <http://links.lww.com/NEP/A272>).

Clinical Practice

For participants who indicated a regular clinical practice (50.4 percent), further information was sought about their role during the COVID-19 pandemic response. Of those who worked in direct care in addition to faculty roles, 44.6 percent reported providing direct care during the pandemic, and 34.8 percent reported caring for persons being worked up for/diagnosed with COVID-19. Reasons that participants did not work in direct care during the pandemic response included the following: the work setting closed (34.5 percent), financial concerns of the institution (13.8 percent), or asked to

remain reserve staff (17.2 percent); personal (13.8 percent) or family (13.8 percent) health concerns; did not work because of academic role demands (20.7 percent); or did not work clinically because of personal choice (17.2 percent).

Well-Being

The participants' well-being assessment included perceived level of burnout; academic position, advising role, and clinical position satisfaction; and the effects the pandemic had on personal and students' emotional well-being (see Supplemental Content for Table 3, available at <http://links.lww.com/NEP/A273>). After reading a provided definition of burnout, participants rated their current burnout level on a 5-point Likert scale (1 = *not burnt*, 5 = *completely burnt out*). The mean score on this item was $2.61 \pm .94$, with most participants indicating they were occasionally under stress or burning out. The majority of the participants indicated the cause of perceived burnout to be the academic position (47.4 percent).

Level of satisfaction was also rated on a 5-point Likert scale (1 = *very dissatisfied*, 5 = *very satisfied*). Regarding academic position satisfaction, the mean score was 3.71 ± 1 , with the majority indicating they were satisfied or very satisfied (68.7 percent). Similarly, the mean score for advising role satisfaction was 3.56 ± 1.02 and 56.8 percent, indicating they were satisfied or very satisfied. Lastly, regarding clinical role satisfaction, 44.6 percent indicated they were satisfied or very satisfied ($M = 3.4 \pm 1$).

The COVID-19 pandemic's effects on faculty and student emotional well-being were rated on a 4-point Likert scale (1 = *did not affect*, 4 = *very much affected*). Regarding well-being, 73.1 percent indicated the pandemic somewhat or very much affected well-being ($M = 2.95 \pm 0.82$). Participants rated this item higher when asked about students' well-being; 88.6 percent indicated that the pandemic somewhat or very much affected students' well-being ($M = 3.32 \pm .7$).

Group Comparisons

Participants' perceptions of ability to meet students' needs, burnout, and satisfaction levels and the COVID-19 pandemic's effects on well-being were compared based on faculty designation, years of teaching experience, and clinical practice. No significant differences were noted in these variables based on faculty designation; however, there were significant findings based on years of academic nursing experience and clinical practice.

There were significant differences in the participants' perceptions of the COVID-19 pandemic's effects on faculty emotional well-being based on years of academic nursing experience, $H(3) = 12.48$, $p = .006$, 95 percent CI [.003, .006]. Post hoc analysis, using a Bonferroni adjustment for multiple tests, indicated that those with >15 years of experience had significantly lower mean scores than those with 1 to 5 years of experience ($p = .01$). No other differences, based years of academic nursing experience, were noted.

Significant differences were also noted in participants' perceived ability to meet the needs of those with learning differences based on clinical practice. Participants who reported practicing clinically had significantly lower mean scores on this item than those who did not practice clinically, $t = -2.140$, $p = .035$, 95 percent CI $(-.532, -.020)$. No other differences based on clinical practice were noted in these variables.

QUALITATIVE FINDINGS

The open-ended question, "Is there anything else you would like to share related to your experience as nursing faculty during the

COVID-19 pandemic?” allowed several participants ($n = 49$) to share additional comments and concerns. Six themes were identified in the analysis: university- or administration-related issues, increased workload and decreased resources, faculty stress from uncertainty and the intersection of work and life, student’s educational experience, faculty commitment and positive experiences, and nursing faculty and COVID-19 in the context of the current advocacy movements. Many of these themes provide depth and support to the quantitative findings described above.

University- or Administration-Related Issues

Comments related to this theme were characterized by frustration with rapidly changing policies and plans; uncertainty related to clinical practicum requirements for students, particularly advanced practice nursing students; and an overwhelming need for increased support from university administration. One faculty member shared: “As faculty, we were trying to support the direction of the University, but it was very fragmented and sometimes contradictory.” Fear of decreasing faculty positions and pandemic-related hiring freezes were also evident. Alternatively, faculty who had experience with the online teaching modality (38 percent regularly taught online) shared that the “administration supported us well and many of us already had online teaching experience.”

Increased Workload and Decreased Resources

Consistent with the concerns related to hiring freezes and faculty attrition, another separate concern was related to the increased workload the rapidly changing educational environment required. Participants described double or triple the number of hours required to teach and support students compared to previous semesters. Participants also reported that the increased time consequently decreased the quality of instruction. Another pedagogical concern was related to the standards for numbers of students in planned online education compared to the significantly higher numbers of students in the new converted online format. One tenured faculty shared the belief that “this was at the expense of tenured faculty who bore the brunt of supervising each teaching session as part time faculty only contract to teach certain days each week as they have either a full time or multiple jobs elsewhere.” Another faculty shared that “teaching online has increased the workload significantly. There are far more 1-to-1 student meetings via video... I estimate I spent 50 to 60 percent more hours on my academic duties this summer than last summer. And due to budget cuts and hiring freezes, there is no extra help.”

Faculty Stress From Uncertainty Related to Work and Life

Uncertainty was an experience that resonated throughout the comments; those related to the intersection with work and life were particularly poignant. Participants shared guilt related to not practicing in direct care, whereas others shared fears related to contracting COVID-19 either while teaching or while practicing. Other participants voiced concern that the trauma experienced by nurses, be it related to providing clinical care or academics, would have lasting ramifications. The perception that the nursing profession experienced greater burden compared to other professions was evident. Those faculty with children and vulnerable family members shared increased strain related to the work-life balance: “I am emotionally and physically exhausted from teaching theory and clinical courses, attempting to keep up with tenure track requirements, working clinical and caring

and providing education (i.e., homeschool) to my children. I fear that there is no end in sight but truly love each of my roles.”

Students’ Educational Experience

Concerns for students who were working clinically, particularly graduate and RN to BSN students, focused on health, safety, the increased demands of those in clinical roles, and uncertainty related to the ability to complete programs with clinical hour requirements. Faculty teaching prelicensure students voiced concerns about educational modalities, the dependence of those modalities on technology that may not be available to some students, and the potential disadvantage related to missing in-person clinical experiences. In addition, some shared the fears expressed by students related to being a nurse and potential decisions to change majors and career paths. Contextually, there was also a belief that this generation of traditional prelicensure students are uniquely resilient: “I am prouder than ever to work with this generation who has grown up in such turbulent times (aftermath of 9/11, active shooter drills, now pandemic).”

Faculty Commitment and Positive Experiences

The resounding sentiments from comments in this category were the need for resilience and adaptive skills and the assertion that nurses were uniquely equipped with these skills. Motivated by their role in training the next generation of nurses, participants shared unique opportunities and experiences they enacted in response to the rapid shift in educational settings. The pandemic resulted in opportunities, albeit forced, to “right size” content and activities in traditional courses and to be creative with prelicensure clinical activities. One participant described alternative clinical experiences that included student-developed, hour-long patient teaching sessions that were shared across sites and were well received by patients and students. Another faculty suggested that “compared to nonnursing academic colleagues, nurses are used to being flexible and adjusting to change.”

Faculty and COVID-19 in the Context of Current Advocacy Movements

The current social and political climate in the United States cannot be separated from the COVID-19 pandemic or the experience of faculty and students. Participants encouraged consideration of the historical context, which has added its own components of stress and anxiety. A poignant comment appears to place it all in context: “COVID-19, while extremely disruptive, is not the only source of stress at this moment. We’ve seen massive roll-backs on transgender health and LGBTQ+ rights... violence against immigrants, international students and black and brown communities.... Basically the world is on fire for many of us and COVID is one layer on top of an already deeply dysfunctional and violent status quo.”

DISCUSSION

The quantitative results and themes found are consistent with sentiments shared by academic nursing leaders and throughout higher education because of the rapid transition of higher education programs in the spring of 2020. A remarkable finding is that despite the emotional upheaval and uncertainty that permeated every aspect of life and society during the COVID-19 pandemic, nursing faculty remained neutral or satisfied with their roles as academics (81.7 percent) and as clinicians (74.4 percent).

Sentiments that are reassuring, providing some direction to address the effects of the COVID-19 pandemic on nursing faculty and

students, are those that speak to adaptability and resilience. Resilience is an important trait or process that yields a protective factor and defends against the negative effects of stress (Reyes et al., 2015). Resilience can lead to adaptation in austere circumstances; the development of resiliency is a dynamic process (Reyes et al., 2015). When workload and stress are increased during times of unplanned upheaval and the first wave of the COVID-19 pandemic was assuredly a time of unplanned upheaval, nursing leaders cannot disregard the emotional well-being of those involved (Livornese & Vedder, 2017). Though participants did not report high levels of burnout, an overwhelming majority reported that the COVID-19 pandemic response affected both faculty and students' emotional well-being. Although some participants touted the strength and resilience of nurses, Livornese and Vedder (2017) recommend addressing emotional well-being during and after a crisis as a means of building resiliency and efficiency.

Prior to the COVID-19 pandemic, a known threat to nursing education was the faculty shortage, with faculty workload and an inability to meet role expectations as one factor contributing to the shortage (Yedidia et al., 2014). Although the quantitative findings failed to show a difference based on faculty designation, a significant difference was found related to nursing faculty's perception of emotional well-being based on years of faculty experience. Participant comments, such as "unstable time to be in nursing faculty if not tenured" and "as new faculty...it feels like there is a lot of chaos," support that faculty with less teaching experience felt anxiety and stress related to the rapidly changing environment. These findings are important as faculty with more experience reported less intent to leave (Thomas et al., 2019). Furthermore, younger faculty members reported higher burnout levels (Thomas et al., 2019) and more emotional exhaustion, which have been associated with intent to leave (Yedidia et al., 2014). This may be exacerbated by the economic environment, including furloughs and cutbacks seen across college campuses as the COVID-19 pandemic continues (Bauman, 2020). As changing workload and demands have been found to contribute to the faculty shortage (Yedidia et al., 2014), nursing administration and faculty mentors must do better to support new faculty to address the shortage, particularly in times of uncertainty.

Limitations

The limitations of this study include the small sample size, which resulted in a failure to meet statistical power, as well as those inherent in participant self-selection and self-report. Data collection ended prior to the start of the fall semester as the intent of the study was to explore initial experiences of faculty. These results may not represent all nursing faculty teaching during the COVID-19 pandemic and only capture experiences during the first wave. Despite these limitations, the wide representation of geographic locations, years of nursing faculty experience, faculty designation, and program types is a strength and suggests that the findings do represent many facets of the nursing faculty workforce. A further strength is the inclusion of qualitative data that supports and enriches the quantitative findings.

Implications for Nursing Education

The current reality is that the COVID-19 pandemic is not over and will likely remain a feature of American culture for the coming academic years. Ongoing professional development for faculty unfamiliar with the online and virtual learning environment is essential. With the need to continue planned online and virtual learning, it will be critical to

adhere to standards and best practices for these learning environments (Authement, & Dormire, 2020; Delva et al., 2019). This attention to faculty support will help to alleviate some of the stress and tension related to the COVID-19 pandemic response. Nursing faculty may also benefit from strategies that foster resilience (Reyes et al., 2015).

Another equally important issue for nursing faculty is addressing the adequacy of education in the future nursing workforce while engaging with and supporting pre- and postlicensure students to build their resiliency (Reyes et al., 2015). During the spring and summer of 2020, 75 percent of faculty reported that their well-being was affected by the COVID-19 pandemic, and they reported an even greater impact on their students' well-being. With the ongoing nursing shortage, faculty must continue to educate students to enter the workforce as competent nursing professionals. The need to mitigate the realities of COVID-19 while educating the next generation of highly qualified nursing professionals can be taxing to faculty who are already stressed.

CONCLUSION

Nursing faculty were part of the essential workforce during the initial wave of the COVID-19 pandemic in the spring and summer of 2020. Some continued to provide clinical nursing care, whereas others spent countless hours behind the screen, providing essential care and support to the future of the profession. As of this publication in the fall of 2021, the COVID-19 pandemic response is ongoing and projected to last through 2021 (Powell, 2020). Livornese and Vedder (2017) noted that long-standing community concerns often become apparent during a disaster response. Further research related to the continued effects of the COVID-19 pandemic on nursing faculty and students is warranted.

One cannot forget that current sociopolitical concerns have resulted in additional distress for faculty and students. Furthermore, emotional responses may not be apparent during these crises and may be more prominent as events resolve (Livornese & Vedder, 2017). Academic leaders and nursing faculty will need to provide ongoing support to faculty, staff, and students as the medical and sociopolitical climate in the United States continues to evolve.

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