Transitioning to Full Online Teaching During Covid-19 Crisis: The Associate Degree Nurse Faculty Experience

Kechi Iheduru-Anderson[1] ⓘ and Jo Anne Foley[2] ⓘ

Abstract

As the COVID-19 crisis escalated in early 2020, schools of nursing and nursing programs in the United States and around the world shut down. Nurse faculty were forced transition to online teaching in a short time. Descriptive phenomenology was used to explore the experiences of associate degree nurse faculty who transitioned to online teaching during the early months of the COVID-19 pandemic. Inductive thematic analysis was performed on the interview data from 41 faculty teaching at associate degree nursing programs in the U.S. The findings of the study are presented under 6 main themes: stressful/overwhelming, feeling emotionally and physically exhausted, support, new knowledge and growth under pressure, new opportunities for nursing education, and leadership in times of crisis. To prevent the worsening of the nurse faculty shortage and help educate nurses for the future, nurse educators must be supported and recognized for their work during this period and beyond.

Introduction

As the Coronavirus disease 2019 (COVID-19) crisis escalated globally in the early months of 2020, it disrupted organizations and systems worldwide, including universities and colleges. Many nursing schools were shut down; students were ordered out of healthcare settings to limit exposure to the virus and allow working nurses to focus on caring for the sick (Agu et al., 2021; Dewart et al., 2020). With the heightened need for qualified nurses at the frontline, some countries fast-tracked the graduation and qualification of new nurses (Al-Arshani, 2020), while others provided temporary emergency licensure to new graduates without the licensure qualifying exams (National Council of State Boards of Nursing (NCSBN), 2020). To mitigate further nursing shortages, nurse educators had to find new ways to continue educating the next generation of nurses. Across the United States (U.S.) and other countries, educators scrambled to adapt their courses for online teaching and learning (Dewart et al., 2020).

Nurse educators were under pressure to work with students to meet the course and program requirements and maintain regulatory standards required for progression and graduation from nursing programs. Many nurse faculty who may have never taught online before were forced to transition to online teaching. For those who have online teaching experiences, completing laboratory and clinical experience and managing many students in a virtual setting presented a new

[1]School of Rehabilitation and Medical Sciences, Herbert H. and Grace A. Dow College of Health Professions, Central Michigan University, Mount Pleasant, MI, USA
[2]Department of Nursing, Laboure College, Milton, MA, USA

Corresponding Author:
Kechi Iheduru-Anderson, School of Rehabilitation and Medical Sciences, Herbert H. and Grace A. Dow College of Health Professions, Central Michigan University, 1280 E. Campus Dr, Health Professions Building 1215, Mount Pleasant, MI 48859-2001, USA.
Email: ihedu1k@cmich.edu

set of challenges (Seaman, 2020). In the U.S., it is expected that nurse educators in prelicensure nursing programs have graduate-level academic preparation and expertise in their content area (American Association of Colleges of Nursing (AACN), 2017). Therefore, many nurse educators have advanced education in areas related to their clinical practice instead of teaching practice (Booth et al., 2016). In the U.S., registered nurses have two primary entry education levels: associate degree nursing (ADN), primarily present in associate and community colleges, and baccalaureate degrees offered at 4-year colleges and universities. Whether or not any portion of the program is online, all prelicensure nursing programs must offer hands-on, face-to-face clinical experiences (National Council of State Boards of Nursing, 2012).

Associate degree education in the U.S. offers accessible, affordable, quality instruction to a diverse student population, with graduates equipped to provide care in a variety of practice settings (Maneval & Teeter, 2010). ADN education was established in the U.S. after World War II to alleviate the nursing shortage. ADN programs provide accessible and affordable entry into registered nursing (RN) practice in the U.S. ADN graduates are prepared to function in multiple health care settings (Mahaffey, 2002). It is well documented that community colleges are underfunded; they enroll large numbers of low-income students with majority students of color (Kahlenberg et al., 2018). The underfunding of community colleges means that nursing programs within these institutions often lack essential resources required to support faculty and students. Today's educational and healthcare technology demands that faculty be nimble to keep pace with the advancement. This may be challenging in the best of times with limited resources (Horvitz et al., 2015) but more so in times of crisis such as the COVID-19 pandemic that forced nurse educators to move all didactic, simulation, skills lab, and clinical education to online format within days.

The COVID-19 pandemic caused nationwide disruption of clinical education of student nurses. In response, AACN (2020) issued a statement urging nursing programs to develop contingency plans such as "the expanded use of simulation, telehealth, and virtual reality in keeping with best practices and guidelines from state boards of nursing and other regulatory bodies; the use of online resources for teaching clinical care; and online group chat features" in response to future restrictions on clinical placements. However, many of these advanced alternative technologies, such as virtual laboratories, are out of reach for most associate degree nursing programs within the community college settings. For many of the faculty who are not familiar with the use of online resources for teaching clinical care and online group chat features, this was a steep learning curve to navigate in a short period (Miller, 2020). Many community colleges do not have the capacity, instructional designers, or teaching-and-learning centers to help support the transition to online learning (Dill et al., 2020; Mcmurtrie, 2020).

Several technologies exist to support online teaching and communications with students. However, faculty knowledge and comfort with using these technologies are essential for effective use for both synchronous and asynchronous communication (Horvitz et al., 2015; Windes & Lesht, 2014). This rapid transition to online teaching strained a subset of the nursing education infrastructure already stretched thin in the best of times (Miller, 2020). The transition to remote learning resulted in long hours in front of computers, Zoom fatigue, and "technology burnout" (Flaherty, 2020). The study of associate degree nurse faculty (ADNF) is very limited to transition to full-time faculty role (Shapiro, 2018), workload demand (Mintz-Binder & Sanders, 2012), job satisfaction, leadership support, and empowerment (Baker et al., 2011; Mintz-Binder, 2014), and integrating simulation into the curricula (Adamson, 2010). No study could be found exploring the experience of ADNF transitioning rapidly from face-to-face to online teaching and learning. The current study aims to fill the gap in the current body of research related to the experiences of nurse faculty during the COVID-19 crisis, especially at the associate degree nursing education level in the U.S.

Purpose

The purpose of this study was to explore the experiences of associate degree nursing faculty who transitioned from face-to-face to online teaching during the early months of the COVID-19 pandemic in the United States.

Method

Study Design

This descriptive phenomenology explored the experiences of ADNF transitioning from face-to-face to complete online education during the COVID-19 pandemic. Phenomenology is used to examine and attempt to understand human experiences. The current study follows Husserl's approach for phenomenology to extract and determine what the phenomena meant to the individuals who experienced it (van Manen, 2017). Descriptive phenomenology allows in-depth examination of the participants' lived experiences by engaging in dialogue with the researcher (Jackson et al., 2018) and how they make sense of their lived experiences. The aim is to provide detailed descriptions of the participants' experiences of a phenomenon rather than providing the researcher's interpretation (van Manen, 2017). The study was approved by the primary investigators' university institutional Review Board (IRB) (IRB NUMBER: 2020-510).

Sampling

Purposive sampling was used to recruit study participants. The following criteria must be met to participate in the study.

(1) Must identify as a registered nurse with an advanced degree, (2) currently teaching at an associate degree nursing program, and (3) have transitioned from traditional face-to-face teaching to a complete online educational model during the COVID-19 crisis. Participants were recruited via direct email from the principal investigator (PI) to colleagues teaching in ADN programs and flyers posted on nurse educator platforms on Facebook, LinkedIn, and other professional organizations. Participants were encouraged to share recruitment flyers with their colleagues. Participants had the opportunity to review the informed consent and ask questions before participating in the study. This recruitment strategy increased the likelihood of acquiring information-rich data from diverse participants to achieve the research objective (Bradshaw et al., 2017). A total of 41 associate degree nurse educators from across the U.S. participated in the study.

Data Collection

After consenting to participate, the participants completed a short demographic questionnaire and a 30–45-minute telephone or WebEx interview. Data were collected from May to August 2020. All interviews were audio-recorded and transcribed verbatim by a professional transcriptionist. To improve participants confidentiality, pseudonyms were assigned to each participant; each transcript was reviewed to remove any identifying information such as college name that may have been revealed during the interviews. Capturing body language through observation is essential in qualitative interviews. However, this was hindered during the data collection process because 75% of the participants opted for telephone interviews. Keeping this restriction in mind, the researcher paid particular attention to the participants' tone of voice and listened to the audio recordings multiple times, noting subtle changes that may otherwise be missed during the interviews.

Interview Questions
1. Tell me about your experiences with transitioning from traditional prelicensure classroom learning to online learning within a short period of time?
2. What challenges did you encounter during the transitions?
3. Tell me about the resources available to you and what you used during the transition?

Data Analysis

Descriptive statistical analysis was conducted on demographic data Table 1. Inductive thematic analysis approach described by (Braun & Clarke, 2012) was used for the qualitative interview data. Thematic analysis in this paper is focused on an in-depth exploration of the participants' experiences of transitioning to online teaching. Following the principles of qualitative descriptive phenomenology, data

Table 1. Participants demographic characteristics (N = 41).

Category	Level	n
Gender	Men	5
	Women	36
	Transgender	0
Age in years	30–39	6
	40–49	11
	50–59	20
	60–69	4
Highest level of education	Master's degree	27
	Doctoral degree	14
Length of nursing practice	5–10 years	3
	11–15 years	5
	16–20 years	10
	21–25 years	3
	26–30 years	5
	31–35 years	10
	36–40 years	4
	41–45 years	1
Length as nurse educator	1–5 years	13
	6–10 years	10
	11–15 years	12
	16–20 years	5
	21–25 years	1

collection and data analysis occurred simultaneously with subsequent interview probes appropriately adjusted to achieve maximum exploration of emerging themes until no new information is forthcoming (Creswell & Poth, 2017). Inductive thematic analysis is appropriate for this study because the faculty experience of the transition can be described rather than interpreted. The thematic analysis begins with searching for meaning from the interview data (Sundler et al., 2019). The themes were developed directly from the interview data instead of from preconceived notions.

Following the steps outlined in Braun and Clarke's (2012), data analysis began with the authors (1) listening to the audio recordings, reading, and re-reading the transcripts to become immersed in and familiar with the interview data. (2) Generating codes and extracts that isolate essential data relevant to answering the research question and the purpose—then collating the codes together for further analysis. In this phase, the researchers highlighted important statements and phrases from the transcripts and made notes using Microsoft editing tools. (3) Categorization of the coded statements. In this phase, the researcher searched for themes through all the transcripts using the highlighted sentences and phrases. These original and emerging themes were entered into an excel spreadsheet for further review. (4) Reviewing the themes. Themes identified during the analysis were reviewed to ensure they represent the whole data. The researcher explored themes for any differences, similarities, and relationships with the research purpose. Some themes were deleted, and others identified. At this stage, the researchers engaged the assistance of a qualitative peer reviewer to get feedback,

which was used to refine the themes further. (5) Defining and naming themes. In this phase, the researchers provided a detailed aspect of each theme, providing an informative name that captures the theme's essence. Finally, (6) presenting the data. In this phase, the researchers provided a written narrative that connects the various themes and answers the research question (Braun & Clarke, 2012). The data are presented using short and long block quotes from various participants within the narrative.

Rigor and trustworthiness were established by selecting the appropriate method and design to study the experience of ADNF transitioning from face-to-face to online learning. Adequate detail is provided on the sampling, data collection, and a step-by-step data analysis. The use of an interview guide provided consistency to how the questions were phrased. Some information obtained during the earlier interviews were verified with subsequent interviews. The themes and findings were reviewed independently, discussed, and agreed on by the authors. The findings and conclusions were discussed individually with three participants. One participant suggested renaming one of the subthemes. Direct quotes from participants were provided to support the themes and subthemes provided in the findings (Birt et al., 2016; Cohen & Crabtree, 2008).

Findings

A total of 41 ADNF participated in the study Table 1. The findings of the study are presented under six main themes and several subthemes. All the participants agreed that the transition from the traditional face-to-face to online teaching was stressful regardless of the program's resources. The major themes and subthemes are in Table 2.

Stressful/Daunting/Overwhelming

The faculty described the transition as sudden, unexpected, and daunting. More than half of the participants were on spring break or returning from spring break, received little notice, and were scrambling to move their courses from traditional face-to-face to online format. The stress was most profound when there were no clear directions for a way forward. The majority of the participants described the entire experience as stressful, especially finding the most appropriate clinical and lab substitutes. Participants like Aspen said, "*I will say that this was by far the most stressed I have ever been, when it relates to organizing my class.*" While some new faculty such as August, reported feeling like the "*rug was pulled out from under*" them. For others, stress was associated with concerns for the students' progression through the program without gaining the necessary hands-on experience for practice. Eden noted, "*My stress lies more with this concern of holding the students back in this clinical experience and not being fully prepared.*"

Other sources of stress related to not being "tech savvy" and not having online teaching experience and expected to transition with minimal notice, time, and training. Sai stated, "*I did not imagine that I will be teaching online, I was not in any way prepared for it. I am what people call technologically challenged. […] My stress level was through through the roof.*" Some faculty before the pandemic used the Learning management system (LMS) as a repository for course documents and grading. A few programs that still administered paper and pencil exams were forced to immediately transition all their exams to an online format for remote administration. This made transitioning to complete online very daunting for the faculty. Kendal remarked, "*since our classes are mostly face-to-face with online support, I used only a bare minimum of tools in Blackboard. I spent over 16 hours a day trying to get information into Blackboard. that was daunting.*" Working long hours to get several students through simulation before colleges completely shut down, for some faculty, made for very long and stressful days. *For example, Zoe reported, "I had to do the SIM lab six times in the course of one day and… heads explosion, that was way too much.*"

Faculty in programs that considered online resources in the past but dismissed them due to lack of resources were forced to immediately adopt something new to ensure that their students get the learning experiences to progress. This led to new learning and more stress. As exemplified by London's statement:

> Our program had considered some online modules from ATI and Shadow Health in the past but dismissed it due to lack of funds. So, we did not really have the knowledge to integrate any of that to work with the students effectively. Learning something new and then using it for the students created even more anxiety and stress for the faculty.

The level of stress was not only related to their work as faculty. It also came from the news media and the daily information from their organizations. Omeya commented, "*I was overwhelmed with all the news, the grim reality of the times, and the change. At some point, I was drained and had nothing left to give.*"

For some of the faculty, their stress was worsened by the length of time as educators and their familiarity with the use of the LMS. As recounted by August, "*I have not been a nurse educator for long. I have definitely not taught online before. I was already stressed before this happened, so my stress level was at an all-time high.*" For others, not knowing how or if the students are being engaged in an online setting contributed to the stress. "*Finding a way to get the students to engage with real-world content was hard,*" Vina recounted. River reported feeling anxious about online teaching, "*I had such high anxiety talking to my students through the machine*" and not being able to determine if the students are paying attention or not.

Table 2. Major themes and subthemes.

Major themes	Subthemes
Stressful/daunting/overwhelming	Considered leaving nursing education
	Increased workload and long work hours
	Availability of resources and technological support
Feeling emotionally and physically exhausted	Physically and emotionally draining
	A sense of isolation
	Feeling guilty
	Coping with stress and making time for self-care
Support	Teamwork and collegial support
	Faculty support for students
	Students support for faculty
New knowledge and growth under pressure	
New opportunities for nursing education	
Leadership in times of crisis	

Subthemes associated with stressful/daunting/overwhelming include Considered leaving nursing education, increased workload, information overload, and lack of resources and technological support.

Considered Leaving Nursing Education. The stress level associated with the transition to virtual teaching led some of the faculty (7) to consider leaving their teaching role and retiring or returning to bedside nursing. Cleo, who has been a nurse educator for over 15 years, stated,

I have taught for over 15 years in nursing education, but the last four months have all but burned me out. It has become an obsession because you never seem to get away from the work, and there is no balance. I am up at 6 am and still at it at 9 pm. Students are stressed and need more reassurance. I just don't have much more to give. I am retiring at the end of this.

Penny echoed the sentiment, *"I plan to retire in the next year. I would retire now if I could."*

Increased Workload and Long Work Hours. All participants experienced a significant increase in workload and time spent for lectures and addressing students' concerns during the workweek. While some colleges offered the faculty a week or two to move all their courses to an online format, many had just a few days to do so. For Finley, *"The workload was above and beyond. We were literally on the computer with students from 9:00 am to 9:00 pm. And it was brutal."* Harley added, *"It was very hard balancing the workload. Moving everything online, keeping track of students work, and being supportive. It was a thing of nightmares."*

Without very factual information earlier in the crisis, some colleges decided to wait out the pandemic, hoping that it would be over in a month, but later realized that they were in it for the long haul. These led to scrambling to review and adopt online resources to continue teaching their courses and advancing students through the programs. The workload was exacerbated by students' emails primarily related to issues that were usually addressed during class meetings and office hours. As described by Kendall.

I had an average of 50 or more emails a day from students. Something that can be discussed and resolved with five to ten minutes of conversation was taking several emails, long explanations, etc. Sometimes when you call the students to have a phone conversation to resolve an issue, they don't respond. It was frustrating and overwhelming.

Managing exams and preventing cheating presented a new set of challenges and a source of stress for faculty. Many faculty worked extra-long hours to create online exams and protect exam integrity.

"The information overload from vendors was frustrating and overwhelming," said Bailey regarding companies wanting to sell their products to nursing programs. About a third of the faculty agreed that the amount of information related to online resources flooding their email inboxes was overwhelming and too much to sift through, which led to confusion about making the right choices for their programs. This was especially daunting for faculty in programs with nothing in place before the crisis.

The Availability of Resources and Technological Support. The availability of and lack of resources for the faculty was very evident. Many of the faculty received some resources from their institutions; some were left to fend for themselves. Transition to remote learning led to faculty realization that not all their students have access to personal computers or reliable internet access for online learning. The participants have varied experiences with the use of technology and online teaching. *"The school as a whole was providing a lot of support,"* stated Xander, whose program used the LMS extensively before the transition, and the program shut down for 4 weeks, giving them time to make the transition to all online learning. For faculty like Sydney, whose use of LMS was

limited to posting students' grades, announcements, and handouts, there was a steep learning curve and added stress during the transition. All the faculty have personal computers, but many were too old and not equipped for online teaching. All faculty were provided access to a laptop if needed from their institutions. Some did not have strong WIFI or had to upgrade their WIFI subscription at a personal expense to transition to online teaching. The frustration with WIFI was evident in Bailey's statement,

> We are in a very rural area, and so students and faculty had the same WIFI issues. Our college basically said, Well, you can go sit in the McDonald's parking lots and get their WIFI, or the library will give you WIFI if you go sit in their parking lot. Personally, I was pretty irritated with that because…, but I didn't feel like I had everything I needed to do my job.

Stress resulted from not having or having minimal I.T. support for the transition. *"I felt like this technology and extensive planning is adding so much extra stress to all of this. There was lack of I.T. support which made it worse."* [Eden] Some faculty from schools with very limited resources were creative in securing working computers for their students. One faculty discussed calling program alumni to borrow their computers for the current students.

For most of the faculty, their only experience with online education was as students in online programs. For some of the faculty, the challenges to the transition to online teaching encompassed things from how to deliver the content to how the students will get the content. Aspen elaborated,

> One of the biggest problems we had was finding out that many of our students do not have adequate access to technology. Not only internet services, but computers. I was just shocked at the number of our students that did not even have a home computer. So that was very eye opening for us. I worried about the students being left behind.

The level of technological resources required for online transition was underestimated by some colleges, leaving faculty to fend for themselves. Some LMS storage capacity could not handle the new increased amount of information (recorded lectures and videos) faculty had, causing them to lose content after a few weeks. Finley expressed her frustration with the knowledge. "I found out from students, I was like, no, no, it's not gone, I'll find it. Nope, it's gone. I called I.T., and they said, "We didn't purchase the premium plan. 'FRUSTRATING'." *Some programs have faculty who are very knowledgeable willing to teach and support their peers. Eden commented about not having support.* "We had nothing in place technologically speaking. […]. Asking for assistance from the I.T. personnel was an impossible task. It took days sometimes to get help because there was no one in charge."

To a lesser extent, the faculty discussed lack of support or unreasonable expectations from college leaders as sources of stress during the transition. Austin remarked, *"Are these people delusional or what? We have been asking for some kind of platform and online resources but got push back from the college president, and now he expected a miracle."* Some faculty and programs had strong I.T. support for their faculty, which reduced some of the stress faculty. Kendall explained, "*Our college was very good to us. They gave all the faculty four days of face-to-face training on how to transition to online*."

Feeling Emotionally and Physically Exhausted

The stress led to feelings described by many as emotionally and physically draining experiences. These feelings are further discussed under the following subthemes. Physically and emotionally draining, a sense of isolation, feeling guilty, and coping with stress and making time for self-care.

Physically and Emotionally Draining. Many faculty described feeling physical and mental exhaustion. Many reported physical symptoms such as headaches, *"My back hurts, and my shoulder hurts,"* and eye fatigue and strain from sitting in front of the computer for long periods. Many reported not being able to set limits and create work-life balance during this period. For Omeya, *"the whole experience was draining."*

Storm discussed having difficulty sleeping because of being worried about the amount of work needed for classes and how to get it all done, then being physically exhausted the next day.

> I had awful insomnia. I could not sleep, and even still now, I still have to take medication to help me go to sleep, which I did not have to do before. When I would lay down to go to sleep, there's always something else I needed to do, so I couldn't fall asleep because I was always thinking, oh, I need to do this. I've got to do that. The anxiety, it was very difficult to deal with.

The stress of trying to be a good teacher and supporting the students contributed to emotional and physical exhaustion. Brooke elaborated,

> I want to be supportive of students, and I was. But sometimes, it was difficult to distinguish the students who had genuine problems, who needed help from students who liked to complain about everything. […] At the end of the day, I was mentally and physically exhausted. I just didn't have the same love for my job that I did before the crisis.

A Sense of Isolation. Some of the faculty discussed feeling isolated with the sudden change to virtual learning. Sai stated,

> I did not realize how much I needed to be at work and around people, the students and all the craziness that come with. Even though I have a husband at home, I felt depressed and alone. I

missed that which had been a part of my life for so long. I really felt sad and a little lonely.

The loss of physical contact and the face-to-face connection to colleagues on campus heightened the sense of isolation some of the faculty experienced despite meeting the students and their colleagues virtually. As illustrated by one Summer's comment, *"I missed the face-to-face with students, the human interaction. I was desperate for the human connection. Zoom meetings helped but were no replacement for that."*

Feeling Guilty. Some faculty members reported feeling guilty not being at the frontlines working with the other nurses taking care of COVID-19 patients. Some felt that they were letting their colleagues down by not being working beside them in the frontline. Rayson explained:

> I felt grateful that I have a full-time nurse educator job and I can shelter in place and work from home. But at the same time, I felt very guilty not being there at the frontline where people needed help. I felt like I was not making much of a difference during this time.

Others felt guilty because they thought that they were failing the students somehow by moving everything online and not being fully prepared for it or having the resources necessary to be effective as they wished. Sammy stated, *"There was so much guilt, stress, and anxiety. I have never taught online or even taken a class online, so I felt like I was failing the students somehow."* Some felt a little guilty because they could not support the students with the resources they needed to succeed, including food and space to learn.

Coping with Stress and Making Time for Self-Care

The faculty used several strategies to cope with the stress of the transition. When asked about dealing with the stress related to the transition, many faculty members discussed making time for self-care and setting boundaries for themselves and the students. These include not responding to emails after a certain time of day, remembering to get out and stretch rather than sit in front of the computer for extended periods. Two faculty updated their home workspace with standing desks to relieve back pain. Omeya reflected on self-care.

> Once the weather got a little bit better, I would go out and walk every day. That would help me so much because I could clear my head. And as I'm walking, I could also think of a better way to do something… I try to walk every day to get my mind straight because it can drive you crazy.

Some cried. *"There are some days you do want to cry, and it's okay to cry, get it all out. Sure, I cried in anger and*

frustration," stated Sammy. Austin added, *"I am managing a crisis. We are all doing the best we can. We need to be patient with each other."* Some used food to cope. *"Eating became a big thing. I was using food to cope,"* *"drinking a bit more than usual*," and smoking. Brooke, laughing described her coping methods as *"hair pulling, nail-biting, and day drinking."* Some stated that they have no time for self-care. As Monroe's comment illustrates, *"It seems that there is just too much to do that if I stop it will just pile up. So, I just kept going."* The approach to summer break gave others the strength to keep going.

Omeya reported being physically and mentally exhausted and eventually realizing that she needed to take better care of herself to make it to the end of the semester. Some talked about finding a way to balance self-care and job expectations. She added, *"I had to make sure that the students understand that I cannot be available to them at all hours of the day and week. It was not fair to me."* Some faculty talked about being patient with themselves and the students and learning to set realistic expectations. As Laney put it, *"…we all needed time to make the necessary adjustments. I had to temper my expectations for both myself and the students."*

Support

Another overarching theme from the faculty response during the interviews was the level of support. The faculty support for each other (teamwork and collegial support), faculty support for students, and some students support for faculty. Another aspect of support is related to providing technical assistance.

Teamwork and Collegial Support

Eden's statement exemplifies this subtheme: *"Our faculty support for each other has been awesome; they helped me get through the week."* Many of the faculty discussed experiencing a level of collaboration and support they had never experienced from other faculty in the past. Some felt that the faculty understood the importance of cooperation during the crisis. *"I mean the collaborative relationships between faculty, it was great, I think, it brought out the best of us…,"* said Laney. Many of the faculty had what *Milo referred to as "Zoom check-in meeting"* to work through issues and *"Friday faculty social for those who wish to attend- we don't talk business - we talk life and us."* More than half of the faculty talked about the Facebook groups where faculty provided support and resources for each other. Summer extended this thought:

> A couple of different groups popped up on Facebook. And that was a good support system, too. […] it sure made me feel less isolated when hearing from other people [faculty]. And then, some of their troubleshooting strategies, like ideas and stuff, like, "Oh, we tried this, we tried that. We are doing this, we're doing that. It was very helpful.

Faculty Support for students. More than half the faculty reported that their programs and colleges serve students with minimal financial resources who cannot afford the technology required for fully online learning. Faculty felt that supporting their students through the transition was a priority. For Bailey,

> Being kind and supportive to the students was really my priority, I know it was stressful for everyone, but many of the students were vulnerable in many ways. Nursing education is stressful without the added stress of navigating everything online without much support.

The faculty reported that many students were overwhelmed. For some students, the resources usually offered by the colleges were no longer available. *"I felt a greater responsibility to be there for the students. There is that emotional stress of, you need to make sure that your students are okay,"* said Laney. Students were understandably frustrated with the changes to the new teaching-and-learning model. There was much anxiety about the assessment of learning, quizzes, and exams. Many of the faculty reported being concerned for their already disfranchised students. Some faculty worried that many of the students who were struggling in the best of times would not be successful. *"It was up to me as the faculty to stem my anxiety and try to support and reassure my students,"* stated Elise.

However, some faculty felt that their institutions were prepared to support the students with limited resources. As Xander's comment illustrates.

> We are in a poor state. So, we're really used to planning for students who don't have the resources you might expect… our library was actually checking out computers to students. If they don't have WIFI, we set up WIFI in our parking lot., drive your car there to take exams and join the lectures.

In contrast to the above statement, Bailey felt that her college was not prepared in any way to deal with this problem.

> I had students who could only complete their assignments at the college library but were not able to do so during this time. How do you support a prelicensure student who does not have access to a reliable computer or WIFI?

Some faculty were concerned about the students who needed extra care and what would happen to them during COVID-19 isolation and remote learning. Charlie organized a two-hour weekly conference call with the "special students" through the rest semester to continue supporting such students, stating, *"I was not going to allow them to fail after coming so far."*

To support the students, Elise stated, "Before we begin any synchronous meeting, I do a wellness check-in with the students. I allow them some time to share how they feel."

Overwhelmingly the pandemic forced nurse faculty to find new and creative ways to support students. However, there were some participants who felt that there was too much concern and "pandering" to the students during this crisis, asking that the students "put on their big girls' and boys' pants and get with the program." Beckett remarked,

> I know there is a need to support the students, but let's face it, they need to grow up and take responsibility. Excessive handholding will not prepare them for the real world. I am learning to adapt, so should they.

Some faculty expressed their frustration with the leadership expectations and the rationale for limiting students' access to clinical settings. Aspen asked, *"Why are we cuddling these students? We are preparing them for what they will face as nurses. Maybe this experience will weed out those who are not cutout for nursing."* Honor felt that students who were protected from experiencing the life of a nurse at the frontlines during this pandemic would never be able to work as nurses in the hospital setting, stating,

> I disagree with nurse leaders who did not feel that students should be at the hospitals now taking care of COVID-19 patients. If they cannot tolerate wearing PPE and taking care of patients with infectious diseases, they will never be nurses. It is better that they find another profession like waiting tables.

The faculty who made the above statements prefaced with *"not to be harsh, or not to sound callous or uncaring."* London talked about being cautious and compassionate when assessing the students, stating,

> I needed to be humane. I understand that nurses feel that they need to be perfect. During this crisis, I was forced to think differently. My students are human. They are under tremendous stress; their overall wellbeing became my priority. If they can perform at a satisfactory standard, I am okay with it.

Students Support for Faculty. Support was not one-sided. Some of the students also provided support for faculty in different ways. Faculty talked about students showing appreciation for their faculty support by being patient and taking the changes in stride. Faculty recounted students offering technological support during zoom classes or suggesting innovative ways to submit assignments. Omeya recalled how supportive students were with her challenges with technology. *"I had one student help me a few times to figure out some things for which I was very grateful."*

Few of the faculty talked about students emailing to see how they were doing, Haven recalled receiving a call from a student checking in on her after learning about the death of one of her nurse coworkers from COVID-19, and others received thank notes from students. Sydney found her students very resourceful and very supportive when it came to

using technology for teaching. *"I learned how to use the whiteboard and share my screen from them."* She felt that many of them handled the disruption *"better than I expected*."

New knowledge and Growth Under Pressure

"They say necessity is the mother of invention," stated Finley in discussing how quickly one colleague was able to create an online evaluation tool to grade virtual clinical and labs. Several faculty members expressed that they plan to continue using the new tools when they return in the fall. Despite the enormous pressure associated with the transitioning to virtual learning, all the faculty discussed learning something new, finding resources they were unaware of, which they will be able to continue using in the future. River remarked: *"I learned a lot of new things, things I never heard of before this crisis that I will continue to use when we return to face to face."* Some faculty plan to continue using the new technology they found easy to navigate that streamlined faculty work and student response.

"Learning on the fly" was evident throughout the study. Many of the faculty responses reflected how open, responsive, and receptive they were when under pressure. Their willingness to try something new to get their jobs done. Zoe felt she learned a new way to provide better feedback to her students after clinical using technology which provided more time for individual meetings with the students. *"I was able to evaluate my student on a deeper level, having that one-on-one time. Asking those more probing questions to understand their thinking better."* The students responded very positively to this, and she hoped to continue to do this when they return to campus. Although faculty found themselves in unfamiliar situations, they were able to figure it out. As Milo discussed, "*the first two weeks, we did not know what to do, but we put our nurses' hats on, and we figured it out."*

The availability of I.T. and LMS support personnel also varied significantly among the participants. Many turned to the internet to learn. *"Thank God for YouTube, I had to learn a lot very quickly using YouTube and other online resources."* More than half the faculty expressed this sentiment in the current study, including London, who identified specific new knowledge. She commented, *"I learned a lot of new things. I had never heard about Google forms before this crisis, but I learned very quickly. I used it to create evolving case studies to augment the clinical learning for the students."*

New Opportunities for Nursing Education

Almost every faculty expressed finding new opportunities for growth and advancement for nursing education during this crisis. Some of the things that were being done for years needed to be reassessed and changed because *"they found that doing these things virtually were more convenient and better than the old way."* Honor talked about considering very carefully the assignments given to students to help achieve competency and course objectives in a way not done before the crisis, stating, *"I think that this crisis gave us the perfect opportunity to let go of old traditions and determine how to best help students to understand the "why"s of nursing skills and interventions- the "how"s can come after."* Storm discussed having more freedom to be creative with her courses than she had before the crisis, questioning why new faculty were not allowed the freedom to be more creative in the past.

Several of the faculty are already looking forward to the continued application of new knowledge post the pandemic. The extent to which the LMS can be used was echoed by many of the faculty. *"This transition completely and totally opened up our eyes as to what Canvas could do,"* said River. Arlo also commented, *"One of the silver linings from this crisis is at least we will have all of these lectures recorded so that we can do flip classroom from now on."* The majority of the faculty felt there were many positive impacts to nursing education despite the challenges. Others felt that the crisis presented an excellent opportunity to get needed resources. Some felt that it forced some colleges to spend the money to adopt virtual simulations, which they were reluctant to do before the crisis. London reported, *"we've bee…. pretty much getting anything that we needed to get us through this*."

Some of the faculty discussed how liberating it was to make decisions and implement changes so quickly during the crisis compared to the slow process before the crisis. *"It was just heartening to know that so many changes can be made and quickly implemented without the usual faculty drama that accompanied policy and curriculum changes in the past,"* said Emery. Honor commented that the crisis showed that it is unnecessary to force students to be physically present in class for didactics. Sharing that students in her program *"have appreciated not commuting to class and being able to learn from home and still be successful."* Jett added that the crisis had exposed several limitations and areas of improvement for nurse faculty.

> It has also exposed severe deficit with the faculty who have been in the nursing academe for a long time. Their inability or reluctance to change and embrace technology made the online transition difficult for the team. Nursing education needs to change now more than ever.

Finley felt that it w*ould be "imperative to teach all nursing faculty how to teach effectively online."* Noting that all nursing programs should be prepared for these types of emergencies.

Leadership in Times of Crisis

Overall, about 75% of the faculty reported that they experienced good nursing leadership support during the transition. Some leaders were hands-off, letting the faculty take the lead and figure out a way forward. Some leaders were very

proactive in recognizing the possible impact of the COVID-19 outbreak earlier on and taking steps to prepare their faculty and prepare for the transition. For example, Finley stated,

> The chair of our department had the vision to look ahead, and she said, "I'm telling you; this is what's coming." We started preparing early. […] So very grateful for her insight and the kind of envisioning what was coming down the pike.

Contrary to the above statement, Bailey reported not having much directions from leadership. *"…we had very little leadership. Unfortunately, our dean did not provide any sort of direction. […] it was very frustrating for faculty because, at this point, we needed some direction."* The lack of direction from leadership caused some confusion for the faculty. So that several faculty were doing very different things with their students-leading to different expectations for students in the same programs and levels.

As some colleges made decisions about returning for the upcoming fall semester, three faculty members reported that they were not included in the decisions about future plans. They felt that faculty decision-making power had been stripped or significantly diminished. For example, Eden stated, *"the nursing faculty for our department has not been included in any plans to transition into the fall with what's going on. We han't even had a say in transitioning back into the clinical setting."*

Very few faculty (4) felt that the COVID-19 crisis gave some leaders the excuse to implement policies that would have been challenged by faculty in regular times. Where curriculum decisions have primarily been faculty-driven, some felt that their leadership used the crisis as an excuse to make unilateral decisions, without faculty contributions, and expected faculty to follow through without any objections. Some faculty felt that they needed very little leadership guidance during the transition because program faculty had been there for extended periods. Others commented on the need for leadership support which has been in very *"short supply."* Some faculty such as Micah, reported that although their leadership have provided the training and technology required for the transition, they have not shown *"much consideration for the increased workload associated with the transition to remote learning."*

Discussion

This study aimed to explore the experiences of ADNF, who rapidly transitioned from face-to-face to online teaching during the early months of the COVID-19 pandemic. The current study's findings have been disclosed to some degree in media reports (e.g., Flaherty, 2020; Flannery, 2020; Mcmurtrie, 2020) and opinion pieces and commentaries in nursing journals (Fowler & Wholeben, 2020). Feeling stressed and overwhelmed by the transition reflect similar findings from previous studies of nurses during the COVID-19 pandemic (Iheduru-Anderson, 2020; Kang et al., 2020). The ongoing changes, poor understanding of the COVID-19,

and evolving policies from government agencies contributed to the stress experienced by faculty as they transitioned to online learning. The COVID-19 pandemic exposed many areas of weakness and gaps in nursing students,' and faculty support resources in colleges, especially in many community colleges in the U.S. Technological support and availability of resources were significant challenges and a source of stress for most of the participants. This raises critical concerns for 2-year academic intuitions and their nursing programs. In a Hanover Research (2020) survey of college presidents, 68% of 2-year college presidents reported that having technology support available was very challenging, while 91% reported significant challenges with students' accessibility to online learning platforms. Although several participants were able to scramble and deploy technological tools with varying degrees of support from their I.T. departments, some were not so lucky.

Several faculty in the current study did not have online teaching experiences before the transition. Many were able to use the tools and practices learned as students to transition and support their students. However, having to learn to do something new very quickly contributed to overall faculty stress. Even for faculty with broad online teaching experience, quickly moving traditional face-to-face courses to online was stressful and overwhelming. Seaman (2020) found that 65% of faculty were new to online teaching, had no or very little knowledge about the online resources and support. Some faculty in the current study plan to retire, and some strongly considered leaving nursing education. Similar findings were reported in a fall 2020 Course Hero (2020) study of more than 570 full- and part-time faculty across institution types. Several participants were learning on the fly." A similar adaptation was reported by faculty in Seaman (2020). Stress related to not being able to plan because of uncertainties about the future was reported in the current study as well as Seaman (2020).

Many faculty reported being emotionally and physically drained during the transition. Some reported backaches, headaches, eye strain as well as difficulty sleeping. These symptoms of physical, emotional, and mental exhaustion were also reported by nurses (Arnetz et al., 2020; Iheduru-Anderson, 2020). The sense of isolation reported with the forced transition to remote learning was reported by nurses forced to isolate themselves from their families and friends to protect them from COVID-19 (Iheduru-Anderson, 2020; Liu et al., 2020).

Collaboration and support from faculty to faculty, faculty to students, and student to faculty was evident in this study. Faculty felt the need to support each other and the student to get through the crisis and be successful. Frequent and effective communication is essential for effective online education (Iheduru-Anderson, 2021). However, a few faculty members questioned why they needed to remind adult students about assignment due dates. Several faculty compiled the list of support resources in their area of service for the

students. This show of support and concern for students was reported by (Flannery, 2020; Seaman, 2020); they feared that the crisis exacerbated the challenges that already existed for faculty and students in community colleges. A great sense of duty for students reported by several faculty in the current study was also reported by nurses' sense of duty towards patients reported in (Liu et al., 2020).

In this study, supporting the students meant that faculty tempered their expectations of what the students will be able to do remotely, especially while stressed during the crisis. Many reported growth under pressure. Learning and doing things they had never done before and using resources they did not know excited. A survey of U.S. higher education faculty showed similar trends (Seaman, 2020). All faculty who responded to the survey made multiple changes to their courses and students' expectations out of concerns for students. Making this transition during the COVID-19 crisis allowed the participants to reconsider their approach to teaching and nursing education. Many reflected on finding new and innovative ways to improve their teaching, connect with students, and relate to each other. They were not alone in making these changes. Ahmad (2020) encouraged faculty to embrace the "opportunity to learn entirely new approaches to productivity, knowledge, connection, community, and happiness" (para. 11). Two-year college presidents recognize the need for additional technical training and support for faculty. More than half the college presidents surveyed about the COVID-19 crisis felt that they needed additional operational support for faculty training and development, instructional technology development, and flexibility on federal and state regulatory limitations in providing remote learning to successfully navigate beyond the COVID-19 crisis (Hanover Research, 2020).

Leadership during this time of crisis had an impact on the faculty's experiences. Moral support, communication, availability of resources, and plan for the future were all concerns discussed by the faculty. In the current study, faculty participants reported that increased workload had not been appreciated by leadership. Fifteen percent of faculty surveyed by Course Hero (2020) agreed that their administrators understand the difficulty associated with their current workloads. The pandemic has made it clear to community college leaders that business-as-usual is no longer an acceptable strategy. However, lean funding has made it challenging to provide faculty and students with the resources they need (Gardner, 2020).

Implication for Nursing Education

The COVID-19 pandemic indicates that the global nursing shortages have reached a critical point. The causes of the global nursing shortage are multifaceted, including inadequate recruitment and retention of qualified nurse educators. The future of nursing and nursing education will be influenced by world events such as the COVID-19 pandemic.

Therefore, nurse leaders must consider global health and environmental trends as they enact policies and plan for the future of nursing. Although the number of baccalaureate-educated nurses has increased steadily in the U.S., ADNs account for a little over half of all the newly licensed registered nurses. Therefore, the recruitment and retention of ADNF are crucial to meet the supply need of nurses in the U.S. for the foreseeable future. Providing adequate resources, training, and preparation for continued remote learning or new and ongoing emergencies should be top of mind. Leaders and administrators must provide ADNF with self-care tools and resources, especially as they navigate these major life events.

It is evident from the findings that these ADNF were able to design creative approaches to facilitate learning and support their students during the COVID-19 crisis, despite their limited resources. Improving and maintaining the qualities and competencies of nurse educators requires keeping pace with shifting healthcare expectations, evolving practice requirements, new information technologies, and rapidly expanding evidence-based health services (World Health Organization, 2016). However, the economic conditions of nursing programs may hamper the development of these qualities for nurse educators. Nurse faculty at all levels need access to new technology and technological support.

The perspectives of ADNF are potentially valuable for academic nurse leaders and higher education administrators as they work to improve the recruitment and retention of nurse faculty. Findings from the current study may be used to inform the development of support programs and advocate for nursing program faculty resources. As nursing works to ramp up mental and emotional support for the frontline nurses during this COVID-19 crisis, nurses in academic settings should not be forgotten. Counseling sessions and opportunities to discuss challenges and provide individual and group support for faculty should be implemented across programs and settings globally.

Limitations and Recommendations for Future Studies

Due to the COVID-19 pandemic outbreak, the nature of the spread, and the need to reach many faculty, the author could not conduct focus group interviews. However, data were collected from ADNF from different areas of the U.S. The participants were self-selected based on their interest in sharing their experiences during the transition, which may influence what aspects of the experiences have greater value. Individual faculty experiences do not necessarily represent the nursing programs' or students' perspectives of the transition. Therefore, the researchers are not able to discuss the extent to which students and programs were affected. Nevertheless, because the faculty are making the curriculum transition, their vantage view was essential to explore the transition fully.

Further research using focus groups with faculty from multiple colleges within different U.S. states and regions may provide more information on how Boards of Registration of Nursing regulations affected the transition. The study shared perspectives of a subset in the U.S. nursing education setting. Future studies could compare or consider the experiences of nurse educators in other settings and other parts of the world. This study was a short-term study focused on the ADNF experience during the spring 2020 transition to virtual learning. It would be valuable to explore the long-term experience of the participants as the pandemic continued to ravage the U.S. and after the pandemic is under control. Future research should explore the effects of the changes made by many colleges beyond the pandemic. A study of faculty and student wellness during the COVID-19 is essential.

Conclusions

Prepared or not, the COVID-19 crisis has ushered nursing into a new era. The rapid transition to a new teaching format, learning new technology, lack of adequate resources, and caring for the students and their families have contributed to higher levels of stress. Faculty are tasked with ensuring that the nursing program curriculum meets national, state, and professional standards. These responsibilities were challenging in the best of times and exacerbated during a pandemic. To prevent the worsening of the nurse faculty shortage and help educate nurses for the future, nurse educators must be supported and recognized for their work during this period and beyond. Academic nurse leaders should not ignore the importance of support for faculty professional development and skills-building due to the current demands on the educational institution. Findings from this study could inform the development of support programs and advocate for resources for ADNF and programs.

ORCID iDs

Kechi Iheduru-Anderson 🔟 https://orcid.org/0000-0003-2353-0410
Jo Anne Foley 🔟 https://orcid.org/0000-0002-9506-4351

References

Adamson, K. (2010). Integrating human patient simulation into associate degree nursing curricula. *Clinical Simulation in Nursing*, *6*(3), e75–e81. https://doi.org/10.1016/j.ecns.2009.06.002.

Agu, C. F., Stewart, J., McFarlane-Stewart, N., & Rae, T. (2021). COVID-19 pandemic effects on nursing education: looking through the lens of a developing country. *International Nursing Review*, *68*(2), 153–158. https://doi.org/10.1111/inr.12663.

Ahmad, A. S. (2020). *Productivity and happiness under sustained disaster conditions*. The Chronicle of Higher Education. https://www.chronicle.com/article/ProductivityHappiness/248481.

Al-Arshani, S. (2020). *The healthcare system in Italy's Lombardy region is so strained from the new Coronavirus that officials are asking doctors to come out of retirement and nursing students are being fast-tracked to graduation*. Business Insider. https://www.businessinsider.com/italys-lombardy-regions-healthcare-system-is-crumbling-to-covid-19-2020-3.

American Association of Colleges of Nursing (2017). *Preferred vision of the professoriate in baccalaureate & graduate nursing programs*. American Association of Colleges of Nursing. https://www.aacnnursing.org/news-information/position-statements-white-papers/professoriate.

American Association of Colleges of Nursing (2020). *Considerations for COVID-19 preparedness and response in U.S. schools of nursing*. American Association of Colleges of Nursing. https://www.aacnnursing.org/News-Information/COVID-19/AACN-Recommendations.

Arnetz, JE, Goetz, CM, Arnetz, BB, & Arble, E (2020). Nurse reports of stressful situations during the COVID-19 pandemic: Qualitative analysis of survey responses. *International Journal of Environmental Research and Public Health*, *17*(21), 1-12. https://doi.org/10.3390/ijerph17218126.

Baker, S. L., Fitzpatrick, J. J., & Griffin, M. Q. (2011). Empowerment and job satisfaction in associate degree nurse educators. *Nursing Education Perspectives*, *32*(4), 234–239.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking. *Qualitative Health Research*, *26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870.

Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice*, *19*(2016), 54-57. https://doi.org/10.1016/j.nepr.2016.04.006.

Bradshaw, Carmel, Atkinson, Sandra, & Doody, Owen (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research*, *4*, 1-8. https://doi.org/10.1177/2333393617742282.

Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004.

Cohen, D. J., & Crabtree, B. F. (2008). Evaluative criteria for qualitative research in health care: Controversies and

recommendations. *The Annals of Family Medicine*, *6*(4), 331–339. https://doi.org/10.1370/afm.818.

Course Hero (2020). *Faculty wellness and careers*. Course Hero. https://www.coursehero.com/blog/faculty-wellness-research/.

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications.

Dewart, G., Corcoran, L., Thirsk, L., & Petrovic, K. (2020). Nursing education in a pandemic: Academic challenges in response to COVID-19. *Nurse Education Today*, *92*, 104471. https://doi.org/10.1016/j.nedt.2020.104471.

Dill, E., Fischer, K., Mcmurtrie, B., & Supiano, B. (2020). *As Coronavirus spreads, the decision to move classes online Is the first step. What comes next?* Chronicle of Higher Education. https://www.chronicle.com/article/as-coronavirus-spreads-the-decision-to-move-classes-online-is-the-first-step-what-comes-next/.

Flaherty, C. (2020). *Faculty pandemic stress is now chronic*. IN-SIDE HigherED. https://www.insidehighered.com/news/2020/11/19/faculty-pandemic-stress-now-chronic.

Flannery, M. E (2020). *Community college faculty fear COVID-19 will deepen inequities | NEA*. NEA. https://www.nea.org/advocating-for-change/new-from-nea/community-college-faculty-fear-covid-19-will-deepen-inequities.

Fowler, K., & Wholeben, M. (2020). COVID-19: Outcomes for trauma-impacted nurses and nursing students. *Nurse Education Today*, *93*(3), 104525. https://doi.org/10.1016/j.nedt.2020.104525.

Gardner, L. (2020). *How the pandemic worsened—and high-lighted—community colleges' chronic challenges*. The Chronicle of Higher Education. https://www.chronicle.com/article/how-the-pandemic-worsened-and-highlighted-community-colleges-chronic-challenges.

Hanover Research (2020). *Responding to the Covid-19 crisis: A survey of college and university presidents*. Cengage-Inside-Higher-Ed. https://embed.widencdn.net/pdf/plus/cengage/3tepfaujyp/cengage-inside-higher-ed-covid19-survey-of-presidents-1351750.pdf.

Horvitz, B. S., Beach, A. L., Anderson, M. L., & Xia, J. (2015). Examination of faculty self-efficacy related to online teaching. *Innovative Higher Education*, *40*(4), 305–316. https://doi.org/10.1007/s10755-014-9316-1.

Iheduru-Anderson, K. C. (2021). Students' perspectives of factors related to delayed completion of online RN-BSN programs. *BMC Nursing*, *20*(1), 53. https://doi.org/10.1186/s12912-021-00574-7.

Iheduru-Anderson, K. (2020). Reflections on the lived experience of working with limited personal protective equipment during the COVID-19 crisis. *Nursing Inquiry*, *28*(1), e12382. https://doi.org/10.1111/nin.12382.

Jackson, C., Vaughan, D. R., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, *30*(11), 3309–3325. https://doi.org/10.1108/IJCHM-10-2017-0707.

Kahlenberg, R., Shireman, R., Quick, K., & Habash, T. (2018). *Policy strategies for pursuing adequate funding of community Colleges*. The Century Foundation. https://tcf.org/content/report/policy-strategies-pursuing-adequate-funding-community-colleges/.

Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. X., Wang, Y., Hu, J., Lai, J., Ma, X., Chen, J., Guan, L., Wang, G., Ma, H., & Liu, Z. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *The Lancet Psychiatry*, *7*(3), e14. https://doi.org/10.1016/S2215-0366(20)30047-X.

Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., Xia, L., Liu, Z., Yang, J., & Yang, B. X. (2020). The experiences of health-care providers during the COVID-19 crisis in China: A qualitative study. *The Lancet Global Health*, *8*(6), e790–e798. https://doi.org/10.1016/S2214-109X(20)30204-7.

Mahaffey, EH (2002). The relevance of associate degree nursing education: Past, present, future. *Online Journal of Issues in Nursing*, *7*(2), 3. https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.html.

Maneval, RE, & Teeter, MM (2010). The student perspective on RN-Plus-10 legislation: A survey of associate degree and diploma nursing program students. *Nursing Education Perspectives*, *31*(6), 358–361. https://doi.org/10.1043/1536-5026-31.6.358.

Mcmurtrie, B. (2020). *The Coronavirus has pushed courses online. Professors are trying hard to keep up*. The Chronicle of Higher Education. https://www.chronicle.com/article/The-Coronavirus-Has-Pushed/248299.

Miller, M. D. (2020). *Going online in a hurry: What to do and where to start*. The Chronicle of Higher Education. https://www.chronicle.com/article/Going-Online-in-a-Hurry-What/248207.

Mintz-Binder, R. D. (2014). Exploring job satisfaction, role issues, and supervisor support of associate degree nursing program directors. *Nursing Education Perspectives*, *35*(1), 43–48. https://doi.org/10.5480/11-508.1.

Mintz-Binder, R. D., & Sanders, D. L. (2012). Workload demand: A significant factor in the overall well-being of directors of associate degree nursing programs. *Teaching and Learning in Nursing*, *7*(1), 10–16. https://doi.org/10.1016/j.teln.2011.07.001.

National Council of State Boards of Nursing (2012). *Uniform licensure requirements*. NCSBN. https://www.ncsbn.org/107.htm.

National Council of State Boards of Nursing (NCSBN) (2020). *Changes in education requirements for nursing programs during COVID-19*. National Council of State Boards of Nursing (NCSBN). https://www.ncsbn.org/Education-Requirement-Changes_COVID-19.pdf.

Seaman, J. (2020). *The great (forced) shift to remote learning with IHE [Webinar]*. Bay View Analytics. https://www.cengage.com/support-changing-classrooms/institutions/surveys-success-stories/#U3mhuo8BAAYDPbUomDYcQa.

Shapiro, S. (2018). An exploration of the transition to the full-time faculty role among associate degree nurse educators. *Nursing*

Education Perspectives, *39*(4), 215–220. https://doi.org/10.1097/01.NEP.0000000000000306.

Sundler, AJ, Lindberg, E, Nilsson, C, & Palmér, L (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, *6*(3), 733–739. https://doi.org/10.1002/nop2.275.

van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research*, *27*(6), 775–779. https://doi.org/10.1177/1049732317699570.

Windes, D. L., & Lesht, F. L. (2014). The effects of online teaching experience and institution type on faculty perceptions of teaching online. *Online Journal of Distance Learning Administration*, *17*(1), 1-19. https://www.learntechlib.org/p/155627/.

World Health Organization (2016). *Nurse educator core competencies. WHO document production services*. World Health Organization. http://www.who.int/hrh/nursing_midwifery/nurse_educator050416.pdf.

Author Biographies

Kechi Iheduru-Anderson, DNP, RN, CNE, CWCN is an associate professor and Nursing Program Director at Central Michigan University, School of Rehabilitation and Medical Sciences in The Herbert H. and Grace A. Dow College of Health Professions, Mount Pleasant, Michigan, United States.

Jo Anne Foley, DNP, RN, CNE, CCRN is an associate professor at Laboure College, Milton, Massachusetts, United States.