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Research article

Coping with COVID-19. Work life experiences of nursing, midwifery and paramedic academics: An international interview study

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ABSTRACT

Background: The COVID-19 global pandemic was declared in March 2020. By June 2022, the total deaths worldwide attributed to COVID-19 numbered over 6.3 million. Health professionals have been significantly impacted worldwide primarily those working on the frontline but also those working in other areas including nursing, midwifery, and paramedic higher education. Studies of occupational stress have focused on the clinical health professional roles but scant attention has been drawn to the pressures on university-based academic staff supporting and preparing professionals for frontline health work.

Design and objectives: This qualitative study sought to explore the challenges experienced by health academics (nurses, midwives and paramedics), during COVID-19 and identify strategies enlisted.

Setting and participants: Six Australian and two United Kingdom universities collaborated, from which 34 health academics were individually interviewed via video or teleconference, using six broad questions. Ethical approval was obtained from the lead site and each participating University.

Data analysis: Thematic analysis of the data was employed collaboratively across institutions, using Braun and Clarke's method.

Results: Data analysis generated four major themes describing academics': Experiences of change; perceptions of organisational responses; professional and personal impacts; and strategies to support wellbeing. Stress, anxiety and uncertainty of working from home and teaching in a different way were reported. Strategies included setting workday routine, establishing physical boundaries for home-working and regular online contact with colleagues.

Conclusions: The ability of nursing, midwifery and, paramedic academic staff to adapt to a sudden increase in workload, change in teaching practices and technology, while being removed from their work environment, and collegial, academic and technological supports is highlighted. It was recognised that these changes will continue post-COVID and that the way academics deliver education is forever altered.

1. Introduction

The COVID-19 global pandemic was declared in March 2020 (WHO, 2020) with alarming mortality rates as high as 13 % in some countries (Abdelghany et al., 2021) with total deaths worldwide attributed to COVID-19 by June 2022 >6 million (John Hopkins University of Medicine, 2022). Global public health responses were varied and included mandatory social distancing and 'stay at home' directives. For the

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university healthcare academics in some countries, the impact of these directives demanded a 'work from home' approach, to ensure that teaching and learning expectations were met. Academics were required to quickly develop virtual and hybridised curricula (Ford, 2020), while providing support to anxious and distressed students in an uncertain environment. This rapid transition posed challenges to the academics' personal and professional life, that many had never before experienced. As well as grappling with the swift changes to teaching approaches and the integration of new digital technologies, academics sought to maintain research activities and stay engaged with colleagues and students (Al-Taweel et al., 2020). These challenges have been noted to have disproportionately impacted female academics' professional development and reportedly exacerbated gender inequality issues (Utoft, 2020; Yildirim and Eslen-Ziya, 2021). Academics with childcare responsibilities faced a dilemma in their ability to advance their career while caring for and homeschooling children (Minello, 2020). Others prioritised teaching over research, with concerns for the viability of their research projects (Sohrabi et al., 2021). Financial implications due to budget constraints for universities from student enrolment reductions have also been significant and led to a job insecurity and an increase in employment churn (Doidge and Doyle, 2020; Tjia et al., 2020).

2. Literature review

Prior to the declaration of the pandemic, there was increasing recognition that higher education sector employees were working in a 'changed' environment that was less democratic and that favoured efficiency and quantity over effectiveness and quality, and instrumentalism over intellectualism (Taberner, 2018). It has been argued that neo-liberalism has impacted the way that universities operate with a focus on the commodification of resources and as such "the subordination of academic activity to commercial goals, the shift from exchange to competition, the movement from equality to inequality and the turning of academics into human capital" (Taberner, 2018).

One of the concerning aspects of the shift in the way universities were managed in the pre-COVID era, was that university staff were experiencing less autonomy, increased student numbers and workloads, excessive administrative work and role ambiguity (Kinman, 2014). Numerous studies reported the excessive working hours of university staff globally, with academics working in excess of 50 h per week (Bell et al., 2012). Working hours also tend to have no boundaries as much academic work can be completed anywhere at any time due to the Internet (Petrina et al., 2015).

The rapid change and the unpredictable nature of the pandemic fuelled uncertainty, with potential repercussions on academics' personal and professional lives. Therefore, the purpose of this international study was to explore the experiences and perceptions of academics teaching in university-based nursing, midwifery, and paramedicine programs in Australia and the UK, with a focus on changing workforce expectations and workplace environments. The study also explored strategies that enabled the academics to maintain their work-life balance and well-being.

3. Research design

3.1. Aim

To explore the experiences and perceptions of academics when teaching university-based healthcare programs during the 'work from home' initiative, as stipulated by the COVID-19 pandemic government mandates.

3.2. Research questions

1. What are the experiences of healthcare academics of changes to their working environment due to COVID-19?
2. How do academics perceive their employers' responses?
3. What has been the impact of these changes on their life at home?
4. What strategies have academics used to support their own well-being in this changing environment?

The study used a qualitative design, with individual, one-off semi-structured interviews. This approach was selected as it allowed for an in-depth exploration of participants' experiences and perspectives (Colorafi and Evans, 2016) and provided data on the realities and viewpoints of these experiences (Polit and Beck, 2014).

4. Methods

4.1. Sampling and recruitment

This international multi-site study resulted from a collaboration between six Australian and two United Kingdom universities. Purposive sampling was used to recruit participants with experience of the phenomenon of interest. Inclusion criteria were: Academics (Faculty) working full-time, part-time or casual (fixed-term and continuing contracts) and teaching in the higher education sector, delivering education (undergraduate or post-graduate) to nursing and/or midwifery and/or paramedic students.

One staff member from each university emailed academics at their site to invite them to participate. Where possible, data collection and analysis were carried out by staff from a collaborating partner university (all PhD qualified, all female and all working in academia, in roles similar to the participants), preserving participant confidentiality and ensuring safety to provide authentic perspectives. One university (G) conducted its own interviews because of the lack of availability of an independent local researcher and the time difference between Australia

Table 1
Details of interviewing/interviewed sites and participants' course teaching responsibilities.

Interviewed participant university (and interviewing university)	Participants teaching in Registered Nurse program	Participants teaching in Midwifery program	Participants teaching in Paramedicine program
Australian-based universities			
University A (interviewed by University B)	4	N/A	N/A
University B (interviewed by University A)	5		
University C (interviewed by University E)	3		
University D (interviewed by University C)	5	N/A	1
University E (interviewed by University F)	3		
University F (interviewed by University D)	1		
UK-based universities			
University G (interviewed by University G)	2	1	1
University H (interviewed by F)	8		
Often teaching multidisciplinary groups (RN/Paramed)			
Totals	31	1	2
Grand total	34		

and the UK. Table 1 details the organisation of data collection, numbers of participants recruited from each study university and the program/s into which the participants taught.

Potential participants were provided with an information sheet containing instructions to make direct contact with the investigator from the interviewing university, who organised, undertook and transcribed the interviews. Recruitment continued until data saturation, was achieved, i.e. when no new information was emerging in the interviews.

4.2. Data collection

Data were collected using individual semi-structured interviews, via phone or videoconference. An interview schedule (Fig. 1) was developed to provide structure and consistency across study sites with key lead questions. Probing questions were used to obtain more detailed descriptions of emerging concepts. The average length of the interviews was 30 min, which aided rapport building, and comfort to share experiences while diminishing apprehension (Whiting, 2008). Interviews were conducted between May and July 2020 and audio-recorded to prevent loss of data. Recordings were de-identified and transcribed verbatim.

4.3. Data analysis

Braun and Clarke's method of thematic analysis was used to analyse the data (Braun and Clarke, 2006). Two investigators at each study site independently read transcripts of interviews conducted by their site, to identify and code meaning units within each text. Each pair of investigators met to review and confirm the emergent codes, which were then reviewed with codes from all sites and clustered to form tentative categories and themes. Coded data were then organised under the emergent categories and reviewed by the team to confirm themes and sub-themes, confirming that data saturation had been reached. The themes and sub-themes were written in a cohesive narrative form, with supporting data excerpts to demonstrate fit, and again reviewed by the team for confirmation. A group approach to data analysis prevents idiosyncratic interpretations and ensures rigour (Polit and Beck, 2014).

5. Trustworthiness

Trustworthiness was managed using Lincoln and Guba's framework of quality criteria (Polit and Beck, 2014). Site triangulation allowed for a broad picture of the phenomenon to emerge. Investigator triangulation was used to achieve credibility. Confirmability is demonstrated through participants' voices substantiating the findings. The study is reported according to the COREQ Reporting Guidelines (Tong et al., 2007).

6. Ethical considerations

Approval to conduct the study was gained from the lead university, with reciprocal approval obtained from all participating universities. Avoiding investigators interviewing their own university colleagues minimised risks to participants' autonomous decision-making and maintained confidentiality. The information sheet informed prospective participants of their rights, including that that they were able to withdraw from the study up to the point of data pooling. Interview transcripts were identified with a pseudonym chosen by each participant to ensure confidentiality.

A distress protocol was formulated. Interviewers were sensitive to the risk that a participant could indicate distress, however no participants required the use of the distress protocol.

7. Findings

A total of 34 interviews were conducted across the eight sites. The majority of participants were female (n = 31) nurse academics (n = 31) (Table 2). Data analysis generated four major themes describing academics': Experiences of change; Perceptions of organisational responses; Professional and personal impacts; and Strategies to support well-being.

7.1. Experiences of change

Participants described being confronted by change that was sudden and extensive encompassing the work environment and role, shaped by the need to rapidly amend educational materials, navigate unfamiliar modes of teaching, and support students and colleagues. Changes at work related to the physical; social; and technological environments.

While there were perceived benefits in reduced travel time and flexible working arrangements, the rapid shift found some underprepared, unsure of expectations, and facing logistical problems. Participants experienced a blurring of the boundaries with one participant recalling, "*a colleagues was doing her [clinical skills] lab[oratory] on her bed*" (Anne, UB[1]).

The move to working from home brought changes in participants' social environments including being closer to family, because, "*we eat, we work, we sleep …in the confines of our little house*" (Sarah, UH), but further from colleagues, support structures, and students. Being closer to family was beneficial when, "*relying on quite a lot of support from your family …work[ing] with each other to facilitate everyone's needs*" (Phoebe, UG), but homeschooling and an intensified workload brought challenges, "*my boys were …homeschooling …I had to help them as well …[yet] I was overwhelmed with my work …they were not happy saying that 'you're always on your laptop'*" (Lisa, UB).

While family were closer, participants described a sense of isolation from colleagues and experiences of, "*missing the contact that you had on a daily basis with your peers …even though our roles are very …autonomous … that chat in the hallway*" (Mitch, UB), and, "*you don't have to chit chat anymore. Every meeting is a functional meeting*" (Jackie, UH). Colleagues were a source of support and inspiration, "*it's quite isolating and I get my best ideas, bouncing them off colleagues …in terms of innovation and how to deliver programs in a different way*" (Saffy, UH).

Working at home reduced participants' links to staff who supported their academic activities. Communication became necessarily formalised adding to workloads:

> *In the office, you have other people [around] and if you want to know something, you just ask a colleague. But working from home you had to phone someone, a helpline. It can take an hour to solve a problem that would have taken 30 sec[ond]s in conversation.*
>
> (Marie, UD)

Participants indicated that the transition to online teaching imposed a distance between academic and student. The concept of the *invisible student* emerged, as students often had their cameras switched off, which felt alienating, "*I never saw faces and body language. So that was quite hard to ascertain if they were actually understanding what I was saying*" (Britt, UB). This was particularly difficult for academic staff when teaching sensitive topics, "*you're looking at …black boxes …there's so much passive learning occurring [it] is difficult because you don't know how they're going*" (Prue, UC). The magnitude of change was evidenced, "*moving our entire program online in a week and a half*" (Julie, UA), and that, "*teaching … huge, enormous crowd of 400 student modules …accelerating all of that taught content*" (Alley, UH).

Online delivery was new for some who, "*really had to upskill very quickly in the use of technology*" (Phoebe, UC) and found themselves assuming unfamiliar roles because, "*the loss of student admin[istration staff] …[it] all fell back onto academics*" (Fred, UD). As student support was diminishing, needs were increasing with students, "*continuously panicking and emailing me [asking] 'how they're going to cope with online*

[1] Participant universities are referred to by abbreviation, where UA refers to University A, UB refers to University B, and so on.

Introduction & thank you

Interview Code	
Time in academia	
Discipline	
Role/Level	
Pseudonym	

Tell me about your experiences during the COVID-19 pandemic and in what way they changed your normal work pattern.

How did you feel about these changes?

What strategies have you used to deal with your changed work environment?

Can you comment on how your organisation dealt with these changes and if you felt supported?

Can you share with me how the changes have affected your home life and the interaction between work and home?

What strategies did you/have you put into place?

Fig. 1. Semi-structured interview schedule

Table 2
Participant demographic data (n = 34 participants).

Demographics	Frequency (%)
Gender	
Female	31 (91)
Male	3 (9)
Academic level	
A (Associate Lecturer)	5 (15)
B (Lecturer)	17 (50)
C (Senior Lecturer)	8 (23)
D (Associate Professor)	2 (6)
E (Professor)	2 (6)
Time in academia	
<5 years	10 (30)
>5 years	16 (47)
Unknown	8 (23)
Profession	
Nursing	31 (91)
Midwifery	1 (3)
Paramedicine	2 (6)

labs?' And on top of that there was so much stress about the clinical placements …[which] completely stopped" (Lisa, UB). Students also needed support with the changed realities, "*coming straight to me when …they just felt anxious or their life situation had changed greatly as well*" (Amelia, UG).

In response, academics amended teaching styles, becoming more flexible. One example was the addition of, "*extra [online] sessions …for the clinical unit …6 to 8 hours of extra sessions, which were not timetabled … in my workload to just relieve that anxiety for the students*" (Lisa, UB).

7.2. Perceptions of organisational responses

Organisational responses differentiated between university-level reactions and those of local teams. Universities that quickly recognised the impact on academics and provided tangible support were viewed positively. Regular and meaningful communication from university decision-makers was helpful, such as, "*the most useful thing they [the university] did for well-being was just to give us very regular updates …clear and very evidence-based and I think that was calming*" (Britt, UB), and when the "*organisation recognised the challenges – [the] Dean was checking in regularly*" (Marie, UD). At a School or discipline level, participants welcomed timely communication. One participant recalled, "*our Head of School was saying, 'Right. Everyone, we can see where this is going' [and] shared everything that they knew …pre-warning, pre-empting …giving us a heads up the whole time …That's been really good*" (Lizzie, UE).

Trust was important, both ***from*** the local leader, "*I felt supported … there was a sense of …trust that you would get on with it and just do it*" (Mitch, UB), and ***in*** the local leader, "*leadership in our area has been really good and positive and helpful and quite open*" (Sam, UA). Initiatives included regular meetings with leaders and team members, mock online teaching sessions, rosters for working at home or campus, and initiatives, "*[to] maintain our physical fitness …stand up in Zoom meetings and we have a coffee chat catch-up …real encouragement to maintain our physical and mental wellbeing in a range of ways*" (Lizzie, UE).

Participants who perceived little communication with the local leadership reported a sense of uncertainty, such as, "*I didn't feel supported. I didn't feel I have had much interaction with my line manager at all unless I've instigated it and it's always been through email*" (Barney, UG). One participant was reluctant to reach out for support after being told by the line manager that he was, "*only putting out spot fires at the moment*" (Fred, UD). Another reported mixed messaging, "*we're being told, 'You just need to survive right now. Just give some content' …then there are people coming in saying, 'This is what your module has to look like'*" (Nicola, UH).

7.3. Professional and personal impacts

Participants described the effect of these changes. Professionally, the greatest impact was increased workload. Most recalled working long hours to accommodate tasks involved with converting materials for

online delivery and supporting students; more online classes with fewer students; frequent meetings to manage the flow of information; and extra time to navigate unfamiliar modes of teaching and technology. One participant described, "*finding myself in a position of advising and supporting others and running the (committee) meetings, making decisions … you know I think my workload pretty much tripled*" (Cathy, UB).

Another recalled, "*constant meetings …so many meetings that you just don't have time to action the work! We worked …12 to 16 hours a day, six days a week for three weeks*" (Mia, UD). Blurred boundaries between work and home spaces facilitated this increasing workload. One participant remarked, "*my working hours are far exceeding what they would normally be …I find myself working while dinner is cooking*" (Phil, UD).

Participants described the personal impact of managing these challenges. These related to feeling overwhelmed, "*it was very, very stressful and I felt that 24 hours a day is not enough for me to do all of this*" (Lisa, UB), and the considerable worry that came with the uncertainty. They worried for their families, colleagues, and students. As this participant explained, "*our first years and second years …withdrawn from practice … our third years …able to go back into practice to complete their training …go [ing] into a situation where potentially they could die*" (Sarah, UC).

Worry and uncertainty could be anxiety-producing for some who recalled feeling, "*anxious because it was all new …and because there was never a kind of endpoint*" (Amelia, UG), and, "*anxious about case numbers and what was happening on the news and where this was going to head*" (Wendy, UE). Others reported feeling, "*panicky that I wouldn't be able to manage the IT [information technology]*" (Britt, UB), and, "*being all alone I was depressed, sad, isolated*" (Mia, UD). Some described physical effects such as, "*it was a headache, not sleeping well*" (Mia, UD), and, "*I'd wake up in the morning stressed out that if I didn't start working from early on, I wouldn't have enough time in the day, but then I was still working late at night*" (Wendy, UE).

7.4. Strategies to support wellbeing

The strategies participants used to reduce the impact of the changes, manage stress and anxiety, and sustain themselves focused on: managing the work environment to reduce sources of stress and managing their own responses to promote their well-being and resilience.

Many initiated strategies to minimise the impact of the changed work environment and consequent high workload including: setting boundaries by dividing physical spaces and their time; prioritising how time was spent; and remaining organised. Blurred boundaries between office and home contributed to increased workloads and encroached on family. A common strategy was to physically separate the home office from the rest of the home.

Some participants also tried to replicate the structure of a working day. There was a notion of 'having things in place' to facilitate time efficiency to manage the workload. A typical comment was:

> *I tried to just keep organised …keep a routine in place during the day. Make sure that all the childrens' workstations were …ready to go, then start their school day …start my workday at the same time.*
>
> (Julie, UA)

Participants sought ways to ameliorate their stress which included: staying connected to others; seeing the bigger picture; drawing on experience; and exercising. Participants described connecting with physically separated colleagues to reduce isolation and distract from sources of stress. One participant recalled:

> *I've made a conscious effort to ask for help …and say "I need to talk, because I'm going under" …that's been really useful …if you put out a red flag …a text message …saying "Can I meet?" it's minutes before somebody replies to say "I'm here, how can I help?"*
>
> (Sarah, UH)

The use of technology enabled connections with colleagues and students, which helped. One participant described how feeling connected to students helped her feel better, "*I took the line, that …'if you don't panic, I won't panic …This is not life and death' …that also helped me calm down*" (Britt, UB).

As well as connecting to others, participants connected to their inner selves, in an effort to gain some control over their emotional responses. One participant spoke of self-compassion and acceptance, "*we had no warning really and part of that 'being kind to myself' principle, is that I think we did the best we could in the situation that we had*" (Britt, UB).

Another participant shared how looking at the bigger picture helped, "*I just go …'Okay, are you safe? Have you got things in place?' …remind myself this is all work stuff …'Enough. Shut the laptop. Go and have a lavender bath'*" (Lizzie, UE).

Participants also looked to the positives with one participant referring to a "*war time spirit …having a new challenge in life was great, but it was tiring*" (Karen, UH). Others became aware of their own strengths and capabilities such as, "*a bit of life experience helps when you have to cope with change*" (Fred, UD), and, "*I actually got to see how well we adapt to difficult situations and take on what we do*" (Mia, UD).

Many participants appreciated the flexibility and reduced travel time that came with working from home. Exercise was seen as important to mitigate the effect of long hours at the computer and sense of blurred boundaries, "*a dog that had to be walked …helped and required setting of time for self*" (Marie, UD), and, "*walks on the beach – I do them regularly now*" (Fred, UD).

8. Discussion

This study captured academics' experience of the rapid transition in teaching delivery and attempting to maintain research, as universities responded to the evolving COVID-19 crisis. The move to working from home required participants to manage significant changes in their physical, social and technological working environments. Participants discussed how their boundaries between their home life and work had been eroded because they had to work from home, which increased stress (Palese et al., 2021; Nash and Churchill, 2020).

Delivering teaching purely online also resulted in an 'invisible student' scenario, where students could choose not to use cameras and become faceless. Such challenges have been reported elsewhere (Attardi et al., 2022). Being unable to assess engagement and adjust teaching strategies accordingly affects teaching relationships and demonstration of technical subject matter components (Attardi et al., 2022).

The change in teaching delivery mode was frequently discussed by participants. While flipped learning and educational technologies were used to enhance student experience prior to the pandemic (Leigh et al., 2020; Rice et al., 2021; Ion et al., 2021), it was not the main way of delivering healthcare content. The nature of nursing, midwifery and paramedicine also meant that many participants were confronted with the significant issue of how to convert hands-on clinical teaching to online content. This has also been reported in the literature (Bradford et al., 2021).

The use of technology was challenging as participants had to rapidly convert teaching and assessment materials into suitable online formats. Participants reported needing to acquire information technology skills, but once comfortable with the online teaching reported some benefits, such as attending virtual conferences, less travel and facilitating small online groups (Chacón-Labella et al., 2021).

Many participants reported the need to suddenly support large numbers of students who were also overwhelmed by social and technology changes in the transition to online learning (Selsby and Bundy, 2021). Teaching interactions were required, to be more supportive to students beyond the usual academic needs. Academics also provided administrative support for students, another role change, also reported in the literature (Arpaci et al., 2021). Peer support among academics increased with everyone facing uncertainty and unfamiliarity (Leal Filho et al., 2021). Academics reported using technology to stay connected to

colleagues. Other studies report the importance of connection and use of technology for people to stay in contact (Brown and Greenfield, 2021).

To cope with the impact of change and uncertainty, participants adopted several strategies including managing the work environment and their own responses. The need to set boundaries between home and work demands resulted in more structure and routine in the day. Many made efforts to find their own positives about working from home, staying connected, embracing the extra flexibility, and taking time for activities that allowed them time away from the computer.

The pandemic directly impacted how universities function, with some participants reporting university and local leaders being concerned for their well-being. Participants valued being supported and thanked for the work that they were undertaking, in addition to regular, open and transparent communication from their manager and team members. The importance of leaders providing clear communication to staff members has been reported elsewhere (Ion et al., 2021).

Working hours also tended to have no boundaries, as work could be completed anywhere, at any time (Petrina et al., 2015). The lack of work boundaries was driven by universities scrambling to manage lockdowns and restrictions on gatherings, while still trying to provide education. Blurred boundaries between work and home compounded heavy workloads resulting from needing to implement rapid change, increase student support, and navigate unfamiliar physical, social and technological working environments. These challenges have disproportionately impacted female academics and reportedly exacerbated gender inequality issues (Utoft, 2020; Yildirim and Eslen-Ziya, 2021). Academics with childcare responsibilities faced a dilemma in their ability to advance their career due to competing demands including caring for and home-schooling children (Minello, 2020).

9. Study strengths and limitations

This study has several strengths including data collection from 34 participants in eight universities in two countries, and academics teaching into three health disciplines. Limitations included the cross-sectional and descriptive study design and small numbers of paramedicine and midwifery academics, therefore limiting the representativeness of the respondents.

10. Implications for academic practice

While the clinical experiences of nursing, midwifery and paramedic academic staff may prepare them to cope well with change, the impact of the pandemic on teaching and research practices was profound, bringing into sharp focus the need for higher education institutions to have adaptable teaching and research practices and policies. The goodwill and hard work of staff rewriting curricula, re-organising timetables and supporting students online and at a distance, was imperative. Yet the neo-liberalism (focus on efficiency, quantity and commodification) that influences how universities operate, can also influence staff psychological health and goodwill, when it is needed most, making it critical to prioritise support for staff. Institutions need to have open and clear channels of communication, within academic staff groups, and between academic staff and students, with trust, both from and in local leaders.

The rapid shift to online teaching and working from home has changed academic practice and student engagement. There are many advantages, however there are groups of academics for whom these changes are less positive, for example, those academics preferring to work and communicate with colleagues on a regular face to face basis, and female academics with caring responsibilities. There is also the need to carefully consider the practical nature of the nursing, midwifery and paramedicine disciplines, and ensure that clinical learning can be facilitated.

11. Conclusion

The pandemic brought sudden and intense change to nursing, midwifery and paramedicine academics, with little time to consider the impact. While there were positive experiences for academics such as a closer connection with family, and reduced travel time, there were also challenges, related to diminished collegial support systems, blurred work and home life, and the ‘invisible’ student. Working extra hours, and navigating changing work environments and roles to facilitate the rapid change, resulted in stress, anxiety and uncertainty. Strategies to cope with the changes included establishing boundaries in the home to focus on work, setting a workday routine, regular contact with colleagues, and time out to exercise. The changes reported in this study are set to continue and it is important to recognise that the pandemic may have forever altered the way academics deliver healthcare education.

CRediT authorship contribution statement

All authors have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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