

A CROSS-CASE STUDY: THE PERSONAL AND PROFESSIONAL CHALLENGES
EXPERIENCED BY NURSE EDUCATORS AT THREE MIDWESTERN
COLLEGES AND UNIVERSITIES DURING THE
COVID-19 PANDEMIC

A DISSERTATION IN
Education

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

DOCTOR OF EDUCATION

by

WENDY WOOLSTON

M.S.N., Fort Hays State University, 2011
B.S.N., Fort Hays State University, 2006
A.S., Kansas City Kansas Community College, 2003

Kansas City, MO

2022

© 2022

WENDY MICHELLE WOOLSTON

ALL RIGHTS RESERVED

A CROSS-CASE STUDY: THE PERSONAL AND PROFESSIONAL CHALLENGES
EXPERIENCED BY NURSE EDUCATORS AT THREE MIDWESTERN
COLLEGES AND UNIVERSITIES DURING THE
COVID-19 PANDEMIC.

Wendy Woolston, Candidate for the Doctor of Education Degree
University of Missouri-Kansas City, 2022

ABSTRACT

The COVID-19 pandemic has had a profound effect on the educational system in the United States, especially nursing. Nurse educators are essential to educating the next generation of nurses, but they are in short supply while the need for nurses is growing. There is limited research on the impact that the COVID-19 pandemic has had on nurse educators' wellbeing. The purpose of this study was to explore the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future. The research questions were (1) How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic? (2) How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing? (3) How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward? The

theoretical lens used to guide the study was Hardy and Conway's Role Theory and Schoening's Nurse Educator Transition (NET) model.

The study design was a qualitative multiple-case, descriptive study employing a cross-case analysis of five nurse educator's individual interviews and documents employed at three baccalaureate nursing programs. Each nurse educator's case was individually presented and analyzed, then cross-analyzed. From the cross-analysis eight themes and five sub-themes were developed. The eight themes identified were (1) the Covid-19 pandemic resulted in pedagogical changes by the nurse educator to meet the course and student learning objectives; (2) nurse educators experienced tension over ethical issues that resulted in disunity; (3) institutional communication plays an important role in nurse educator satisfaction; (4) nurse educators struggled to balance educator role and home/life responsibilities; (5) nurse educators emotional and physical wellbeing declined due to educator role demands; (6) nurse educators are proud of their own and their student's resiliency; (7) student success became the nurse educator's responsibility and; (8) future academic nursing will change.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled: A Cross-Case Study: The Personal and Professional Challenges Experienced by Nurse Educators at Three Midwestern Colleges and Universities During the Covid-19 Pandemic, presented by Wendy Woolston, candidate for the Doctor of Education Degree, and certify that in their opinion it is worthy of acceptance.

Supervisory Committee

Tiffani Riggers-Piehl, Ph.D., Committee Chair
Department of Educational Leadership, Policy & Foundations
University of Missouri-Kansas City

Michelle Maher, Ph.D.
Department of Educational Leadership, Policy & Foundations
University of Missouri-Kansas City

Peggy Ward-Smith, Ph.D., RN
School of Nursing and Health Studies
University of Missouri-Kansas City

Jolene Lynn, Ph.D., RN
School of Nursing
Graceland University

Table of Contents

ABSTRACT	iii
LIST OF TABLES	x
LIST OF ILLUSTRATIONS	xi
LIST OF ABBREVIATIONS	xii
ACKNOWLEDGMENT	xiii
Chapter	
1. INTRODUCTION.....	1
Problem Statement	4
Purpose of the Study and Research Questions	6
Nature of the Study	7
Conceptual Frameworks.....	9
Propositions.....	15
Definition of Terms.....	17
Assumptions	19
Limitations	21
Chapter Summary.....	21
2. REVIEW OF LITERATURE.....	23
Nursing Education and Regulation	25
Nursing Education and Regulation Summary	33
Nursing Pedagogy	34
Current Nursing Education and Pedagogy	34
Pedagogy and Curriculum Guidance Summary	43
Clinical Education and Simulation in Nursing.....	44
Clinical Education and Simulation Summary	55
Nursing Educators: Qualifications and Roles	56
Role and Transition Theory.....	59
Current Challenges in Nursing and Nursing Education	73
Chapter Summary.....	78

3. METHODOLOGY	79
Rationale for Qualitative Research.....	80
Case Study Method	81
Design of the Study	84
Setting and Participants.....	86
Sampling Technique.....	90
Data Collection.....	93
Data Analysis	99
Trustworthiness (Validity and Reliability).....	102
Positionality Statement.....	110
University Ethical Review protocol	111
Limitations and Strength	112
Chapter Summary.....	115
4. INDIVIDUAL CASES.....	116
Georgia	117
Transition From Clinical Practice to Nursing Education	117
Experiences Following March 2020	120
Overall Reflections.....	133
Grace	136
Transition From Clinical Practice to Nursing Education	136
Experiences Following March 2020	138
Overall Reflections.....	142
Mindy	143
Transition From Clinical Practice to Nursing Education	143
Experiences Following March 2020	146
Overall Reflections.....	153
Rebecca	154
Transition from Clinical Practice to Nursing Education.....	154
Experiences Following March 2020	157
Overall Reflections.....	163

Sarah.....	164
Transition From Clinical Practice to Nursing Education	164
Experiences Following March 2020	168
Overall Reflections.....	175
Chapter Summary.....	177
5. FINDINGS	178
Description of the Study Participants.....	179
Themes	184
Themes for Research Question One.....	184
Themes for Research Question Two	196
Themes for Research Question Three	216
Application of Theory to Findings	225
Role Theory.....	225
Nurse Educator Transition (NET) Model.....	235
Chapter Summary.....	238
6. CONCLUSIONS AND RECOMMENDATIONS.....	239
Discussion	240
Pedagogical Changes.....	241
Tensions Over Ethical Issues	245
Importance of Communication.....	249
Nurse Educator Role and Home/Life Responsibilities	250
Emotional and Physical Wellbeing	250
Nurse Educator and Student Resilience	251
Student Learning Became the Nurse Educator’s Responsibility.....	252
Role Theory and Nurse Educator Transition Model	253
Recommendations for the Future of Nursing Education.....	258
Recommendations for Future Research	264
How the Study Contributed to the Literature	265
Conclusion.....	266

Appendix

A. INFORMATION SHEET FOR COLLEGE OR UNIVERSITY CONTACT	268
B. CONSENT TO PARTICIPATE IN RESEARCH STUDY	270
C. LETTER TO PROSPECTIVE PARTICIPANTS	275
D. DEMOGRAPHIC QUESTIONNAIRE	276
E. INTERVIEW PROTOCOL FOR THE INITIAL INTERVIEW.....	277
F. IRB APPROVAL UMKC.....	280
G. FULL EMAIL RECEIVED ON MARCH 9, 2020, FROM A DAVIS UNIVERSITY ADMINISTRATOR.....	281
H. FULL EMAIL RECEIVED MARCH 11, 2020, FROM A DAVIS UNIVERSITY ADMINISTRATOR.....	282
I. FULL EMAIL ON MARCH 15 FROM DAVIS UNIVERSITY DIRECTOR OF NURSING	284
J. FULL EMAIL ON MARCH 20 FROM DAVIS UNIVERSITY DIRECTOR OF NURSING	285
K. REFLECTION ON THE USE OF THE STUDY PROPOSITIONS IN THE RESEARCH DESIGN	286
L. HUMAN AS INSTRUMENT-POSITIONALITY, REFLEXIVITY	291
REFERENCES.....	303
VITA.....	320

TABLES

Table	Page
5.1: Research Questions for the Current Study	179
5.2: Description of Study Participants and Didactic and Clinical Teaching	183
5.3: Nurse Educator Transition (NET) model	237

ILLUSTRATIONS

Figure	Page
2.1: Illustration of Structural Role Theory and Symbolic Interactions	65
2.2: Reference Group, Intraposition, and Interposition of the Nurse Educator	69
2.3: Illustration of the Nurse Educator Transition Model	72
3.1: Model of the Research Design	92
4.1: Partial Email Received on March 9, 2020, from a Davis University Administrator	121
4.2: Partial Email Received March 11, 2020, from a Davis University Administrator	122
4.3: Partial Email on March 15 from Davis University Director of Nursing.....	123
4.4: Partial Email on March 20 from Davis University Director of Nursing.....	127
4.5: Everly Unveristy Calendar Change Webpage Notice	160
4.6: Davis University Mentoring Program.....	167
5.1: Summary of Theme 1 and Sub-Themes 1.1-1.3 with Commonalties	195
5.2: Summary of Theme 2 and Sub-Themes 2.1-2.3 with Commonalties	204
5.3: Summary of Theme 3 and Sub-Theme 3.1 with Commonalties	209
5.4: Summary of Theme 4 with Commonalties	212
5.5: Summary of Theme 5 and Subtheme 5.1 with Commonalties.....	215
5.6: Summary of Theme 6 with Commonalties	219
5.7: Summary of Theme 7 with Commonalties	221
5.8: Summary of Theme 8 with Commonalties	223
5.9: Summary of all the Themes and Sub-Themes for Present Study.....	224
5.10: Education as a System, the University and Nursing Program as a Social Sub-System.....	227
5.11: Interrole and Intrarole Causes of Role Stressors and Role Strain.....	234

LIST OF ABBREVIATIONS

The following abbreviations are defined in this study.

AACN: American Association of Colleges of Nursing

ADN: Associate Degree in Nursing

BSN: Bachelor of Science in Nursing

CCNE: Commission on Collegiate Nursing Education

IOM: Institute of Medicine

MSN: Master of Science in Nursing

NCLEX-RN: National Council Licensure Exam-Registered Nurse

NCSBN: National Council of State Boards of Nursing

NLN: National League for Nursing

QSEN: Quality and Safety Education in Nursing

RN: Registered Nurse

SBON: State Board of Nursing

ACKNOWLEDGMENT

Thank you to my chair Tiffani Riggers-Piehl for taking me in when I decided to ‘transfer’ from another department. You put up with my never-ending flight of ideas and constant questions on this journey. You listened to my challenges and motivated me to throughout this process. Thank you for the weekly meetings during my final months and weeks. I needed those meetings for encouragement and advice..... How many people can say, “I earned my doctorate during a pandemic?”

Thank you to my dissertation committee Michelle Maher, Peggy Ward-Smith, and Jolene Lynn. Dr. Maher thank you for your mentorship in higher education and your qualitative expertise and advice. Peg you were with me from the very beginning. If it wasn’t for you and your encouragement, I may not have transferred to education. I appreciate your matter-of-fact approach; I truly need that. I will always remember to “stay in the boat!”

Thank you to Dr. Lynne Connelly, for being my colleague, mentor, and friend. Your knowledge of qualitative research was invaluable. Thank you for all the long phone calls, advice sessions, and editing.

DEDICATION

To my husband Jeff, thank you for your love and support. Thank you for your praise and encouragement. You always tell me “You are the smartest person I know.”

To my children Dalton, Dallas, Alyssa, and Isaiah who had to sacrifice during this long, long journey. I missed out on a lot of moments with you. I know the last few months have been really challenging.

To my Mom who instilled in me that I could do anything I wanted and encouraged me to be involved in a variety of activities throughout life. These activities helped shape the person I am today. You may not realize it, but you inspired me to continue my education.

To my Dad who taught me the life skills to be an independent woman. I may choose not to change my tire or oil, but I could if I had to. You instilled in me a strong work ethic and have always been my biggest fan.

To my friends Markus, Kyla, Derek, and Leslie thank you for cheering for me along throughout this process and for your understanding when “skipped out” on events.

To Dr. Jackie Harris, thank you for the encouragement and friendship. I couldn't ask for a better boss and friend.

DEDICATION

To all my fellow nurse educators,

The National League for Nurses (NLN) announced that **2022** would be **The Year of the Nurse Educator** in recognition of the essential role of the nurse educator during the COVID-19 pandemic and to celebrate the historic and continuing inspiration of nurses everywhere (NLN, 2022).

The past few years have certainly not been easy. I describe nursing education as the intersection of two professions: nursing and education. Both professions have experienced significant hardships since March 2020, but with the intersection of the two profession those hardships are compounded. I commend you for your resilience and your dedication to your students.

Remember to take time to care for yourself. As nurses we tell patients and their caregivers that they need to rest and recharge, but we often do not take our own advice! Writing this dissertation made me realize I was not taking care of myself. I was putting the needs of my university and my students before my own and my family. This resulted in me resigning from my academic position at the completion of my contract. I have experienced so much peace since. I also realized my health has improved. I was experiencing significant health issues during the past academic year; those issues have all resolved! Leaving academic nursing was not easy! I LOVE teaching! I really enjoy academia, but I was truly burned out. All the times before that I thought I was getting burned out didn't compare to what I was experiencing.

I am not finished being an educator! I am just taking a break and recharging. I am getting healthy: emotionally and physically. I plan to return to education in professional

development or as a graduate nurse educator. I want to continue to strengthen our educational programs and improve the policies to make sustainable nursing programs for the universities, the nurse educators, and the current and future nursing students.

Join me in taking the National League for Nurses (2022) nurse educator pledge!

As a nurse educator, I pledge to act as a positive mentor, coach, and role model to my students, and be a positive influence on my fellow educators and organizations. I commit to maintaining and elevating the standard of nursing education by using the NLN Core Values—Caring, Integrity, Diversity, and Excellence—in all that I do. I also commit to preparing and equipping my students with the best skills and knowledge to help them successfully transition into practice to deliver quality patient care and improve patient outcomes (National League for Nurses, 2022).

CHAPTER 1

INTRODUCTION

“The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest.” —Dr. William Osler, Canadian physician, and founder of Johns Hopkins University

Educators will not easily forget the spring 2020 semester when the Coronavirus-19 (COVID-19) pandemic necessitated elementary and high schools (K-12) to cease providing in-person education, and when colleges and universities throughout the United States made the decision to transition courses to an online, remote format (Keener et al., 2020; Zerwic et al., 2021). The increased use of online platforms for educational delivery, together with people working from home, and the increased use of streaming television services to entertain those under “shelter in place” orders challenged our web-based capabilities (Rasmussen & Jacob, 2021). The uncertainty of the trajectory of the pandemic resulted in grocery store shelves being empty, along with toilet paper and cleaning supplies becoming sparse. No one knew when this pandemic would be controlled or when life would return to normal.

The COVID-19 pandemic presented unique challenges to nurse educators in pre-licensure nursing programs. Rasmussen and Jacob (2021) describe the specific challenges for nurse educators to include difficulty transitioning to fully online, remote educational platforms, as the delivery of nursing education is traditionally offered in-person in classrooms, clinical laboratories, and in the practice-based clinical setting. Experiential learning, completed in the practice-based setting, is a curriculum requirement for nursing programs (Lewis-Pierre, 2020). However, prioritizing student safety, the American

Association of Colleges of Nursing (AACN) encouraged nursing programs to collaborate with their practice-based clinical settings to determine how much involvement the students could have in patient care (Keener et al., 2020). Unfortunately, many hospitals ceased to allow nursing students in their clinical areas, as both a method of population control for the safety of the patients and all care providers. These activities were aimed at reducing the spread of the COVID-19 virus (Keener et al., 2020; Zerwic et al., 2021). Additionally, healthcare facilities within the United States were experiencing a shortage of personal protective equipment (PPE) (i.e., masks, gowns, and gloves). Rationing what equipment was available ensured that health care providers had this necessary equipment; students in their practice-based clinical rotation were considered non-essential personnel. Eliminating these individuals from the practice-based clinical sites preserved PPE where necessary (Keener et al, 2020; Sportsman, 2020; Zerwic et al., 2021). Thus, clinical hours and health care experiences were severely affected as the in-person practice-based clinical experiences transitioned to virtual clinical and virtual simulation experiences (Lewis-Pierre, 2020). Senior nursing students especially needed their final clinical capstone experience to prepare them for the workforce, but many nursing programs were unable to provide this experience in the practice-based clinical setting, resulting in some senior nursing students personally opting to delay their graduation (Rasmussen & Jacob, 2021).

During the Fall of 2020 and Spring of 2021 practice-based clinical sites became available to nursing students, but on a limited basis (Bitten & Buck, 2020; Blevins, 2021). Hospital administrators continued to limit the number of students they would allow at a time within a clinical setting or unit and in some cases were limiting the number of hours

per shift available to the students (Zerwic et al., 2021). This required nurse educators to alter their clinical rotations and substitute the required hours with more in-person and virtual simulations to meet the required student outcomes and hours, while still aligning with the program's curriculum requirements (Lewis-Pierre, 2020; Zerwic et al. 2021). Nursing students were further limited on the types of patients they could provide care to as they were typically barred from caring for patients with the COVID-19 virus, or patients who were receiving aerosol generating procedures (Zerwic et al., 2021).

The changes in the provision of nursing education resulted in the need for additional nurse educators and increased workloads for the existing educators (Zerwic et al., 2021). Nurse educators experience many transitions during their academic career, including adapting to new innovative teaching pedagogies including technology, providing mental health support to nursing students, developing new teaching models, and preparing for the future (Lewis-Pierre, 2020). Role transition occurs when a nurse educator moves from an old role into a newly developed role (Hardy & Conway, 1988) and are commonly experienced when the nurse leaves clinical practice and transitions to the academic life (Haynes-Lewis & Pearson, 2016, Schoening, 2013). Specifically, nurse educators were likely to experience challenges and disorientation during their initial transition to the nurse educator role and beyond (Schoening, 2013). Nursing education is known for frequent transitions with changes occurring in curriculum, the National Council Licensure Examination for Registered Nurses (NCLEX-RN) test plan, the American Association of Colleges of Nursing's the *Essentials of Baccalaureate Education for Professional Nursing Practice*, the state board of nursing's regulations, the additions or attrition of nursing

faculty, or the technology at the department or the university level (Haynes-Lewis & Pearson, 2016; Wenner et al., 2020). However, the onset of the COVID-19 pandemic resulted in a need for nurse educators to make a rapid pivot in the format of their teaching and in their interaction with students and peers (Lewis-Pierre, 2020). Aligning with role theory and the Nurse Educator Transition (NET) model, I explored the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on emotional and physical wellbeing, as well as their personal and professional lives and academic nursing in the future.

Problem Statement

COVID-19 is a new disease, while its origins have yet to be verified, the first instance of the disease was identified by physicians in the United States on January 21, 2020 (Centers for Disease Control [CDC], 2022). Dr. Tedros, the Director-General of the World Health Organization (WHO) declared COVID-19 as a worldwide pandemic on March 11, 2020 (WHO, 2021). President Donald Trump declared the COVID-19 virus a National Emergency the following day (CDC, 2022). Since then, the COVID-19 pandemic has affected every aspect of a life, with a profound effect on our educational systems, specifically nursing education.

Nurse educators have an essential role in educating the next generation of nurses; however, nurse educators are in short supply while the need for nurses is growing (AACN, 2020c). Survey results from the AACN (2019) describe a 7.2% nurse educator vacancy rate nationwide, equating to 1,637 unfilled nurse educator positions and a need to create 137 new positions. These nearly 2000 unfilled positions contribute to the 80,000 qualified

nursing applicants who were not admitted to baccalaureate and graduate programs in 2019 (AACN, 2020c).

“Nursing is a profession that has been shown to lead to fatigue and burnout” (Farber et al., 2020, p. 588). Individuals in caring professions such as teachers and nurses are more likely to experience burnout (Faber et al, 2020; Shirey, 2006;). The nurse educator is the intersection of two roles, that of the nurse and that of the educator, both being caring professions. Research supports that nurse educators experienced significant stressors related to their high job expectations during pre-COVID-19 times, which were associated with increased workloads, personal and professional life balance, pressure to maintain clinical competence in the practice-based setting, and the perceived inability to meet multiple demands (Faber et al., 2020; Ludwig-Beymer et al., 2021; Sacco & Kelly, 2021; Shirey, 2006). Research has documented that, since the onset of the COVID-19 pandemic, nurse educators have experienced stressors beyond the typical stressors including the need to alter the format of their teaching methods and provide alternate methods for practice-based clinical experiences through simulation experiences (Lynn & Ward-Smith, 2021). The stressors are associated with the role obligations of the nurse educator. As the nurse educator moves from old roles and new roles are developed role transition occurs (Hardy & Conway, 1988). Additionally, the COVID-19 pandemic has impacted the ability to balance family and work life. Keener and associates (2020) identified working from home, assisting their children with homeschooling, and taking on additional childcare needs as variables contributing to the nurse educator’s multiple role demands and stressors.

Healthy role transitions of nurse educators are important since nurse educators are needed to educate the future nursing workforce (Dewart et al., 2020; Gaffney et al., 2021; Rasmussen & Jacob, 2021). Nurse educators must be able to partner with students and support their academic and professional success (Gaffney et al., 2021; Rasmussen & Jacob, 2021). However, when the nurse educator is not managing their own role transition, role stressors, and adapting to the challenges caused by the COVID-19 pandemic they may not be able to effectively support the nursing students' learning and professional development (Keener et al., 2020; Rasmussen & Jacob, 2021).

Purpose of the Study and Research Questions

The purpose of this qualitative multi-case study was to explore the personal and professional challenges of being an academic nurse educator in a prelicensure nursing program during the COVID-19 pandemic and the impact of this transition on the wellbeing and lives of five nurse educators who were employed as faculty members at universities located in the midwestern United States. Understanding how these personal and professional challenges affected the nurse educator during the COVID-19 pandemic validates that the NET model related to the role transition experiences can be applied to experienced nurse educators during challenging times. The findings from this study may be used by university and program administrators to improve the work-life balance of the nurse educators even when nurse educators are not in a time of crisis. The study was explored through the following research questions:

Research Questions

1. How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic?
2. How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing?
3. How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward?

Nature of the Study

Qualitative research is appropriate when there is little known about a topic and the goal or purpose of the research is to develop a theory or theoretical framework (Morse & Richards, 2002). Using a constructivist lens, a qualitative multi-case study with interviewing and document retrieval was an appropriate design to explore the personal and professional challenges of being an academic nurse educator in a prelicensure nursing program during the COVID-19 pandemic and the impact of this transition on their physical and emotional wellbeing as well as their personal and professional life, and on the future of nursing education. The goal of qualitative research is to rely on the study participant's view of the situation being studied as much as possible (Creswell, 2014), in a setting where the participant is experiencing the phenomenon (Morse & Richards, 2002). I chose qualitative research because the individual nurse educator's experiences related to the personal and professional challenges of being a nurse educator during the COVID-19

pandemic, and the transition they experienced in their role could be examined with more depth through case study using open-ended interviews and document analysis (Polit & Beck, 2021).

Qualitative case studies allow the researcher to have a certain phenomenon or a set of variables at the core of the inquiry (Polit & Beck, 2021). Case study allowed me to conduct an in-depth detailed exploration into the personal and professional challenges [of being an academic nurse educator] (Burns & Grove, 2005; Polit & Beck, 2021) and further allowed me to understand the emotional state and emotional wellbeing of the individual nurse educator who was experiencing this complex set of variables. Yin (2017) posited that a case study is appropriate when the researcher is asking “how and why” questions; when the researcher has little control over events; and when the focus is on a contemporary phenomenon that is within some real-life context. All three of Yin’s criteria were met by the study design and research questions.

Qualitative research is valuable when developing or modifying a theory or conceptual framework. Single case studies are valuable when testing well developed theoretical models (Yin, 2017). This study focused on the nurse educator’s behaviors, processes, feelings, and relationships which provided an in-depth, holistic, real-world perspective on their physical and emotional wellbeing, as well as the personal and professional challenges they experienced in transition of their role as the nurse educators teaching in prelicensure programs during the COVID-19 pandemic. The individual cases were presented and analyzed separately for further exploration into Role Theory and the NET model. The individual cases were coded based on the research questions and the

concepts of the theoretical frameworks. The cases were later cross-case analyzed to support patterns of conclusion, which is more effective for formal proposition development (Baskarada, 2014; Yin, 2011).

As a nurse educator myself, I have experienced personal and professional challenges related to my academic role as an educator since the onset of the COVID-19 pandemic and continue to experience challenges. It was important for me to keep a reflective journal of my experiences as an academic nurse educator to be reflexive and reflective, and to thus be a rigorous researcher (Holmes, 2020). I kept reflective notes following each interview. I would critically self-reflect on the interview and any personal experiences that may cause me to have a bias or preconception. These experiences were journaled. A researcher's positionality can affect their research since the researcher is not separate from the social process they study; thus, they have an influence on how the research is conducted, the outcome, and the results (Holmes, 2020; Rowe, 2014). It was essential that I accurately represented my participants voices from the interview analysis, documents, and demographic data; thus, I have created trustworthy data (Candela, 2019). I completed member checks with my case study participants to check for the accuracy of the individual case study and my analysis of the findings (Polit & Beck, 2021). I peer debriefed with my dissertation chair and an experienced qualitative researcher.

Conceptual Frameworks

Two theoretical frameworks were used to guide this study: Hardy and Conway's Role Theory (1988) and Schoening's NET model (2013). I begin by describing Role Theory. Followed by a discussion of the NET model.

Role Theory

Role Theory is used to analyze the role occupants who are having difficulties meeting their role expectations (Hardy & Conway, 1988). Hardy and Conway (1988) conceptualized the structural role theory concepts to describe the social system role, using the social exchange theory, to provide an understanding of the relationships among roles and the resources provided to each other based on the unique perspectives of health professions. A brief description of the basic definitions of the social system and structural role theory with examples are provided.

- The university and the nursing program are the location of the social structure, also called a social system.
- Within the social structure or social system there are multiple positions, such as administrators, faculty, and nurse educators.
- A role occupant is the person who holds a position in the social structure (or social system), such as the nurse educator.
- The role occupant has specific role expectations that are position specific norms, attitudes, behaviors, and cognitions required for the role. Role expectations of the nurse educator may include teaching clinical in the practice-based setting and clinical laboratory; wearing scrubs when in the clinical laboratory; holding a master's degree or higher; obtaining specialty certifications; and displaying professionalism among others.
- Role performance (Also called role behavior or role enactment) is the behavior and action relevant to the current position. Role performance of

the nurse educators may include demonstrating the actions of a professional nurse or professional nurse educator while teaching; being nurturing, caring and compassionate toward students; having a purposeful educational approach to facilitating student learning (demonstrating effective role in teaching).

- Role competence is the capacity for adequate role performance, which involves two or more people who consider the nature of their interrelated relationship, their own goals, the goals of the other person, the intended output. Role competence is the nurse educator's ability to meet their personal teaching goals and the teaching goals of (for example) their nursing administrator. The closer the nurse educator's goal obtainment and the nurse educators the higher their output or role competence.
- Role identity is the individual's interpretation of the role expectation. Role identity may be a nurse educator that interprets their role expectations as a didactic and practice-based clinical educator, an academic advisor, a mentor, a researcher, and an active nursing committee member.
- Focal position is the position being studied, for example the nurse educator in the present study.
- Sub roles are the different roles within the focal position. For example, the nurse educator may have the sub roles: teaching, advising, administrative duties, research, service, and clinical practice.

- Role Partner is a person who holds role expectations for the focal occupant. This could be another nurse educator, a nursing program administrator, or university administrator for example.
- The relationship with all. role partners of a particular positions are a role set. For example, a nurse educator (i.e., role occupant) could have a university administrator (i.e., role partner), program administrator (i.e., role partner), another nurse educator (i.e., role partner).

Role stress can create a difficult, conflicting, or demanding environment for the nurse educator and occurs when there is a rapid change in the social structure (Clark et al., 2010; Hardy & Conway, 1988). As what occurred during the COVID-19 pandemic, with the changes in teaching format, and where the teaching happened. Role stress which includes role ambiguity, role incongruity, role conflict, and role overload may describe the social processes the nurse educator experiences when there is incongruence in their role expectations and their reality (Clark et al., 2010; Hardy & Conway, 1988).

- Role ambiguity is when the norms for the role are vague, unclear, or ill defined (Hardy & Conway, 1988). When there is lack of clarity regarding the behaviors and responsibilities associated with the nurse educator role, or the role is not well defined or understood by those involved the stressor role ambiguity occurs (Haynes-Lewis & Pearson, 2016; Clark et al., 2010).
- Role Conflict is when the role expectations are perceived as being contradictory, thus when meeting one set of expectations inhibits the person's ability to complete another expectation (Hardy & Conway, 1988).

- Role overload occurs when the demands of the role are more excessive than the time a person must complete them (Haynes-Lewis & Pearson, 2016; Clark et al., 2010; Hardy & Conway, 1988).
- Role Overload is described as workload is too heavy; there is a lack of time to meet role demands and to carry out the obligations (i.e., the amount of work to be completed is too much for the given time); role demands exceed the nurse educator's capacity.
- Role incongruity is when there is incompatibility between the different aspects of the role. There can be conflict between skills and abilities, values and expectations, or role obligations (Haynes-Lewis & Pearson, 2016; Clark et al, 2010; Hardy & Conway, 1988). The demand of the role is incompatible with the person's self-concept, and lack of congruence between role and the person's values.

Role stressors can result in role strain. Role strain occurs when the external factors become internalized by the person and present as subjective feelings of frustration, anxiety, and tension regarding the responsibilities of position in addition to one or more of the role stressors (Hardy & Conway 1988). Role strain occurs when the nurse educator becomes dissatisfied, drained of energy and commitment to the professional values and having a difficult time managing their role (Clark et al., 2010). When the demands of the job or the complexity of the role increase, as it did for nurse educators during the COVID-19 pandemic, role strain intensifies (Cranford, 2013).

Nurse Educator Transition (NET) Model

The NET model was developed after previous studies concluded that nurse educators were forced to learn to teach by “trial and error” (Schoening, 2013, p. 168). Schoening interviewed 20 full-time nurse educators teaching in baccalaureate programs with varying levels of experience about their transition to nursing academia. From these interviews there were four phases identified that are key to the NET model: anticipation/expectation, disorientation, information seeking, and identity formation (Schoening, 2013).

The anticipation/expectation phase begins when the nurse decides to enter academia. This is a time when the nurse educator looks forward to their new career and the influence they will have on the future generations of nurses. The second phase, disorientation begins when the nurse educator starts their job in academia. This is a time that is often characterized by a lack of structured orientation which results in the nurse educator feeling confused over their role expectations. The third phase information seeking occurs when the nurse educator seeks knowledge through an informal mentor, peer assistance, and applies past situation to their teaching role. The fourth phase identity formation occurs when there is a merger of the two identities, that of the nurse and the teacher to form the nurse educator identity. During this phase, the nurse educator finds their individual teaching style (Schoening, 2013; Wenner et al, 2020).

Hardy and Conway’s Role Theory (1988) was developed based on the unique perspectives of health care professionals. They complemented structural role theory with the social exchange theory and symbolic interaction to conceptualized and describe the

interactions that occur in the social system. In the present study the university and nursing program is the social system the nurse educators were holding positions in. The nurse educators experienced role stressors related to their social system and their social exchange with other roles in the social system. The role stressors resulted in role strain.

Schoening's NET model was developed to describe the experiences of novice nurse educators, but the social processes experienced by the nurse educators in the present study support the using NET model for experienced nurse educators who are experiencing transitions. The nurse educators in the study had a minimum of four-years' experience and a maximum of 12 years' experience. All the nurse educators moved through the transition phases again either starting from the anticipation phase or the disorientation phase. Thus, this model may be appropriate for experienced nurse educators experiencing significant role transitions.

Propositions

Propositions are statements akin to a hypothesis that state what the researcher thinks they might observe or a specific behavior, concept, or relationship that may be judged as true or false (Atkinson, 2002; Gerring; 2007; Mertens, 2015). Proposition statements help to direct the researcher to specific areas to study (Yin, 2017). The proposition statements below helped to narrow the broad discipline of nursing education and the role of nurse educators while still allowing for a robust, focused, and in-depth collection and analysis of data from each case. Each proposition includes a concept or concepts from Hardy and Conway's Role Theory or the NET model.

Proposition One

1. The role transition of a nurse educator is challenging during non-pandemic times, but the COVID-19 pandemic resulted in a general lack of resources and support services that were needed to make the successful transition in the nurse educators didactic and clinical teaching which resulted role ambiguity and role conflict.

Proposition Two

2. Nurse educators are experiencing frequent changes in their educational setting resulting in increased challenges and stressors. This resulted in role conflict as role expectations were perceived by the nurse educator as contradictory, and role ambiguity as there was lack of clarity regarding the nurse educator's roles and responsibilities.

Proposition Three

3. Nurse educators do/did not have the enough practice-based clinical sites to place all students and had to provide alternate clinical education for the students, which the educator was not prepared for or competent to provide. This resulted in role overload as nurse educators were substituting clinical (in the laboratory and practice-based setting) with (virtual) simulation. Virtual simulation required more preparation time by the nurse educator. This further resulted in role ambiguity due to the lack of clarity in the behaviors and responsibility related to the nurse educator's role.

Proposition Four

4. Nurse educators are neglecting their own personal and professional well-being because of the increased educational needs of their students, and the work requirements of their programs and or universities. This resulted in role conflict as the nurse educator's role

demands were not in harmony with their own needs, and role overload as the demands of the nurse educator role became difficult to meet.

Definition of Terms

The following terms are defined in this study.

- **Accrediting bodies:** Organizations who provide specific professional standards for nursing programs (Gaines, 2020) for program development and ongoing program evaluation (AACN, 2008; National League for Nursing [NLN], 2020b).
- **Boards of Nursing:** Boards of nursing are in each of the 50 States and 4 territories of the United States. These organization have been established to protect the health and safety of the public and ensure safe nursing practice. Some of the duties of the state boards of nursing are to oversee licensure, the scope of nursing practice, initial approval, and the continued operation of nursing education programs, and providing guidance to individuals and nursing programs (National Council of State Boards of Nursing [NCSBN], 2011).
- **COVID-19:** A highly contagious respiratory infection which transmits from person to person; is caused by a coronavirus identified in 2019 as SARS-CoV-2, which caused worldwide pandemic (Sauer, 2021).
- **Entry level nurse:** An entry level nurse has less than one year of experience; has minimal confidence, critical thinking, and clinical judgement; and needs to further develop their skills to care for client in a rapidly changing complex setting (NCSBN, 2014).

- Licensure: Granted by boards of nursing as a protection to the public and the individual, licensure ensures that an individual has the necessary entry-level skills and knowledge to perform a specified scope of practice safely (NCSBN, 2011).
- National Council Licensure Exam-Registered Nurse (NCLEX-RN): Licensure exam which graduates of pre-licensure programs must pass prior to entering practice as a registered nurse (NCSBN, 2011).
- Nurse Educator: A registered nurse with advanced education that is employed by a college or university to design, develop, and evaluate curriculum individual courses. The nurse educator teaches, guides, and evaluates student nurses' learning in the classroom, clinical laboratory, and the practice-based clinical setting; and maintains clinical expertise (Nurses for a Healthier Tomorrow, 2021).
- Nurse Practice Act (NPA): Specific to each state, the NPA defines the scope of practice and limits of practice for individuals based on their licensure for that state (NCSBN, 2011).
- Online/distance/remote education: The use of internet paired with software Learning Management Systems and at times other software of learning platforms to teach course content, offered to the student as synchronous (real time) or asynchronous (not time or place dependent) (Billings & Hallstead, 2021). When teaching remotely/online, nurse educators hold office hours through Learning Management Systems, other software, or technology, or through email since the nurse educator and the student are not physically on campus together.

- **Practice-Based Clinical:** Also called direct clinical experiences, are clinical experiences that occur in on-site health care systems, (such as hospitals, long term care facilities, physician offices, or population-based settings) where students interact with patients and families with the purpose of learning the professional and clinical roles and responsibilities of the nurse (Billings & Hallstead, 2021).
- **Pre-licensure nursing program:** Educational program or plan of study for students that leads to licensure as a registered nurse (Billings & Halstead, 2021).
- **Simulation:** An attempt to replicate some or all the aspects of a clinical situation that would occur in the practice-based clinical setting and has specific outcomes for the nursing students to achieve (Billings & Halstead, 2021).
- **Transition:** A process that occurs over time that incorporates some change, but there must be flow and movement. During transition, there are changes in the identity, role, relationships, abilities, and patterns of behavior of the individual. (Meleis, 2009).
- **Virtual Simulation:** Computer-based simulation that includes virtual patients who experience real life clinical situations which allow the student to act as the nurse by completing assessments, interventions, and by making clinical judgements to meet the specified outcomes of the scenario (Loice et al., 2020).

Assumptions

As I conducted my research there are assumptions that I brought to my study. First, as a nurse educator myself, I assumed that nurse educators experienced challenges in their educational role during non-pandemic times and that most nurse educators have a

dedicated support system. Second, the COVID-19 pandemic resulted in changes to providing both didactic and practice-based clinical aspects of nursing education which I assumed resulted in increased challenges and stressors for nurse educators beyond the stressors experienced during non-pandemic times. Finally, I assumed nurse educators view the students as the reason they became nurse educators, even sacrificing their own needs for the needs of the students. I assumed this may affect the nurse educator's personal and professional wellbeing.

There are other assumptions that I have that I believe benefited my study and supported the study design. First, I believe my own role as an experienced nurse educator who has lived through the changes and transitions caused by the COVID-19 pandemic allowed me to connect with my study participants and made them more comfortable sharing their experiences with me. I am familiar with medical terminology and nursing education 'lingo' that a researcher who was not a nurse educator may not have been. Additionally, I believe the nurse educators were honest with me about their experiences and were open to sharing. Finally, I believe the open-ended questions provided a "thick description" of the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their physical and emotional wellbeing and academic nursing in the future allowing for the detailed and vivid report of findings.

Limitations

There are limitations for this study. The study was limited to five, female, nurse educators, who were employed by three different universities in close geographic location. The study sampling was purposive with criterion selection. Of the nurse educators that participated, four out of the five identified as white. Three had less than five years of nurse educator experience, and one had less than seven years.

The nurse educators taught didactic courses in the first semester of their respective program's curriculum. These included Foundations of Nursing, Health Assessment, Pharmacology, and Introduction to the Healthcare Environment. Clinical and laboratory courses the nurse educators taught were primarily in the first or second semester of their respective nursing program's curriculum. This may not have captured the unique experiences of educators teaching students who were in the final semesters of their nursing education. However, this accidental sampling may be a strength since these courses provide a basis for the nursing student throughout their education. First semester nursing students often have minimal nursing skills and require more time in the laboratory setting. This may have resulted in different challenges experienced by the nurse educator teaching in an online, remote format or when teaching additional sections of the same course.

Chapter Summary

Describing the effect of role transitions on the educator during challenging times may guide university and nurse administrators to develop faculty development programs that can assist the experienced educator to make successful transitions during difficult times. It is essential to have competent, healthy, and well-prepared nurse educators who

can educate and train our future nursing work force. As the COVID-19 pandemic continues there will be challenges in nursing education that require nurse educators to make transitions. The findings from this study will add to the literature and may assist with the development and implementation of training programs for nurse educators.

In the following chapter I will conduct a review of literature on nursing education. In chapter 3, I present the methods of the dissertation. In chapter 4, I will provide the individual case studies of my five nurse educators. In chapter 5, I present the results of the study. In chapter 6, I will offer a discussion and the implications of the present study.

CHAPTER 2

REVIEW OF LITERATURE

Nursing practice and nursing education have a rich history leading to the current landscape of nursing education in the United States (Kalish 1978; Kalish & Kalish, 1975, 1976, 1985; Keeling et al., 2018). Over the past 120 years, there have been many significant changes in nursing practice and nursing education; wars, new disease discoveries, vaccine developments, epidemics, and pandemics, all resulted in changes to how clinical nursing care is provided (Keeling et al., 2018). It has been 100 years since a global event has had an impact on nursing education in the United States and around the world as great as COVID-19 (National Academies of Science, Engineering, and Medicine (NASEM), 2021). Since the onset of the COVID-19 pandemic, nurse educators and nurse administrators have sought the guidance of accrediting bodies and their state boards of nursing to adapt their didactic courses and more so their clinical courses from an in-person educational format to an online or hybrid format, to meet the needs of the students and maintain educational requirements.

Nurse educators employ in-person clinical experiences in practice-based and laboratory settings to meet program standards and to ensure nursing students achieve essential academic progress and outcomes (Zerwic et al., 2021). Unexpected changes in the provision of nursing education, due to the COVID-19 pandemic, had an impact on each academic aspect. As described by Graffney and colleagues (2021) in-person clinical and simulated laboratory experiences were affected, with an associated negative impact on the student's ability to connect a psychomotor skill to its theoretical framework (Gaffney et al,

2021). As the initial response to COVID-19 precautions, during March 2020, nurse educators rapidly converted their in-person didactic and clinical courses to virtual, remote based formats often with minimal college or university technical support (Lynn & Ward-Smith, 2021; Piotrowski & King, 2020; Zerwic et al., 2021). The purpose of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future.

In this chapter, I review the literature on nursing education and regulation, pedagogy, practices within nursing education, and the qualifications required of nurses to make the transition into nursing education to establish the complexities of nursing, focusing heavily on nursing education. I begin by describing nursing education and regulation, including the National Council of State Boards of Nursing (NCSBN), the nurse practice act, followed by the nursing accrediting bodies which provide standards for nursing programs and practicing nurses. Next, I describe the undergraduate nursing education focusing on the Bachelor of Nursing, and what guides this curriculum. I explore why clinical laboratory and clinical education in the practice-based setting is important to the nursing curriculum and how the use of simulation has become the teaching modality of choice, by necessity, in response to the clinical limitations associated with COVID-19. Then, I describe the minimum education and requirements for nurse educators (faculty) teaching in a baccalaureate degree nursing program. A description of role theory and transition theories often used to describe the experiences of new nurse educators, which were used to guide theory development in the present study are detailed. I conclude by

summarizing the current challenges in nursing and nursing education, situating the literature within the context of COVID-19 and how it resulted in changes in the didactic and clinical nursing content and the role the results of this study may have to nursing theory.

Nursing Education and Regulation

The purpose of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future. An overview of nursing education and regulation illustrates why certain practices are important to nurse educators. The onset of the COVID-19 pandemic resulted in recommendations from the Centers for Disease Control and from local and state governments for the closure of in-person nursing programs; and hospital administrators following these recommendations either ceased student access to clinical experiences or restricted the number of students who could be in the hospital or on a unit at one time (Benner, 2020; Brunworth, 2020; Rasmussen & Jacobs, 2021). Nursing program administrators and nurse educators sought the advice of their state board of nursing and accrediting bodies to determine acceptable clinical alternatives (Brunworth, 2020). It was important for nursing students to matriculate as scheduled, so they could begin their careers, which may include providing care to those COVID-19 (Benner, 2020; Zerwic et al, 2021). Further, it was essential for nursing programs to maintain the set standards and for nurse educators to fulfill the nursing education requirements (Rasmussen & Jacob, 2021).

Academic programs of nursing education are complex and require maintenance to a state-specific set of standards. Despite the unique challenges of providing education during the COVID-19 pandemic, these standards could not be altered (Spector et al., 2020; Schweitzer, 2021). Failure to adhere to these standards may result in loss of accreditation, program probation, or closure (Spector et al., 2020). Personally, each nurse educator must maintain an unencumbered nursing license and adhere to the nursing practice standards for both the state in which the academic program is accredited and where clinical instruction is provided (Oermann & Frank, 2018). There may be additional credentialing and/or certification requirements associated with university employment and/or clinical access (Booth et al., 2016; Oermann & Frank, 2018).

Nursing programs seek guidance from their regulatory agencies, to ensure they provide the best education to their students while aligning with the standards and best practices set by each agency (Spector et al., 2020). Nursing programs must receive approval from their respective board of nursing when making significant changes to their curriculum (Spector et al., 2020). Changes made in curriculum must demonstrate measurement of competencies which are expected of a graduate from a baccalaureate program, so that the program continues to meet the required outcomes for accreditation (AACN, 2020a) It is essential that the didactic content and clinical experiences build the knowledge needed by a new graduate to be successful on the National Council Licensure Examination-Registered Nurses (NCLEX-RN), as NCLEX-RN pass rate is just one indicator of program quality. Other indicators of program quality are student retention, graduation rates, and employment rates (Spector et al, 2020). Lastly, the content must align

with the standards of practice outlined in the state-specific nurse practice act (Spector et al., 2018; Spector et al., 2020).

In the following sections I will describe some of the key regulatory bodies in nursing education. I will begin with the National Council of State Boards of Nursing (NCSBN). I will follow with the nurse practice act which is developed by individual state boards of nursing. I will conclude by discussing nursing accrediting bodies, specifically focusing of the American Association of Colleges of Nursing's (AACN) Commission on Collegiate Nursing Education (CCNE) since all three colleges or universities in the proposed study are accredited by the CCNE.

National Council of State Boards of Nursing

The NCSBN is a significant guiding resource for colleges and universities to academically prepare competent nurses, since the end goal for every nursing student is to pass the NCLEX-RN, which is required to practice as a registered nurse (NCSBN, 2021). Although there are some state-specific variances, most nursing graduates are unable begin their employment as a registered nurse until they have passed the NCLEX-RN. Nurse educators must provide education that will prepare the student to become a safe, entry level nurse generalist that can make appropriate clinical judgements, as the purpose of nursing licensure is to ensure public safety by setting minimal competencies for safe entry into nursing practice (NCSBN, 2019; NCSBN, 2021). Since the onset of the COVID-19 pandemic, some of the requirements associated with the NCLEX-RN have been amended. One requirement is the number of examination items the candidate may take to determine if they pass, and the maximum time allowed for completion of the examination. Prior to

the COVID-19 pandemic, the range of examination items a candidate may take varied from 75 to 265; this was reduced to between 75 and 145 due to the COVID-19 pandemic (NCSBN, 2021). Concurrently, the maximum time allowed for completion of the examination was reduced from six hours to four hours (Grossenbacher & Kappel, 2020; NCSBN, 2021). These changes decreased the amount of time each candidate spends at the testing center, increased the number of candidates who could be scheduled each day, and complied with the COVID-19 social distancing policies (Grossenbacher & Kappel, 2020; NCSBN, 2021). Although there was a decrease in the number of questions due to the COVID-19 pandemic, there was not a decrease in the difficulty level or level of competency required for a candidate to pass the NCLEX-RN (Grossenbacher & Kappel, 2020; Spector et al., 2020). The testing centers that were open could schedule more candidates using the newly implemented interventions. Although, there were some testing center closures which resulted in a delayed testing in some areas (Schwartz, 2020). This reduction in testing resulted in some candidates delaying the NCLEX-RN which has been shown to statistically reduce a candidate's likelihood to pass the NCLEX-RN the first time (Serembus, 2016).

Nurse educators are held to high NCLEX-RN pass standards, as each program is required to maintain a minimum first-time pass rate per calendar year, to continue to accept students and operate as usual (Spector et al., 2020). State board of nursing (SBON) (A) will issue a written notice to the nursing program administrator if during a calendar year the first-time pass rate is less than 80%. The program administrator and nurse educators are required to demonstrate that changes have been made to improve the deficiency, If the pass

rate is below 80% for two consecutive years the SBON surveyors may conduct an onsite visit to make recommendation, the nursing program may be placed on conditional approval, and the program administrator will need to present to the SBON plan for improvement and the reason for this deficiency. If the first-time pass rate is less than 80% for three years, the program administrator may be directed by the SBON to cease all admissions The SBON (B) requires the nursing program administrator to appear before the board if first-time pass rates are below 80% in one calendar year. The program administrator is required to present a plan for improvement. If the first-time pass rate is below 80% for two consecutive years, the nursing administrator will receive notice of conditional program approval. The first-time pass rate must be above 80% for two consecutive years or program approval will be withdrawn. The NCLEX-RN is notoriously known as a rigorous exam and is the graduate's gateway to practice. In the present study, the changes to the NCLEX-RN may have influenced the role transition experienced by nurse educators as they were adopting and implementing new teaching strategies in a just a few days or weeks and replacing practice-based clinical with virtual or in person simulation. Additionally, not all nurse educators were prepared to deliver content in these new ways or had sufficient technology or training (NASEM, 2021). Thus, the outcomes of student learning were unknown which could have affected NCLEX-RN success.

Nurse Practice Act

Individual SBON are responsible for developing a regulation of nursing practice in their state, which is called the nurse practice act (Russell, 2017; Stoelting-Gettelfinger, 2018). Regulation of nursing practice exists to protect the public and promote patient

safety and improve patient outcomes (Stoelting-Gettelfinger, 2018). Each state's nurse practice act defines nursing practice for the specific state and includes six critical elements: authority and composition of the board of nursing; educational program standards; scope of nursing practice with accompanying standards; types of licenses and titles, and protection of titles; licensure requirements, and grounds for disciplinary action (Russell, 2017; Stoelting-Gettelfinger, 2018). Although the nurse practice act varies by state, most state practice acts are based on the original Model Act published by the ANA in 1988 and the current NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules (2012).

The nurse practice act sets educational standards for nursing programs with guidelines for accreditation, curriculum specifics, administrator and faculty qualifications, and qualifications for continued program approval and future approval (Russell, 2017; Spector et al., 2020). Each SBON approves the initial operation of the degree-granting nursing programs and continue to monitor the program's adherence to the state's educational requirements (Spector et al., 2020). The nursing program must demonstrate that they meet the standards established by law including the rules and regulations set by the state board of nursing to maintain their program approval status (Russell, 2017).

A key regulation area for nursing programs and nurse educators during the COVID-19 pandemic was the use of simulation to replace practice-based clinicals (Alexander, 2021; NASEM, 2021; Veenema, 2020). Nursing programs are required to have program and course outcomes. The activities in the nursing program's curriculum are designed to meet the outcomes of their program and individual courses. Further,

curriculum design and activities must meet the practice based clinical program, course outcomes, and the required credit to clock hour conversion for the required clinical hours. The SBON (A)^{1 2} requires nursing programs to have no more than 50% of clinical hours be simulation. The SBON (B)³ currently leaves simulation and clinical laboratory percentage at the discretion of the faculty. The focus of the present study is on the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives therefore, the abrupt change in the clinical education experiences to virtual simulation especially affected nurse educators who were not familiar with simulation technology or did not have adequate time to devote to the changes or personal development (Veenema, 2020).

Accrediting bodies

There are currently three accrediting bodies for nursing education in the United States. The National League for Nurses (NLN) Commission for Nursing Education Accreditation (CNEA); the American Association of Colleges of Nursing's (AACN) Commission on Collegiate Nursing Education (CCNE); and an independent group's, Accreditation Commission for Nursing Education (ACNE). Each of these accrediting bodies provide specific professional standards for nursing programs (Gaines, 2020). The United States Department of Education (2020) stated "The goal of accreditation is to ensure that the education provided by institutions and/or programs of higher education

¹ To further protect the identity of the nurse educators who participated in the present study, the state boards of nursing have not been identified or cited.

² SBON (A) used to identify this state board of nursing (SBON) throughout the section.

³ SBON (B) used to identify this state board of nursing (SBON) throughout the section.

meets acceptable levels of quality” (p. 1). Although accreditation for academic programs of nursing is voluntary, students who matriculate from non-accredited nursing programs may have limited employment opportunities, especially in government institutions, or limited options for graduate school (Gaines, 2020; NLN, 2020b).

Accreditation serves as a form of quality assurance to the public and to the potential student (NLN, 2020b). Programs that are accredited can apply for federal funding to support the program’s mission and goals (NLN, 2020b). The above accrediting bodies require slightly different standards or outcomes, but the overall goal is to ensure the educational institution or program meets the accrediting agencies standards and requirements for program development, and ongoing program evaluation (AACN, 2008; AACN, 2021b; NLN, 2020b). These standards and requirements are based on the accrediting body’s values, and the nursing profession’s considerations and goals related to meeting the needs of diverse patient population and the global society (AACN, 2019; NLN, 2020b).

The focus of the AACN is to establish quality standards for nursing education and assist nursing schools to implement them (AACN, 2021b). During the COVID-19 pandemic the AACN provided guidance for nurse educators on various topics including clinical and simulation alternatives; teaching and online education; decision making; and leadership. The Commission on Collegiate Nursing Education (CCNE) (2021) released guidance for accredited colleges and universities, advising them to remain in compliance with regulations but to remember that the standards allowed for innovation, flexibility, and changes in programing. Further the CCNE did not prescribe how baccalaureate nursing

programs were to deliver didactic or clinical content rather than each program was to determine how to best meet the course and program outcomes. In the present study the nurse educators teach at universities that are accredited by the CCNE.

Nursing Education and Regulation Summary

Nurse educators have the professional goal to prepare students to pass the NCLEX-RN prior to beginning their nursing practice. Further, nursing education has changed to align with the current trends in society and align with the growth of technology and science which has expanded the role of the nurse (AACN, 2008; AACN, 2021). The COVID-19 pandemic has challenged nurse educators to find creative and innovative ways to educate nursing students. Many of these educational techniques and strategies are unfamiliar to the nurse educator.

Since the onset of the COVID-19 pandemic nurse administrators and nurse educators have sought the guidance of accrediting bodies about how to best complete clinical education and what percentage of simulation including virtual simulation are acceptable (Alexander, 2021; Foronda, 2020). The focus of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future. The changes made in practice-based clinical, clinical laboratory, and simulation education among others resulted in significant modifications to the typical workday of the nurse educators (Gazza, 2022).

Nursing Pedagogy

In this section of the review of literature, I describe nursing educational pedagogy, focusing most heavily on organizations guiding the development of nursing curriculum. Experiential education in the various forms of clinical education is often considered the backbone of nursing education (AACN, 2021b; Zerwic et al, 2021). In the review, I will provide information on the delivery of experiential education starting with the beginning level clinical education which occurs in the laboratory setting, followed by information about clinical which occurs in the practice-based setting. I conclude with a description of simulation, including virtual simulation, which became an essential component of nursing education with the onset of the COVID-19 pandemic.

Current Nursing Education and Pedagogy

Traditionally, nurse educators use time-tested methods such as classroom lecture and clinical education in acute care hospitals (Morelock, 2016). However, nurse educators are being challenged to embrace the current evidence and transition their teaching based on the current science which is currently focusing on the social determinants of health to meet the needs of a diverse society (AACN, 2021b; NASEM, 2021). Nurse educators must ensure that the courses they teach continue to meet the accepted standards for accreditation, licensure, and align with the defined and described best teaching practices including the (NLN) *Core Competencies for Academic Nurse Educators with task statements* (Kalb et al., 2015; NLN, 2021). The Core Competencies include facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, function

as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship, and function within the educational environment (NLN, 2021).

Current Levels of Nursing Education

Today nursing education has three entry levels for the registered nurse (RN), the diploma in nursing (DIP), an associate degree in nursing (ADN), and BSN (AACN, 2020a; Alexander, 2021). The BSN and ADN are granted by colleges, whereas the Diploma in nursing is granted by a hospital training center (AACN, 2020a). The BSN prepared nurse completes the fundamental nursing didactic and clinical courses that the ADN and DIP nurse does. However, the BSN prepared nurse takes an in-depth concentration of general education courses in the physical, social sciences, and humanities, along with nursing specific courses in research, public health, and leadership and management. Despite these differences all program graduates must successfully pass the same NCLEX-RN exam to secure licensure (AACN, 2020a).

Having three levels of entry, all of which result in different degrees attainment resulted in the most recent campaign from the Institute of Medicine for a more uniform nursing education (Williamson, 2019). Research suggests that when patients are cared for by a nurse with a BSN, the patient outcomes demonstrated are improved quality and safety and decreased mortality rates than when the care is provided by a nurse with an ADN or a DIP in nursing (AACN, 2020a; Aiken et al., 2017; Djukic et al., 2019; Yakusheva et al., 2014). In 2010, only about 50% of the nursing workforce had a BSN (Altman et al., 2016), thus a campaign from the Institute of Medicine (IOM, 2010) called *The Future of Nursing: Leading Change, Advancing Health*, pushed to have 80% of the RN workforce BSN

prepared by 2020 (Williamson, 2019). The AACN (2020) reported that there was a 7.8% increase from 2013 to 2020 to 62.5% of RN's having a BSN as their highest level of education nationwide.

The need to increase RN's who have a BSN has made it difficult for nursing administrators to accept more students. This is not because of a lack of students applying because of the shortage of nurse educators. The current age of a nurse educator with a doctorate degree is 56.9 years old for an associate professor and 50.9 for an assistant professor and it is projected that at least 1/3 of all nurse educators will retire by 2025 (AACN, 2020c). Further, there is currently not enough nurses completing master or doctoral level programs to meet the demands, and the salary compensation in the clinical and private sector is higher, thus luring nurses away from education (AACN, 2020c). The 2010 campaign came as the nurse educator shortages continued to rise (Booth et al., 2016; Leighton, 2015; Oermann & Frank, 2020), and nursing administrators struggled to obtain enough clinical sites for their students (Billings & Halstead, 2016; Leighton, 2015). The COVID-19 pandemic in the United States further compounded the already scarce availability of nurse educators, clinical instructors, and clinical sites. Even if clinical instructors and sites were available, student education during the peak of the crisis may not have resulted in optimal educational outcomes. Some nurse educators may have been professional and personally impacted by the nursing faculty shortage, and the challenges of the COVID-19 pandemic may have affected their current role.

What Guides Nursing Curriculum Development?

Prelicensure nursing education is designed to prepare students for entry into nursing practice with the knowledge and values of the profession so that as a graduate nurse they are prepared to think ethically, conceptually, and theoretically and can make informed nursing care decisions (AACN, 2021b). The academic curriculum should include healthcare experiences throughout the lifespan with diverse populations that promote the development of clinical judgment and clinical management that integrates patient safety and patient centered care that is culturally competent (AACN, 2021b; NCSBN, 2017). In the following sections, I describe how specific organizations and accrediting bodies guide nursing education. I begin with the IOM which provides five core competencies that are used to guide nursing education. Next, I describe how Quality and Safety in Nursing Education is used to guide nursing education. I then describe *the AACN Essentials of Baccalaureate Education*. Finally, I discuss how the state boards of nursing and the NCLEX-RN test plan framework is used. Each of the following organization's documents or reports builds upon each other respectively, to provide guidance that is more specific to nursing education and the different entry levels described above (AACN, 2008; Chenot & Christopher, 2019).

Institute of Medicine. The IOM (2003) *Health professions education: A bridge to quality* recommended competencies of knowledge, skills, and values for health care professionals and is the basis for several key documents that guide pre-licensure nursing education (AACN, 2008; Cronenwett et al., 2007). The IOM's (2003) five core competencies are (1) patient centered care, (2) teamwork and collaboration, (3) evidence-

based practice, (4) quality improvement, and (5) informatics. These were developed based on the challenges facing the healthcare system as a way provide a set of simple core competencies that could be applied to any healthcare discipline but were not to be considered exhaustive. Each competency should be assessed by specific knowledge, skills, and values expected by the graduate. The implementation of the IOM's competencies in nursing education has been implemented by the Quality and Safety Education for Nurses (QSEN) collaboration described below.

Quality and Safety Education for Nurses. The QSEN collaboration was formed in 2005, and since that time has been integrated into nursing program curriculums and accreditation plans for schools of nursing (Atmiller & Hopkins-Pepe, 2019). The purpose of QSEN is to prepare nurses with the competencies necessary to continuously improve quality and safety in the healthcare system in which they work (QSEN, 2021). The QSEN competencies include the five competencies described in the IOM's (2003) *Health professions education: A bridge to quality* adding the concept safety as the sixth competency (Cronenwett et al., 2007). The QSEN competencies are patient/family centered care, collaboration/teamwork, evidence-based practice, quality improvement, safety, and informatics.

The QSEN is focused on preparing students with knowledge, skills, and attitudes that will continuously improve the healthcare system. Knowledge is the information the student must know about the competency. The skills are what the student should be able to safely demonstrate or perform related to the competency. Finally, the attitudes are values that the student should have developed for providing individualized patient care but should

also apply these values to the system wide quality improvement in the related competency (Armstrong, 2019; QSEN, 2021).

The QSEN collaboration development occurred in three phases. During Phase one the six competencies were defined and during Phase two pilot schools tested the competencies (Chenot & Christopher, 2019). However, it was Phase three that was an important phase for nurse educators, as it was during this phase that a collaboration was developed between QSEN and the AACN to develop faculty expertise to teach the competencies; include the competencies in textbooks, licensing, accreditation, and certification standards; and to promote innovation in teaching competencies (Chenot & Christopher, 2019). In the following section and subsection is a description of the AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice*.

AACN's Essentials of Baccalaureate Education for Professional Nursing Practice. *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) is a curricular framework for building baccalaureate education in the 21st century focused on patient centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, and professionalism and practice across the lifespan in an ever-changing complex health care environment (AACN, 2008). The role of the BSN-generalist nurse is a provider of direct and indirect care; designer, coordinator, and manager of care; and member of a profession and in this role are advocates for the patient and the profession. *The Essentials* I-IX are the expected outcomes of the baccalaureate generalist nurse, and are as follows: liberal education for baccalaureate

generalist nursing practice; basic organizational and system leadership for quality care and patient safety; scholarship and education for evidence-based practice; information management and application of patient care technology; healthcare policy, finance, and regulatory environments; interprofessional communication and collaboration for improving patient health outcomes; clinical prevention and population health; professionalism and professional values; baccalaureate generalist nursing practice (AACN, 2008, p. 3-4).

Each essential includes a rationale explaining its relevance for the education of the professional nurse of today and of the future followed by expected knowledge, skill, and attitude outcomes. The outcomes serve as a guide for nurse educators to identify program and course objectives that are specific and measurable. Sample content is provided to help nurse educators select content or material to achieve the specific essential (AACN, 2008). As nurse educators were transitioning to the online format during the COVID-19 pandemic they had to keep the essentials in mind as they reformatted their course, since maintaining these standards are essential to successful program accreditation. Thus, they are important to this study.

State boards of nursing. State boards of nursing (SBON) provide nursing programs operational, personnel, and curriculum guidance for the state the program operates. For the present study, the universities are in two different states, thus approved and regulated by different SBON.⁴ Both SBON require content in the biological, physical,

⁴ To further protect the identity of the nurse educators who participated in the present study, the state boards of nursing have not been identified or cited. Earlier these state boards were identified as SBON (A) and (B).

social, and behavioral science to provide a foundation for safe and effective nursing practice. These requirements are part of the nursing prerequisite courses. Both require that the nurse educators develop curriculum that meets the nursing program and nursing graduate outcomes through didactic and direct clinical instruction. The course content should be evident in the course objectives. Specific didactic and clinical content required by SBON (A) models the NCLEX-RN test plan's four client need categories. SBON (B)'s curriculum requirements for didactic and clinical experiences are to include the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and aligns with *The Essentials of Baccalaureate Education for Professional Nursing Practice*.

Both SBON's further provide regulations on the amount of time a nursing student can spend in clinical experiences that are considered observation only, precepted, or simulated. Guidelines for faculty-to-student ratios, and best practices are also articulated within each respective state's nurse practice act. Some areas of the nurse practice act are less prescriptive, while other areas provide specific requirements of the nursing program. State board of nursing (A) updated the simulation regulation, to no more than 50% of the clinical hours in any clinical rotation can be completed as simulation. This is a change from the previous standard which did not specify the amount of simulation that a nurse educator could use as clinical replacement hours in a clinical course or in a nursing program. Currently the use of simulation is an area that is less prescriptive by the SBON (B) allowing nurse educators to determine the amount of clinical simulation time if the nurse educator adheres to model standards of best practice Since the onset of the COVID-

19 pandemic nurse educators are using more in person and virtual simulation as a replacement for clinical experiences in the practice-based setting (Foronda, 2020; Spector et al., 2020). The lack of regulation at the state level resulted in a request for policy makers and state boards of nursing to allow for more flexibility related to the limitations of clinical hours that can be completed in simulated settings, including virtual simulations (Alexander, 2021; Bradley et al, 2019; Foronda; 2020).

NCLEX-RN test plan. To begin employment as a registered nurse (RN), the graduate also known as a candidate, must pass the NCLEX-RN (NCSBN, 2021). The NCLEX-RN test plan serves multiple purposes. The purpose of the NCLEX-RN test plan for nurse educators provides examples on how to write NCLEX style test items and facilitates the classification of examination items based on the client need categories (NCSBN, 2019). Nurse educators must ensure that nursing students are taught content in the four client need categories and that the students can answer questions at the application level or higher in these categories.

The NCLEX-RN test framework is based on four client needs categories: (1) safe, effective care environment, with the subcategories (a) management of care and, (b) safety and infection control; (2) health promotion and maintenance; (3) psychological integrity; (4) physiological integrity with the subcategories, (a) basic care and comfort, (b) pharmacological and parental therapies, (c) reduction of risk potential and (d) physiological adaptation (NCSBN, 2019). Additionally, the NCLEX-RN test plan includes integrated processes related to nursing: the nursing process; caring; communication and documentation; communication and documentation; teaching and learning; and culture and

spirituality. The NCSBN (2019) believes that nursing is an art and science with a professional body of knowledge. It is expected that the candidate can apply knowledge from the social sciences (psychology and sociology), the biological sciences (anatomy, physiology, biology, and microbiology), and the physical sciences (chemistry and physics) to the individual across the lifespan and in their interaction with the environment (NCSBN, 2019, NCSBN, 2021). A graduate from any academic program of nursing may not use the designation RN until they pass the NCLEX-RN (NCSBN, 2021). Further, nursing programs are held specific NCLEX-RN first time pass rate standards by state boards of nursing and accrediting bodies (Spector et al., 2020).

Pedagogy and Curriculum Guidance Summary

The IOM (2003), QSEN (2021), state boards of nursing (Spector et al., 2018; Spector et al., 2020), AACN (2021), and the NCLEX-RN (2019) test plan all contribute to nursing curriculum by providing the expected knowledge, skills, competencies, and attitudes of graduates from baccalaureate programs. Nurse educators assist in the development of program curriculum and courses based on these many sources of information. The COVID-19 pandemic has furthered the nurse educators need to explore the current evidence-based research prior to implementing new knowledge into the curriculum, which is focused on the current healthcare trends. This knowledge attainment and guidance enabled nurse educators to teach the knowledge and skills needed by nursing students to be successful in the current healthcare setting. Therefore, it was essential for nurse educators to explore the best practices prior to modifying methods of instruction.

Clinical Education and Simulation in Nursing

Nursing is a practice-based profession that requires a high level of values, cognitive skills, psychomotor skills, and technical skills to provide care to patients in a variety of clinical settings (Oermann & Gaberson, 2017). Experiential learning is an essential pedagogy in nursing education, as nursing students need more than just an acquisition of knowledge to become safe and effective providers of care (Benner, 2020; Oermann & Gaberson, 2017). Nursing students must develop key competencies and critical thinking skills which allow them to think like and identify as professional nurse (AACN, 2021; Benner, 2020; Oermann & Gaberson, 2017). In this section, I describe how clinical learning is provided in the clinical laboratory. I then describe clinical education that takes place in a practice-based setting such as a hospital, clinic, long-term care facility, or public health setting. Finally, I explain the ability of simulation in clinical training to meet the experiential learning needs of nursing students during the previous years, the impact COVID-19 has had on the use of simulation as a teaching modality, and the use of virtual simulation to overcome the limitations of the COVID-19 pandemic related clinical access.

Clinical Education in the Laboratory

Prior to entering any clinical practice-based setting, nursing students need to demonstrate mastery of fundamental psychomotor skills which is a core component of nursing education (Johnson et al., 2019). The clinical laboratory is used to teach students these specific clinical skills and is designed as a low- risk learning environment (Alderman et al., 2018; Durham & Baker, 2018). Students practice the required psychomotor skills using manikins, often called skills trainers, followed by performing the skill on their fellow

nursing students or paid actors know as standardized patients (Alderman et al., 2018). Psychomotor skills that are commonly practiced in the clinical laboratory include blood pressure measurement, basic life support, and injections; physical care skills including bathing, assisted feeding, oral health, and elimination (Alderman et al., 2018). The clinical laboratory is designed to simulate the clinical environment so that student can develop knowledge, skills, and attitudes that are considered the foundation of nursing practice (Durham & Baker, 2018). During this time, the nursing students are also being socialized into the professional role of the nurse (Durham & Baker, 2018).

The clinical laboratory is used throughout the nursing student's education, with more time spent in the laboratory during their initial coursework (Durham & Baker, 2018). Nursing students are usually excited to be learning clinical skills in the laboratory as the students believe the psychomotor skills are "what" nurses do, therefore, the nurse educator must assist the nursing students to not only be able to safely perform the skill, but to understand why a skill is performed and what outcome should be expected (Durham & Baker, 2018). Further, nurse educators must also assist the students to understand that skill acquisition is only one small component of nursing practice (Durham & Baker, 2018; Woodley, 2018).

Nursing students must have an acceptable level of competence in clinical skills, including good sound judgement, critical thinking, and decision making to be able to provide safe and effective patient care in the practice-based clinical setting (Durham & Baker, 2018; Spector et al., 2020). However, the system of evaluation is flawed, as the student is typically required to pass a onetime skill assessment, which does not ensure that

the student can safely and effectively complete the skill in the practice-based clinical setting and there is a lack of consensus on what is the best practice for psychomotor skill development (Johnson et al., 2019). This issue with skill acquisition, safety, and efficiency was further exacerbated by the COVID-19 pandemic due to the loss of in-person clinical laboratory time, which further limited the students' psychomotor skill development. The loss of in-person clinical laboratory resulted in reports from nursing students that learning skills virtually they had decreased confidence and frustration; and overall were dissatisfied with the final test scores (Head et al., 2022).

Clinical Education in the Practice-Based setting

Clinical education in a practice-based setting is considered a significant and essential component of nursing education (AACN, 2021b; Ironside et al., 2014; Woodley, 2018). Billings and Halstead (2016) described clinical education as one of the most time and resource intensive aspects of nursing education but note that clinical education is a critically important aspect of teaching at all levels of nursing education. Clinical education is an opportunity for the nursing student to apply what was learned in the classroom and laboratory to the practice-based setting. In the practice-based clinical setting, nursing students can apply their knowledge to solve complex, clinical problems; reflect on patient care the nursing student observed or provided; use critical thinking skills to meet the patient and family needs; and to perform nursing procedural skills (Woodley, 2018).

Clinical education in a practice-based setting often takes place in an acute care facility, such as medical centers, free standing short-term care facilities, same day surgery centers, and hospice facilities, and has been a mainstay in nursing education (AACN,

2021b; Gordon & Foss, 2018). Nursing students typically have clinical rotations in the practice-based setting that occur in short blocks of time. (Gordon & Foss, 2018; Woodley, 2018). The length each clinical day in the hospital varies but each rotation has a required number of hours that must be completed during the semester. During each clinical day, the student will provide care to one to two patients, with the focus mostly on performing skills or tasks. (Woodley, 2018) This may result in little, or no time focused on the integration of theory or application of critical thinking or clinical reasoning (Billings & Halstead, 2016). Practice-based clinical settings are more complex than the controlled classroom and clinical laboratory environment (Billings & Halstead, 2016) and thus provides students with a multi-faceted real-life patient situation, in which critical thinking and clinical reasoning are essential for a safe, quality, patient centered practice. However, there are challenges to providing effective clinical education (Billings & Hallstead, 2016), since it is impossible to predict what learning opportunities the students may be presented with and prepare them with all possible scenarios in the classroom in advance. The nurse educator must consider the student's level of education and ensure the focus of the clinical experience is on the course outcomes. Further, the potential risk to patient safety must be considered (Billings & Halstead, 2016).

Clinical education experiences, as part of the nursing curriculum, remains an integral part of the academic educational experience. Like other professional education programs, such as education, these experiences in the practice-based setting, caring for and interacting with real people is considered irreplaceable for competency development. (Leighton et al., 2021). The results of a systematic review of literature on the learning

outcomes of students in the practice-based clinical setting from 1983-2018 had unexpected findings (Leighton et al, 2021). These authors concluded that many of the studies related to clinical experiences in the practice-based setting were focused on broad student goals and failed to use a reliable or valid tool to assess learner outcomes, whereas the studies focused on alternate clinical education, such as simulation, used specific student goals and used a reliable or valid tool to assess the learner outcomes.

Although clinical experiences in a practice-based setting are unpredictable, this teaching modality continues to be the primary approach to provide clinical education in nursing. The COVID-19 pandemic required nurse educators to determine what competencies and learner outcomes the students needed to achieve and determine if clinical in the practice-based setting or an alternative form of clinical education would be better for the competency or goal obtainment. In many instances the learner outcomes were obtained using in person or virtual simulation, described below.

Simulation

Over the past 100 years human simulation has become a standard aspect of clinical education for nursing students enrolled in academic programs throughout the United States (Singleton, 2020). Since the beginning of the COVID-19 pandemic simulation, especially virtual simulation has been an essential replacement for some clinical experiences in the practice-based setting (Alexander, 2021). Simulation in nursing education may be provided in person, in the simulation laboratory, or virtually, using a web-based format. In the following section, I provide a summary of simulation. Next, I provide the types of simulation used in nursing education. I follow with the benefits of simulation use in

nursing education. Finally, I conclude with the current regulations and best practices for simulation use by nursing programs.

Simulation is an innovative teaching strategy widely used in academic programs of nursing that can provide students a realistic, context rich experiential learning experience in a safe environment outside of clinical in the practice-based setting (NLN, 2020a).

Simulation is an attempt to replicate some or all the aspects of a clinical situation that would occur in the practice-based setting and has specific outcomes for the nursing students to achieve (Billings & Halstead, 2016). Simulation provides nursing students a means to gain knowledge about patient care, develop effective communication and teamwork, use clinical judgment, and develop psychomotor and clinical skills in a safe environment (Billings & Halstead, 2016; Oermann & Gaberson, 2020; Sanko, 2017). Simulation provides nursing students an ideal learning experience, which can mimic a patient's response in a controlled setting without the risk to the patient or the nursing student (Bradley et al., 2019; Oermann & Gaberson, 2020; Sanko, 2017). During simulation, students can make mistakes that they would not be allowed in the clinical setting, as a means of learning (Billings & Halstead, 2016; Leighton, 2015).

The simulation scenario is purposely designed to meet the identified learning objectives and to optimize achievement of expected outcomes (INACSL Standards of Best Practice: Simulation[®], 2017) and the simulation is provided to the student in a way that that enhances an understanding of the situation, which enables the student to link what is learned in the simulated scenario to a clinical setting (Hovancsek, 2007). In a simulated scenario, the nursing student has the opportunity to assume an RN role, which enhances

professional role development and independent decision making (Sullivan et al., 2019).

This allows the students to push the limits of their ability, to learn what to do in a real-life clinical setting (Sanko, 2017).

Types of simulation. Methods of simulation vary, but each form of simulation can enhance the clinical experience and improve a nursing student's knowledge and clinical reasoning skills. Simulation can also be beneficial when the real-world training is too expensive, occurs rarely, or puts the nursing student or patient at unnecessary risk (Billings & Halstead, 2016). The types of simulation commonly used in nursing are described below: standardized or simulated patients, task trainers and human patient simulators, and virtual simulation.

A standardized or simulated patient is a type of simulation in which individuals are actors who have been specially trained to play the role of a patient with a specific disease or condition (Billings & Halstead, 2016; Lewis et al., 2017; Oermann & Gaberson, 2020). Since the actors are trained to recreate the patient condition and clinical situation with each student, the actors provide consistency in the evaluation of multiple students (Oermann & Gaberson, 2020). In some cases, a standardized patient, may take the role of a family member or other care provider to help guide the student through the simulation (Lewis et al, 2017). A standardized patient simulation allows the student practice obtaining a patient history and assessment, patient education, skills and procedure, and effective communication (Billings & Halstead, 2016; Oermann & Gaberson, 2020).

Task trainers and human patient simulators are partial or static manikins that can be used to practice a psychomotor skill to advanced high sophisticated technical programs

which can mimic a patient's conditions (Pauly-O'Neill & Sabatini, 2019). A partial task trainer is usually a body part, a plastic model, or a partial manikin that is used to depict a certain function that the nursing student needs to practice so they can become comfortable with the psychomotor skill (Billings & Halstead, 2016). A full-scale human patient simulator has the highest level of realism and intractability for the nursing student (Billings & Halstead, 2016). These simulators are available from newborn to adults and can perform various functions, such as childbirth, hemorrhage, and reaction to administered medications (Pauly-O'Neill & Sabatini, 2019). The full-scale simulators require preprogramming by the nurse educator, and some on-the-fly programming to maintain the highest level of realism during the scenario (Billings & Halstead, 2016).

Virtual simulation uses a web-based software that has developed scenarios, often with a built-in grading feature. Virtual simulation scenarios require a nursing student to manage a patient situation which can deteriorate quickly if not recognized in a timely manner (Marby et al., 2020). Like high-fidelity human patient simulation scenarios, the students have a pre-brief and a debriefing where feedback on the student's actions is completed (Marby et al., 2020). The difference in the process is that the student can complete the simulation as many times as needed until they are proficient (Marby et al., 2020).

Benefits of simulation use. Nurse educators use teaching modalities that promote the development of clinical reasoning and clinical judgment in nursing students (Forneris et al., 2015; Kanter & Alexander, 2012). Effective clinical reasoning and clinical judgment is considered one of the competencies of nursing graduates to be a safe entry level nurse

(Marby et al., 2020, NCSBN, 2019). During clinical education in the practice-based setting, what will happen at the bedside during a clinical experience cannot be anticipated in advance (Ironside et al., 2014). When students are in the practice-based clinical setting, studies have concluded that the students are focused on task completion instead of clinical reasoning and problem-solving and often spend a lot of time looking for something to do (Ironside et al., 2014). When teaching includes simulation students learn how certain interventions can lead outcomes (positive and negative) more readily (Jeffries et al., 2003).

In simulation, students complete more patient care activities independently and at higher levels of functioning with less down time when compared to clinical practice-based settings (Sullivan et al., 2019). Further, the use of simulation provides a more concentrated learning experience with students spending more time on certain activities compared to clinical in the practice-based setting (Sullivan et al., 2019). When participating in simulation activities students may attain skill acquisition quicker, are more satisfied with learning, have increased self-confidence, and improved problem solving (Marby et al., 2020). Franklin and Lee (2014) performed a meta-analysis from 43 studies of prelicensure nursing programs between 2004 and 2013 and noted that although the results varied most students who participated in the study had an increase in self-efficacy after using simulation.

Virtual simulation, like clinical in the practice-based setting or in-person simulation, results in the development of clinical reasoning and clinical expertise (Benner, 2020). The virtual experience presents the student with a real life, unprompted, unfolding case scenario, using unfabricated, authentic patient cases, in which the student has direct

responsibility and involvement in (Benner, 2020). To maximize the nursing students learning experience, the scenario requires the student to rely on the assessment of information obtained throughout the virtual simulation to make real time judgments (Benner, 2020). The greatest benefit of virtual simulation for the nurse educator who has experience using the technology is the reduction in workload time since the nurse educator can manage a large group of students at one time since each student is working on a single user profile (Foronda et al., 2018).

Regulation of simulation use in prelicensure nursing programs. Simulation regulation in pre-licensure nursing programs in the United States has raised many questions about consistency and learner outcomes (Bradley et al. 2019). Currently, there are inconsistent and unclear regulations for simulation use as a replacement for traditional clinical hours in the United States (Bradley et al., 2019). Nursing programs are often seeking guidance from their local state boards of nursing to determine how much clinical time can be spent in simulation versus in the practice-based clinical setting (Bradley et al., 2019; Jeffries et al., 2015; Leighton, 2015). Unfortunately, there are many obstacles when developing a set guideline that can apply to many different undergraduate nursing programs. The COVID-19 pandemic further highlighted the need for more consistent simulation regulation at the state and national levels (Foronda, 2020).

The findings from national simulation studies and the COVID-19 pandemic have resulted in a push for state boards of nursing to update their regulations on simulation use (Alexander, 2021; Bradley et al., 2019; Foronda, 2020; Hayden et al., 2014). The NCSBN published a randomized, controlled, multisite longitudinal study examining the use of

simulation to replace clinical hours in the practice-based setting. Results from the study revealed that up to 50% of clinical experiences can be safely replaced with simulation, if the simulations are facilitated by a nurse educator that is trained in simulation and uses theory-based practices (Hayden et al., 2014). The AACN (2021b) advise nursing programs that simulation cannot replace 100% of clinical in the practice-based setting in one sphere or age group and cite the landmark study by Hayden et al. supporting the use of up to 50% of practice-based clinical substitution with simulation as an exemplar. The AACN further recommend that nursing programs follow the regulations of their respective state board of nursing.

In a national simulation study by Bradley et al. (2019) there were several factors that needed to be considered by boards of nursing when replacing clinical hours with simulation, as there were several inconsistencies noted among the programs and state boards of nursing surveyed. The number of clinical hours per nursing program and the minimum clinical hours required by the state board of nursing varied; some programs were as low as 270 clinical hours and some as high as 960 clinical hours (Bradley et al., 2019). State boards of nursing also varied on the substitution of simulation to clinical ratios, with some state boards of nursing allowing a 1:1, 1:2, or 1 to more (Bradley et al., 2019; Breymier et al., 2015).

Regulation of simulation is a major challenge for nurse educators. Further, ensuring the nurse educator has the education and preparation to effectively implement simulations (Billings & Halstead, 2016). The simulation program nurse educator must have a theoretical base and conduct simulations according to the standards of best practice, but

this is often found not to be the case (Bradley et al., 2019; Fey & Jenkins, 2015). If simulation is used as a replacement for clinical hours in the practice-based setting, nurse educators must have formal training in debriefing techniques and their competence in simulation should be assessed on an on-going basis (Fey & Jenkins, 2015). To effectively facilitate a simulation program the nurse educator must: be knowledgeable about the theory underlying facilitation of simulations; apply the standards of best practice; be skilled at creating a psychologically safe learning environment; and be able to diagnose nursing students learning needs; and manage the group process (Bradley et al., 2019; Fey & Jenkins, 2015). Many nursing programs lacked a nurse educator with education and preparation in simulation prior to the COVID-19 pandemic but program administrators were required to implement in-person or virtual simulation as a replacement for practice-based clinical following the inability to utilize clinical placement sites due to COVID-19 (Veenema, 2020). This may have resulted in role transitions of the current nurse educators and affected their professional and personal wellbeing.

Clinical Education and Simulation Summary

Nursing is a practice-based discipline. Clinical education is the core of nursing education and leads to skill acquisition, clinical reasoning, and socialization into the professional role, among others (AACN, 2021b; NLN, 2021). Nurse educators provide education within laboratories, practice-based clinical settings, or simulation settings. The goal of this education is to provide meaningful learning experiences that will develop safe, quality professional nurses. Further, the nurse educator must ensure students meet the expected learning outcomes and competencies for each learning experience.

Nursing Educators: Qualifications and Roles

In this section of this review of literature, I describe the qualifications needed by nurse educators who provide formal, academic nursing education in colleges or universities. Next, I describe the role and transition theories, and how these theories will be used to guide my proposed study. Finally, I describe the current challenges in nursing and nursing education, in general and related to the COVID-19 pandemic.

Nurse Educator Qualifications

Nurses enter nursing education with varying levels of training and education in teaching (Oermann & Frank, 2020). In nursing there are different graduate educational paths a nurse can choose, at the master's level there are three areas of study: nursing education, nursing leadership, or advanced practice nurse (which has several specialty areas) (Oermann & Frank, 2020). Doctoral preparation for nurse educators will depend on the type of program the nurse educator chooses to teach. The Doctor of Nursing Practice (DNP) is typically focused on clinical practice, and the Doctor of Philosophy (PhD) in Nursing is to prepare the nurse educator for research. Some nurse educators will seek a terminal degree in education where they earn a Doctor of Philosophy (PhD) in education or higher education or Doctor of Education (EdD) in higher education. The areas that the nurse educator has clinical expertise and the area of focus of their graduate degree, will depend upon the educator's comfort level in nursing education. For example, some nurse educators enter nursing education without advanced teaching specific to nursing education, however, they are considered expert in their professional clinical nursing experience (Kozlowski-Gibson, 2018).

The minimum academic credential required for nurse educators is set by their respective state board of nursing and accrediting body (Oermann & Frank, 2020). For example, the Commission on Collegiate Nursing Education (CCNE) requires nursing faculty to have a graduate degree (AACN, 2008). In states represented in the present study to teach at a baccalaureate level, the educator must have a minimum of a master's degree in nursing or a related field, and a doctorate degree to teach at the graduate level. Further, the nurse educator must hold an unencumbered license in the state where the school is located and in any state the nurse educator teaches students in the practice-based clinical setting. Adhering to the required academic credentialing set by regulatory bodies, nursing programs seek and hire educators with nursing expertise in specific clinical settings, such as pediatrics, mental health, medical surgical, or simulation, based on the needs of the program. Nursing programs may require nurse educators to have additional certifications in their practice-based clinical setting and/or be a Certified Nurse Educator (CNE) (Oermann & Frank, 2020).

However, being an expert in clinical practice does not equate to being an expert in providing nursing education (Booth et al., 2016). This is a challenge for nursing programs and nurse educators during the transition to education because nurse educators are not prepared for many of the challenges they encounter since their expectations are not congruent with the realities of the faculty role (Schoening, 2013). Further, nurse educators report they are overwhelmed with the differences between the educator role and the clinical role, making the transition to nursing education difficult, which may result in the

nurse educator leaving education to return to clinical in a practice-based setting or seek another career path (Stamps et al., 2020).

Academic degrees, clinical expertise, and certification are often requirements for novice nurse educators to enter academia. However, the nurse educator's teaching responsibilities involves more than just transmitting knowledge to the students through lecture and practice-based clinical experiences (Oermann & Frank, 2020). Nursing faculty must use evidence-based knowledge of teaching pedagogies which facilitate student learning, and methods to evaluate student outcomes, in addition to having foundational knowledge of the nursing curriculum so that classroom teaching can be applied in the clinical setting (Booth et al., 2016; Oermann & Frank, 2020). Nurse educators often struggle to balance the requirements of teaching, service, and scholarship, since nursing education does not function in the day-to-day basis that the nurse educator was used to in clinical practice. Further, nurse educators may be required to maintain some level of practice-based clinical experience in addition to their nursing education role to ensure the nurse educator is current and maintains their specialty certification (Oermann & Frank, 2020).

As with other academic teaching fields in higher education the shift to online education was made due to the COVID-19 pandemic (Blankenberger & Williams, 2020). This shift brought additional challenges to nurse educators, asking them to explore other teaching modalities for didactic and clinical courses, and to incorporate evidence-based practices in ways they had never done before (Alexander, 2021; Brunworth, 2020). This major change happened with little notice (Jeffries, 2020) in March 2020, as nurse

educators quickly moved from in person education to online/hybrid teaching modalities for didactic instruction, and in-person or virtual simulation to replace clinical education in the practice-based setting (Alexander, 2021; Lynn & Ward-Smith, 2021). Some nurse educators went back to work in the practice-based setting to fill the needed clinical positions in areas with a high influx of COVID-19 patients (National Academies of Science, Engineering, and Medicine, 2021). These transitions back to the practice-based setting furthered to increase the workload of the nurse educator and exacerbate the challenges and transition experienced.

Role and Transition Theory

Role theory suggests that an individual has various roles in their life, and these roles come with a defined set of ways that a person should act or behave (Van der Horst, 2016). A person's role is not simply a stimulus and a response but the interaction of a person's ego with society (Meleis, 2009).

Transition is defined as the passage from a fairly stable state to another fairly stable state and is a process that is triggered by a change (Meleis, 2009). Meleis (2009) posits that transition is a central concept of nursing, as the nurse-client encounter occurs during times of transitional periods that may be developmental, situational, or related to changes in the client's health. The nurse educator-student encounter, additionally, is one that occurs during transitional periods for both the educator and the student. Transition is a process that occurs over time that incorporates some change, but there must be flow and movement. Change and transition are separate concepts. Change is simply a substitute of one thing for another which tends to be abrupt (Meleis, 2009). During transition, the

change must occur at the individual or family levels, cause changes in identity, role, relationships, abilities, and patterns of behavior.

Organizational change that results in transition is change that occurs in the structure, function, and dynamics of the organization. The properties described above are what differentiate non-transitional from transitional changes. Role transition requires a change in a person's position and the necessary time to make the changes a role compatibility (Hardy & Conway, 1988). The purpose of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future.

Hardy and Conway's Role Theory (1988) and Schoening's Nurse Educator Transition model (2013) were used to guide the present study. The transition investigated were the personal and professional challenges experienced when making pedagogical changes. The overall process occurred over time and resulted in the nurse educators making multiple changes in their pedagogical practices which impacted their professional, and personal wellbeing. The study findings support that a level of change occurred at the individual level, and caused changes to the nurse educators' identity, role, relationships, abilities, or patterns of behavior.

Role Theory

Hardy and Conway's role theory (See Figure 2.1) was developed based on the unique perspectives of health care professionals. They complemented structural role theory with the social exchange theory and symbolic interaction to conceptualized and describe

the interactions that occur in the social structure, sometimes referred to as the social system. Role theory is described in detail below and in Figure 2.1.

Situational role theory (Hardy & Conway, 1988) incorporates open system theory (Katz & Kahn (1966), as it applies to organizations. Open systems theory needs to be described to situate nurse educators in the larger social system. In the present study the social system is education. Within the system is subsystems which include the university, other academic programs, and nursing program. All systems have inputs and outputs. Input is “any information, matter, or energy entering the system across the boundary from the environment” (Hardy & Conway, 1988, p. 112). Output is “any information, matter, or energy leaving the system across the boundary to the environment” (Hardy & Conway, 1988, p. 112). Feedback is when information is returned as an input after a series of interactions occurs as the system deviates from its preset state. Negative feedback is when the system returns to its preset state (Hardy & Conway, 1988). Finally, the equilibrium of a system is the state that all the components of a system continue to interact with at least one variable in the specified range.

Every social system has a unique structure and problems within the system. Functional problems common to social systems include the system’s need to (1) control the environment, (2) secure its goals, (3) maintain solidarity among units of the system and, (4) preserve the systems values. The structural design of an organization is based on goals and the characteristics of the members of the organization and influences how the role occupant behaves in their role. The entire social structure (university) has symbolic interaction concepts that cause social behaviors that affect the role occupant. Thus, how

each person in the social structure provides each other with the needed resources.

Resources are sets of attributes, such as education, experience, and status but further includes values, motivation, abilities, knowledge, skills, and behavior (Hardy & Conway, 1988). In the social setting these are culture, norms, values, sanctions, power, status, and resources.

The university and the nursing program are the location of the social structure. Within the social structure there are multiple positions, such as administrators, faculty, or nurse educators. A role occupant is the person who holds the position in the social structure, such as the nurse educator. The role occupant has specific role expectations that are position specific norms, attitudes, behaviors, and cognitions required for the role. Role performance (Also called role behavior or role enactment) is the behavior and action relevant to the current position. Role competence is the capacity for adequate role performance, which involves two or more people who consider the nature of their interrelated relationship, their own goals, the goals of the other person, the intended output. Role identity is the individual's interpretation of the role expectation. Focal position is the position being studied, for the present study this is the nurse educator. Sub roles are the different roles within the focal position. For example, the nurse educator may have the sub roles: teaching, advising, administrative duties, nurse, research, service, and clinical practice. Role Partner is a person who holds role expectations for the focal occupant. This could be another nurse educator, a nursing program administrator, or university administrator for example. The relationship with all role partners of a particular role

occupant is affected by symbolic interactions of each person (In figure 2.1 situational role theory is illustrated inside the broken box).

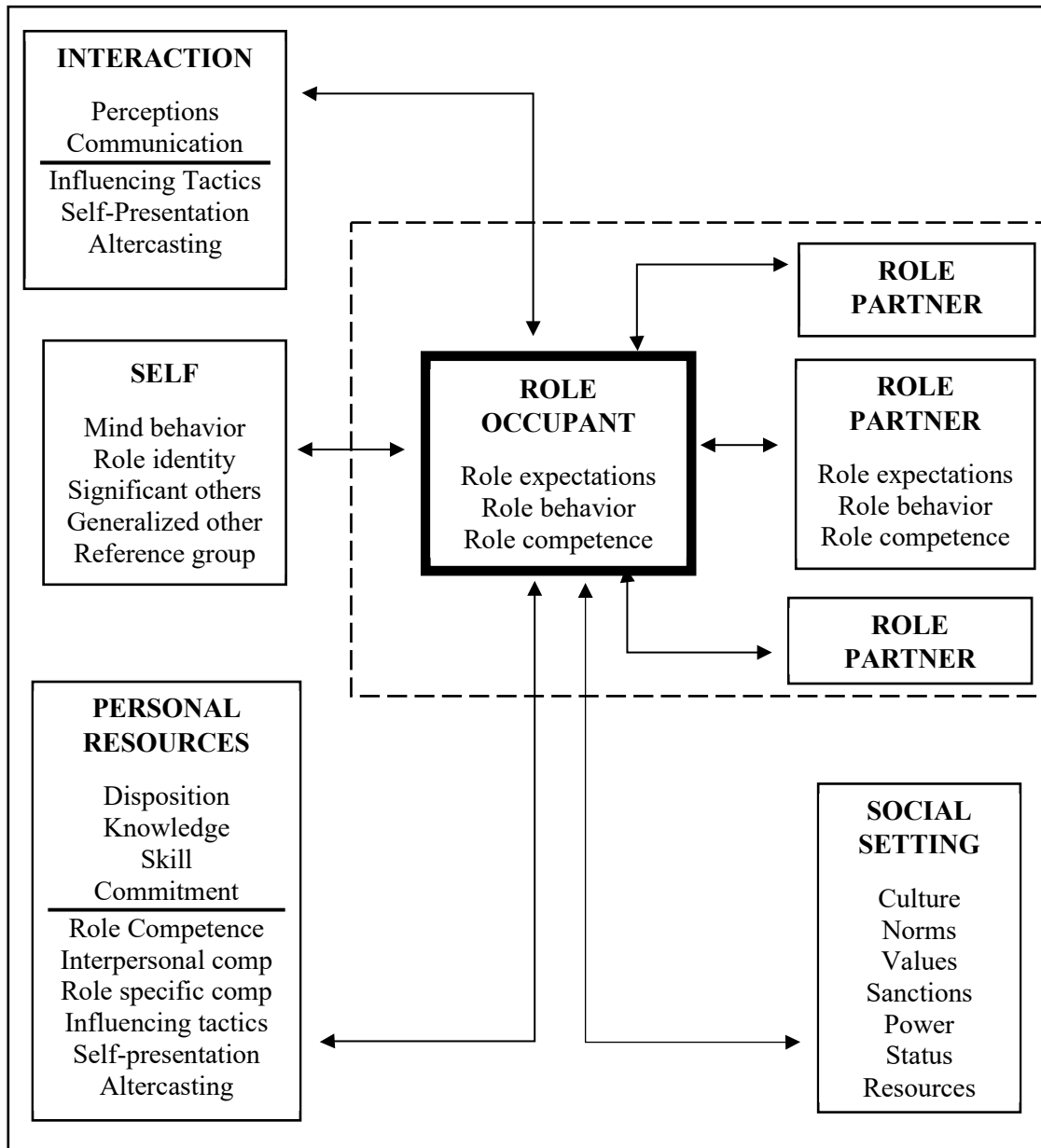
Symbolic interaction concepts are used to describe behaviors or actions that affect the role occupant. These behaviors can be by the role occupant or by a role partner. These include interactions such as influencing tactics, communication, and perceptions; self which includes role identity, the role occupants reference group (i.e., position's administrator (i.e., role partner), program administrator (i.e., role partner), another nurse educator (i.e., role partner); personal resources which include disposition, knowledge, skill, and commitment; and social system which include culture, norms, values, sanctions, power, status, and resources (In figure 2.1 the symbolic interactions that affect the role occupants are on the left side of the model and the bottom right).

Two of the influencing tactics, self-presentation and altercasting, are described with examples provided. Self-presentation is a selective way a role occupant presents themselves to convey a specific image or identity. For example, the nurse educator may wear nursing scrubs and a stethoscope when teaching in the clinical laboratory to present themselves as a knowledgeable clinical nurse. When teaching in the didactic classroom the nurse educator may wear business attire to present themselves as a professional and knowledgeable academic educator. Altercasting is a way of influencing the behavior of a counter role occupant. This can be positive or negative. For example, a negative would be when a university administrator interacts with the nurse educator as if their professional opinions do not matter and that they are only there to teach and not make decisions. If negative altercasting is successful, the nurse educator will behave that way around

administrators. A positive example would be the university administrator who encourages the nurse educator to model professional nursing values and opening listens to their thoughts and opinions to promote this same behavior in nursing students. Figure 2.1 is an illustration of structural role theory and symbolic interactions.

Figure 2.1

Illustration of Structural Role Theory and Symbolic Interactions



Note: Inside the broken enclosure is the role set with focal roles and role partners. This makes up concepts from structural role theory. The other enclosures (Interaction, Self, Personal Resources, and Social Setting) are the symbolic interaction concepts. The entire figure is the inter-relating symbolic interaction and structural theories (Hardy & Conway, 1988).

Role theory is useful in understanding the role transitions experienced by nurse educators. The role stress-role strain framework is used to analyze the role occupants who have been having difficulties meeting their role expectations (Hardy & Conway, 1988). The basic assumptions of role theory are that people seek out problematic situations where they can use their knowledge and skills. They do not attempt to eliminate all anxiety and stress. Thus, conflict is necessary and help to facilitate and broaden and a person's perspective. Role problems are not abnormal or undesirable, however, when the social structure causes a stressor becomes too conflicting, confusing, irritating, or leads to impossible role demand this leads to role stress. There are four types of role stress: role ambiguity, role conflict, role overload, and role incongruity. If the person who is experiencing these demands experiences tension or frustration, this causes role strain (Hardy & Conway, 1988). A brief description of the of the basic definitions with examples are provided.

Role ambiguity. Role ambiguity is when the norms for the role are vague, unclear, or ill defined (Hardy & Conway, 1988). Role ambiguity is a common characteristic of professional roles, due to the structural sources of stress. Nurse educators are employed in positions where they deal with uncertainty and deal with problematic and unpredictable activities and behaviors (Hardy & Conway, 1988). Role ambiguity is when there is lack of clarity regarding the behaviors and responsibilities associated with the nurse educator role, or the role is not well defined or understood by those involved (Haynes-Lewis & Pearson, 2016; Clark et al., 2010).

Role conflict. Role Conflict is when the role expectations are perceived as being contradictory, thus when meeting one set of expectations inhibits the person's ability to complete another expectation (Hardy & Conway, 1988). Role conflict results when there are conflicting or inconsistent role demands, disagreement over role expectations, competing values, incompatible values or disparity between the role norms and behaviors (Hardy & Conway, 1988). Conflict in an organization such as a university is inevitable, thus role conflict is inevitable. Figure 2.2 includes an illustration of a reference group, intraposition, and interposition of the nurse educator which can all cause role conflict.

Role overload. Role overload occurs when the demands of the role are more excessive than the time a person must complete them (Haynes-Lewis & Pearson, 2016; Clark et al., 2010; Hardy & Conway, 1988). Role Overload is described as workload is too heavy; there is a lack of time to meet role demands and to carry out the obligations (ie. the amount of work to be completed is too much for the given time); role demands exceed the nurse educator's capacity. The role overload is characterized as quantitative load, the amount of work to be done in a set amount of time, and qualitative load, the complexity of the work or task to be completed. Time is central to this concept is both objective and subjective. Depending on the nurse educator's personality and perception of time this can be a major source of strain.

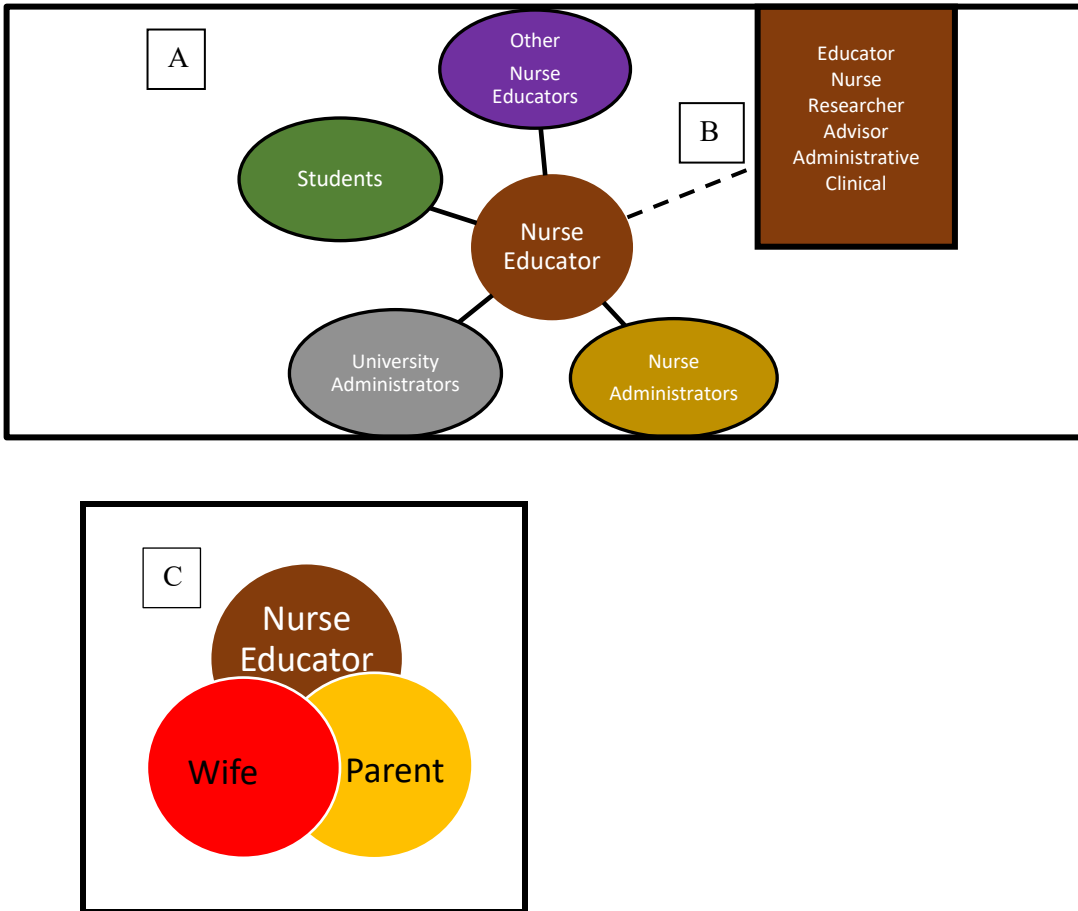
Role incongruity. Role incongruity is when there is incompatibility between the different aspects of the role. There can be conflict between skills and abilities of the person and their role obligations, or the person's values and self-concept are not compatible with the role obligations (Haynes-Lewis & Pearson, 2016; Clark et al, 2010; Hardy & Conway,

1988). The demands of the role are incompatible with the person's self-concept; lack of congruence between role and the person's values such as a woman's self-concept and the expectations of being a mother may be seen as incompatible with the long hours required in her nurse educator role.

Role strain. Role stressors can result in role strain. Role strain occurs when the external factors become internalized by the person and present as subjective feelings of frustration, anxiety, and tension regarding the responsibilities of position in addition to one or more of the role stressors (Hardy & Conway 1988). Role strain occurs when the nurse educator becomes dissatisfied, drained of energy and commitment to the professional values with a difficult time managing their role (Clark et al., 2010). When the demands of the job or the complexity of the role increase, as it did for nurse educators during the COVID-19 pandemic, role strain intensifies (Cranford, 2013).

Figure 2.2

Reference Group, Intraposition, and Interposition of the Nurse Educator



Note: Developed based on Hardy and Conway (1988) model.

- A. Reference Group: The nurse educator is the focal role (the role being studied). In the ovals are the role partners, the people who have role expectations for the focal role.
- B. Intraposition: These are some of the sub-roles of the nurse educator.
- C. Interposition: Multiple roles or multiple positions of the nurse educator intersecting.

Nurse Educator Transition (NET) Model

The Nurse Educator Transition (NET) Model was developed to describe the social processes and stages that occur when a nurse transitions to education. Since the 1990s there has been a decrease in the number of faculty pursuing a master's degree in nursing education because of the increase in clinical specialty tracts available at the master's degree level, which has led to difficult transitions in academia due to less teaching preparation (Schoening, 2013). Successful transition occurs when there is an integration of two identities, that of the nurse and the educator, to become a nurse educator (Schoening, 2013). There are four phases that are key to the nurse educator transition: anticipation/expectation, disorientation, information seeking, and identity formation (Schoening, 2013).

Anticipation/expectation. The anticipation/expectation phase begins when a nurse decides to become a nurse educator (Schoening, 2013). This is an exciting and positive time where the nurse looks forward to making a difference in the nursing profession, by anticipating the positive student encounters, a more flexible work schedule, and career progression. Nurses often view education as their way to make a difference on the future of nursing and future generations of nurses (Wenner et al., 2020).

Disorientation. Disorientation is the second phase of the transition that starts when the nurse begins working as a nurse educator (Schoening, 2013). The nurse educator characterizes this time by an absence of structure and mentorship. The nurse educator (generally) does not have adequate orientation and socialization to their new role (Schoening, 2013). The nurse educator fears failing as a teacher. The nurse educator feels

disoriented and fears failing because they are a novice educator after being an expert in their previous nursing role. The nurse educator realizes that the nurse-to-patient and the teacher-to-student relationship is very different. The nurse educator feels confused about role expectations and they lack clarity about the organizational structure (Wenner et al., 2020). This leads to role ambiguity (Schoening, 2013). Role ambiguity is a concept that is described as a basic lack of knowledge needed to perform one's work (Schoening, 2013). Role ambiguity can lead to dissatisfaction with the role, anxiety, or decreased performance levels (Cranford, 2013).

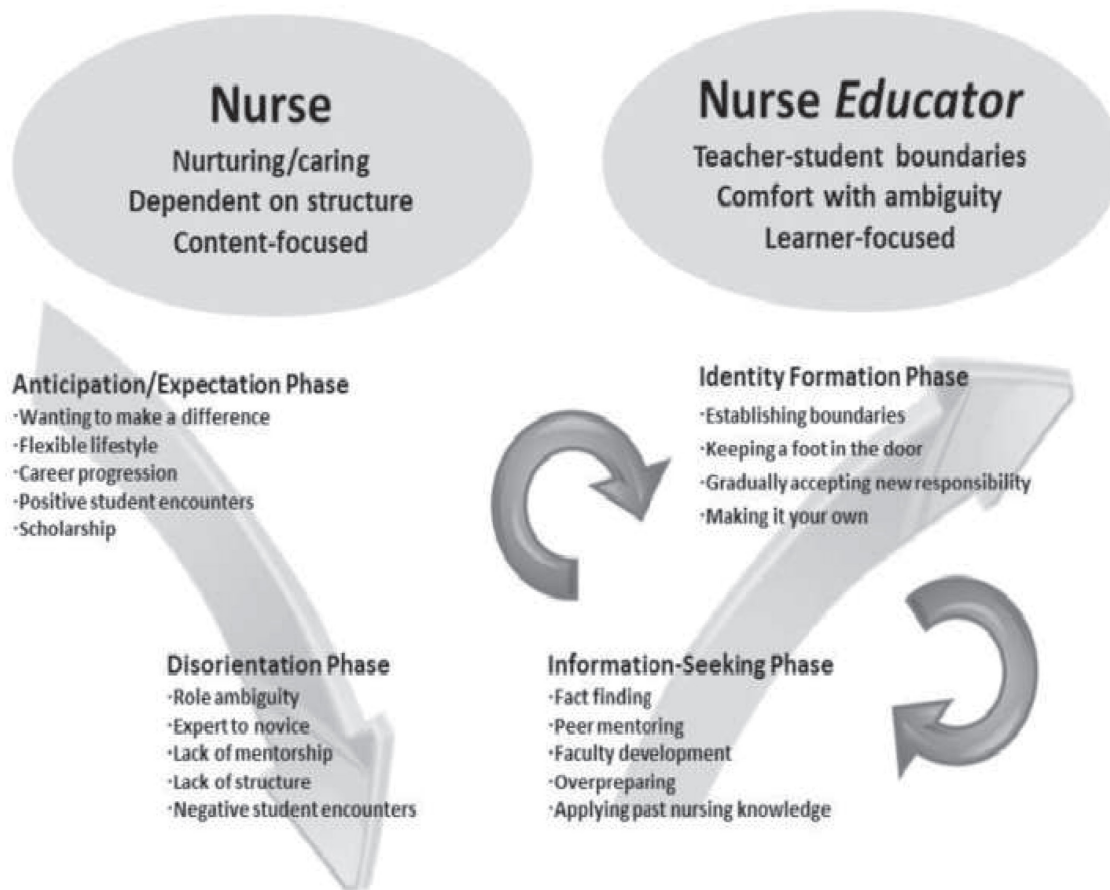
Information seeking. Information seeking is the third phase. This is a time of self-directed formal and informal activities by the nurse educator (Schoening, 2013; Wenner et al., 2020). The nurse educator is seeking out peer mentors, faculty development activities, and taking an active role in learning how to teach. The nurse educator tends to over prepare for student encounters because they are unsure of the student's current knowledge level and skill and fear failing as a teacher if they do not know all the answers (Schoening, 2013). The nurse educator begins to rely on previous experiences which increase their confidence in the new role (Wenner et al., 2020).

Identity formation. The final phase is identity formation. The nurse educator integrates their nursing and educator identity (Schoening, 2013; Wenner et al., 2020). The nurse educator can establish boundaries with students. The nurse educator can keep their nursing knowledge and skills current and sharp through their clinical practice and research while continuing to develop their educator knowledge base (Schoening, 2013). The nurse

educator develops their own individual teaching style and begins to facilitate their way of teaching in the clinical and classroom (Wenner et al., 2020).

Figure 2.3

Illustration of the Nurse Educator Transition (NET) Model



Copyright © 2013 by Anne Schoening

Note: This figure demonstrates the phases of the NET model. The beginning of the transition is associated with the identity “nurse”, and the successful transition is associated with the “Nurse Educator.” Nursing remains at the core of the identities. The disorientation phase is represented by a downward arrow since this is considered a time that is characterized by downward movement from a previous positive time. This is a time when role stress may occur. The information-seeking phase begins an upward movement in transition. The circular arrows represent an overlapping between the two phases (Schoening, 2013).

Wenner and colleagues' validation study. Wenner et al. (2020) performed a study to validate the NET model in part-time clinical nurse educators. Wenner and colleagues found that educators often returned to the anticipation/expectation or disorientation phase at the beginning of each semester or when the educator was assigned a new course or clinical assignment. Wenner et al.'s (2020) findings support the use of NET model in the proposed study to investigate personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future.

The COVID-19 pandemic may have resulted in nurse educators experiencing new situations and using teaching modalities they were not familiar with. Further, many nurse educators were teaching from home offices, without onsite campus support, and were juggling the responsibilities of home and work. These changes resulted in the nurse educator experiencing transitions in their role. These transitions resulted in the role stressors: role ambiguity, role conflict, role overload, and role incongruity. Further, these role stressors resulted in role strain, which was evidenced by the subjective feelings of anxiety, frustration, and tensions. When the strain became severe the nurse educators became withdrawn from their university and dissatisfied with the job.

Current Challenges in Nursing and Nursing Education

Challenges to Nursing Practice

The COVID-19 pandemic has elucidated the significance and contributions of nurses. Nurses risk exposure to infectious disease every day but during the COVID-19 pandemic this daily exposure was often without adequate PPE (Alexander, 2021; Lynn &

Ward-Smith, 2021; (National Academies of Science, Engineering, and Medicine (NASEM), 2021). Nurses experienced disrupted financial, physical, and psychological resilience due to layoffs and furloughs (NASEM, 2021). It is unknown the lasting damages the COVID-19 pandemic will have to the nursing profession, which includes nurse educators. More challenges will continue to simultaneously unfold over the next decade as more nurses will be needed to meet the nation's growing health care needs (NASEM, 2021). Understanding the challenges nurses encounter in all areas of practice is important to nurse educators, as these individuals are preparing the future nursing workforce.

In a NASEM report released in May 2021, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, the organization noted the trauma that was experienced by the greater society and nurses, but they also voiced nursing professions commitment to the health care of patients and families and the nurse-driven adaptations to education and practice that will bring lasting changes. Originally the report was to be released at the end of 2020 to correspond with the World Health Organizations International Year of the Nurse and Midwife, however throughout 2020 the COVID-19 pandemic illuminated the depth and breadth of the challenges identified in the report. The report includes multiple challenges and issues for changes in nursing but also included changes needed in nursing education which align with the AACN's *Essentials* (2021) as well as the present study's charge to address nurse's physical health, wellbeing, and mental health.

Challenges in Nursing Clinical Education

The AACN's (2019) vision for the entry level BSN graduate is to be prepared for the complex healthcare system and the movement of care to the community. The COVID-19 pandemic resulted in changes to the typical delivery of nursing education in the United States. In March 2020, most nursing programs transitioned from in-person to online formats for didactic teaching, while clinical facilities ceased to allow nursing students access (Alexander, 2021; Benner, 2020; Lynn & Ward-Smith, 2021; Weberg et al., 2021). According to Benner (2020) "it was imperative that nurses graduate on time, during this pandemic" (p.1). To prevent delays in graduation for the spring 2020 class, nursing programs were challenged to develop and implement methods to provide clinical instruction online, with interactive virtual simulation (Benner, 2020).

One of greatest challenge for nurse educators is providing clinical education, however, beginning in March 2020 clinical in the practice-based setting was further limited (Alexander, 2021; Benner, 2020; Lynn & Ward-Smith, 2021). An educational and ethical challenge existed for nurse educators and administrators; assigning nursing students to a practice-based clinical setting, knowing that the facility may not be able to provide the student with adequate PPE (Alexander, 2021; AACN, 2020b; Lynn & Ward-Smith, 2021; Veenema, 2020). The ethical dilemma of sending students into the practice-based setting without the needed supplies is only compounded when a student has an exposure or becomes positive for COVID-19 virus or other infectious disease (Dewart et al., 2020). Further, the average age for nurse educators in the United States is 59 years old, rendering

them in the high-risk category for negative health consequences if infected with COVID-19 (Morin, 2020).

When a practice-based clinical setting was not available, the academic challenge became ensuring that the use of in-person or virtual simulation would meet the course objectives and fulfill the clock hour requirements, while continuing to meet the accreditation standards and practice regulations set by the state board of nursing (Morin, 2020). Although some state boards of nursing waived their simulation-based regulations, the nurse educators in states that did not waive these regulations struggled to find appropriate clinical replacement (Alexander, 2021; Beroz, 2020). Further, not all academic institutions or students had the available technology or resources and were required to purchase the hardware and software needed complete the simulations (NASEM, 2021).

Nursing education literature prior to the COVID-19 pandemic describe the challenges of nurse educators' heavy workloads and job expectations (Bittner & Bechtel, 2017; Shirey, 2006) The pandemic resulted in different demands that have further impacted the nurse educator's workload (Farber et al., 2020; Keener et al., 2020). The COVID-19 guidelines and academic programs required a reduction in faculty-to-students ratios per clinical or laboratory rotation to maintain social distancing. For Zerwic and colleagues (2021) to proceed with clinical in the practice-based setting had to reduce their faculty-to-student rotations to 1:4 instead of their usual 1:8. Faculty resources were an issue, but no additional full-time faculty were hired. Instead, each faculty member had a full teaching load, adjunct clinical instructors were hired, and additional sections of clinical were added (Zerwic et al, 2021). Head and colleagues (2022) reported when students

returned to in-person clinical skills laboratory that groups were smaller. Although, not reported by Head et al. (2020) a decrease in students per session increases the number of sessions of clinical skills laboratory, thus there is a need to hire more faculty or for each nurse educator to teach more sessions increasing their workload.

Challenges to Nursing Didactic Education

Nursing educators were challenged to teach in a remote, online, or hybrid format with minimal formal training throughout the COVID-19 pandemic (Beroz, 2020; Blakenberger & Williams, 2020; Piotrowski & King, 2020). Morin (2020) posits nurse educators must be clear in their understanding of what they were doing, which was offering education online during an emergency, which is different than providing a robust online education, with well-developed lesson plans. The following Fall 2020 and Spring 2021 semesters, although there was more time for the deliberate planning of courses, many nurse educators were unable to adopt a new teaching pedagogy or attend extensive training courses. This resulted in some nurse educators continuing to have little or no experience with remote, online, or hybrid instruction and many further lacked the technology at home to deliver virtual education including internet to support this instruction (Cantamessa, 2018; Piotrowski & King, 2020).

There were additional problems providing student support and ensuring academic integrity testing in a remote, online, or hybrid instructional format since in-class examinations had to be administered virtually (Castano et al., 2021). Online testing may have resulted in grade inflation for some students but high dropout rates for others (Piotrowski & King, 2020). Further it was imperative to ensure the students legal and

ethical rights are not violated and that nurse educators safeguarded the ethical profession of nursing, especially if the student was recorded while taking the exam (Castano et al, 2021).

All the new challenges related to COVID-19 and the ongoing challenges in nursing education, resulted in nurse educators and administrators trying to re-envision what the core content for prelicensure nursing programs should be, and what strategies are best for the students to learn. The AACN (2021b) *The Essentials: Core Competencies for Professional Nursing Education* new adoption and implementation over the next three years will further challenge the already over-extended nurse educator, to adapt their current courses to meet the outcomes for accreditation. The new *Essentials* are competency-based, which is a system of teaching, followed by assessment, then feedback to the student. This is not the onetime process that is common in nursing education but based on the students demonstrating that they have learned the “knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education” (AACN, 2021a, p. 1).

Chapter Summary

In this chapter I presented literature on nursing education and regulation, pedagogy, practices within nursing, and the qualifications required of nurses to transition into nursing education to establish the complexities of nursing, focusing on nursing education. I also outlined Hardy and Conway’s (1988) role theory and Schoening’s (2013) NET model to provide a theoretical framework for the present research study. In the following chapter, I provide an overview of the research design and methods I used in the present study.

CHAPTER 3

METHODOLOGY

Nursing educators have a significant impact on the health care system by educating nursing students, who will become registered nurses (RNs). The COVID-19 pandemic is ongoing and will have a lasting impact on the educational landscape of nursing, and the role of the nurse educator. The purpose of the present study was to explore challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their personal and professional lives, and academic nursing in the future. The research questions investigated were: (1) How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic? (2) How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing? (3) How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward?

In the present chapter, I provide an outline of the research design and methods that were used in the study, including a rationale for selecting a qualitative, multiple-case study methodology. I describe participant selection, data collection and analysis, and how I ensured trustworthiness. Finally, I describe the ethical considerations and the limitations and strengths of the study.

Rationale for Qualitative Research

Qualitative research is appropriate when the research is focused on complex issues such as human behavior and felt needs (Isaacs, 2014). Nursing education is a complex undertaking during non-pandemic times but has recently been further complicated by the COVID-19 pandemic. The focus of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives. Morse and Richards (2002) describe qualitative research as all about discovery, in which data collection and data analysis are not separate processes.

The goal of qualitative research is to rely on the study participant's view of the situation being studied as much as possible (Creswell, 2014), in a setting where the participant is experiencing the phenomenon, (Morse & Richards, 2002). Further, qualitative research is appropriate when there is little known about a topic and the goal or purpose of the research is to develop a theory or theoretical framework (Morse & Richards, 2002). Therefore, a qualitative study through a constructivist lens exploring the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their physical and emotional wellbeing as well as academic nursing since the onset of the COVID-19 pandemic by interviewing the nurse educators in their educational setting, was appropriate for this study.

Case Study Method

The present study was undertaken using an interdisciplinary lens which includes higher education, nursing, and nursing education. The role of case study is well established in educational research and the interdisciplinary lens (Yin, 2017). Case study in nursing is considered an appropriate method when the researcher is exploring and explaining a contemporary phenomenon or set of variables at the core of the inquiry (De Chesnay, 2015; Houghton et al., 2017; Polit & Beck, 2021). In the following section, I describe case study research and its appropriateness for my research study. I also provide some of the strengths and weaknesses for using case study research.

A case study is an intensive exploration of a single unit of study such as a person, family, group, community, institution, or a small number of subjects that need to be studied intensively (Burns & Grove, 2005; Polit & Beck, 2021). Case study is often the first exploration of a complex phenomenon and encompasses a great deal of complexity, as it often incorporates several sources of data (Alpi & Evans, 2019; Mertens, 2014; Yin, 2017). A certain phenomenon or set of variables is the core of the inquiry, but the case itself is central (Polit & Beck, 2021).

Case study method is beneficial when revealing important new findings and generating new hypotheses for testing (Burns & Grove, 2005; Yin, 2017). Case studies assist the researcher understand the multiplicity of a situation as it is emerging, and the emotional state of the person or people experiencing it (Burns & Grove, 2005; Harrison et al., 2017). A case study can thoroughly describe a complex phenomenon or set of variables (Harrison et al., 2017; Mertens, 2014), such as in the present study with an exploration into

impact of the personal and professional challenges (of being an academic nurse educator) on their physical and emotional wellbeing in a way that unearths a new and deeper understanding of the phenomena during the COVID-19 pandemic.

Case study is appropriate when “how and why” research questions are being posed; when the researcher has little control over events; and when the focus is on a contemporary phenomenon that is within some real-life context (Yin, 2017). The three criteria described by Yin were all met in the present study. Case study allowed me to conduct an in-depth detailed exploration into the personal and professional challenges [of being an academic nurse educator], (Burns & Grove, 2005; Polit & Beck, 2021) and allowed me to understand the emotional state and emotional wellbeing of the individual nurse educator who was experiencing this complex set of variables.

Strengths and Weaknesses of Case Study Method

Case study has many strengths when the research study has a clear methodological path (Takahashi & Araujo, 2019; Yin, 2017). Case study allowed me, as the researcher to have an in-depth focus on each case, and the complexity of the nurse educator’s experiences while retaining a real-world perspective (Ebneyamini & Moghadam, 2018; Harrison et al., 2017; Takahashi & Araujo, 2019; Yin, 2017). Case study allowed me to document multiple perspectives and demonstrate the participant’s influence and interactions within their set environment, which helped me to analyze why things happened (Harrison et al., 2017; Simons, 2009).

Case study is flexible, it is not time-dependent or constrained by the method (Simons, 2009; Takahashi & Araujo, 2019), and can be studied in its natural setting, where

understanding is gained through the natural process (Ebneyamini & Moghadam, 2018; Harrison et., 2017). Case study is responsive to shifts in the focus of the research and the unanticipated consequences of the case (Simons, 2009; Takahashi & Araujo, 2019) which can lead to meaningful and relevant theory development or modification (Ebneyamini & Moghadam, 2018) such as in the present study, where further verification of the Nurse Educator Transition (NET) model and application to experienced nurse educators' transition experiences was sought.

Weaknesses in case study research are often centered on the mass of data that is accumulated that may be difficult to process or reports that are too long and detailed to read and do not capture the reality of the experience (Simons, 2009). A weakness cited by Walker (1986) is case study research is often locked in time, while other people have moved on. Other concerns related to case study is rigor or the lack of reliability and validity; confusion with non-research case studies or case studies used for teaching; and the increased time and level of effort it takes to interpret the findings (Takahashi & Araujo, 2019; Yin, 2017). The final weakness, and perhaps the greatest is the subjectivity of the researcher (Simons, 2009).

Weaknesses of case studies, as a methodology, are not always perceived as a limitation to the study. Researchers not familiar with case study have often held the stereotype that case study is low-level research, meaning, case study is only a mode of inquiry or exploration and cannot be used to describe phenomenon or test propositions (Yin, 2017). Case study is far from being only exploratory and may be appropriate for studies that are descriptive or explanatory with clear methodological development (Yin,

2017). Unfortunately, many researchers still view case study as an inferior research design (Baskarda, 2014; Yin, 2017). This is especially true for those with a positivist worldview, where the quality of research is often related to the generalizability of the study, which is not the goal of case study research (Simons, 2009; Takahashi & Araujo, 2019). Despite the limitations of case study method, the strengths offered in answering the research questions of this study make it a particularly appropriate method, as described in the following section.

Design of the Study

The design of the present study was a qualitative multiple-case descriptive study using cross-case analysis. For this study, the case study unit of analysis are nurse educators. The case study is a holistic, multiple case study design using interviews and documents. The boundaries of the case are five individual nurse educators at three different universities, who meet the inclusion and exclusion criteria. The phenomenon/nature of the problem studied was the physical and emotional wellbeing of the nurse educator. Finally, the activity investigated was the personal and professional challenges [of being an academic nurse educator], pedagogical changes, and organizational constraints since the onset of COVID-19 pandemic. In the following sections I briefly describe multiple case design and how this research design aligned with the present study.

Multiple-Case Design

A multiple-case design involves using more than a single case (Polit & Beck, 2021). When reviewing multiple cases theoretical or literal replication sampling is typically selected based on the desired outcome. Theoretical replication sampling is used

when it is important that the cases have different theoretical conditions and contrasting results, but for predictable reasons (Baskarda, 2014). Literal replication sampling includes similar results. Multiple-case studies are more difficult to implement than a single case study, but these data can provide greater confidence (Yin, 2011). In the present case study, a holistic multiple-case design was employed. There were five cases total, with each case collected as a single case, using the descriptive design described below, and compared using a cross-case analysis. In case study there is no formula for the number of cases that a study needs, rather if the number of cases can provide enough depth to either develop or expand a theory or contribute to answering the research questions; then the number of cases is considered adequate (Takahashi & Araujo, 2019). For this study five cases met the study needs by answering the research questions. Although saturation is not required in case study research, saturation occurred and was measured by repetition of themes and examples not the extension of current themes or examples (Mertens, 2015).

Descriptive Case Study

A descriptive case study is focused and detailed in propositions about the phenomenon (Mills et al., 2010). When designing a descriptive case study, the phenomenon is scrutinized and articulated at the onset, and the researcher seeks to learn what is already known about the phenomenon and guiding theory (Mills et al., 2010). The researcher specifies the boundaries of the case, which contributes significantly to the rigor of the finished case study (Mills et al., 2010; Yin, 2017). The power of a descriptive case study design is the potential for the abstract interpretation of data and development of a theory or conceptual model (Mills et al., 2010), thus the patterns and predictive features of

the data must be established prior to data collection (Yin, 2017). The goal of descriptive case study is to assess a sample in detail and depth, using robust propositions and questions, which leads to the analysis of data through pattern matching (Mills et al., 2010; Yin, 2017). In this study, the phenomenon/nature of the problem studied was the physical and emotional wellbeing of the nurse educator. Role Theory and the NET model were used as the guiding conceptual frameworks. The boundaries of the case, the research questions, and the propositions were used to analyze the data.

Setting and Participants

A detailed description of the university (employment) setting of each case (nurse educator) in the present study is described. The inclusion and exclusion criteria for the individual cases of the study will follow. Finally, I discuss the sampling and recruitment technique I used and my rationale for those decisions.

Setting

The university (employment) setting of the nurse educators in the present study are three pre-licensure nursing programs (described in alphabetical order by pseudonym) that are located near a larger metropolitan area: Davis University, Everly University, and Grayson University. These nursing programs were selected because each school of nursing has a pre-licensure program which offers a Bachelor of Science in Nursing (BSN) degree. The three programs are close in geographic location and use many of the same practice-based clinical locations. All three programs are accredited by the Commission on Collegiate Nursing Education. Although the study is not about the university, the functions of the organization may impact the nurse educator. However, the programs differ in many

important ways: each program is a different size, thus each accepts a different number of students per cohort, and employs a different number of full-time, part-time, and adjunct nurse educators.

Davis University. Davis University is a private, Catholic, residential university. After 2-years of science and general education courses the Davis University nursing program takes two years to complete, comprised of two fall and two spring semesters. The nursing program has approximately 700 laboratory and clinical hours required in foundations, pediatrics, obstetrics, mental health, community/populations, medical-surgical, critical care, and capstone.

Davis University does not offer an RN-BSN completion program or any type of master's level nursing programs. Davis University has a Director of Nursing who also teaches two nursing courses a semester, five full-time faculty, one half time faculty, and 12 clinical adjunct faculty. The nursing program has been understaffed but hired three full-time faculty who started in the fall 2021 semester. The program had three resignations following the 2021-2022 academic year but has filled these three positions and a recently developed position for a simulation coordinator. The department also has a full-time and part-time administrative assistant.

Everly University. Everly University is a private, Catholic university. The traditional BSN program starts in the fall semester yearly and takes two years complete, which are two fall and two spring semesters. The traditional program does not have a summer semester, but the accelerated program requires a partial summer semester at the beginning and end of the program. The accelerated BSN program is a yearlong intensive

prelicensure program which all courses are taught in terms lasting 7-8 weeks each. Both the traditional and accelerated prelicensure programs require 64 credit hours of nursing courses. There are 772.5 clinical and laboratory hours required in Foundations of Nursing, Obstetrics and Pediatrics, Medical-Surgical I, Medical-Surgical II, Medical-Surgical III, Populations, Leadership, and in the senior Clinical Practicum. Everly University has nine full-time faculty and 22 adjunct faculty. The BSN Director position is currently open, otherwise they were fully staffed at the start of the present study but will have two full time positions opening following one resignation and one newly funded position. The pre-licensure administration includes a clinical coordinator, a BSN Director, and a simulation coordinator. The BSN Director and the simulation coordinator both have teaching responsibilities. Everly University offers a traditional BSN, accelerated BSN, online RN-BSN, masters-family nurse practitioner (FNP), post masters FNP certification, and an online MSN in education and administration.

Grayson University. Grayson University School of Nursing is a public state supported university. The nursing program takes two years to complete, which is two fall and two spring semesters. There is no summer semester available. The program has 800 laboratory and clinical hours required in the practice-based settings extended care, pediatrics, obstetrics, mental health, medical-surgical, and critical care. Grayson University has 15 full-time faculty, 16 part-time faculty, one admissions director, and an administrative assistant listed on their webpage. Grayson University offers an associate degree registered nurse to Bachelor of Science (ADN-BSN) completion post-licensure program, and two graduate degree programs, a Master of Science with a focus in nursing

education and a Master of Science in health care leadership/master's in business administration a dual degree program with a focus in leadership and administration. At the conclusion of the present study there were openings for two nursing faculty positions which have been filled: a Dean of Nursing and clinical placement coordinator position, both vacant at the time of this writing.

Participants

For the present study, the inclusion criteria was a pre-licensure nurse educator who teaches clinical and didactic courses in a program that offers a Bachelor of Science in Nursing. The nurse educator must have been teaching for at least two years prior to the COVID-19 pandemic and was teaching a didactic and clinical course in March 2020. The nurse educator's clinical teaching must include at least one of the following: practice-based setting clinical, simulation, laboratory, or clinical coordination which includes capstone experiences.

The exclusion criteria for the present study were nurse educators who teach solely in a pre-licensure associate degree program, post-licensure RN-BSN program, or post-licensure masters or doctoral level programs. Nurse educators who had experience teaching online or remotely prior to the onset of COVID-19 in March of 2020 were excluded because of their previous online teaching experience. Finally, full-time nursing program administrators such as: department chairs, directors of nursing, or deans of nursing were excluded if they did not have a significant didactic and clinical teaching responsibility.

One participant had transitioned into a director or nursing role the two semesters prior to completing the interview with me. The nurse educator continued to teach a didactic

course and have clinical laboratory teaching responsibilities for half of their contracted workload. My dissertation committee granted approval to include this nurse educator in the study since they met all the other inclusion criteria and exclusion criteria.

Sampling Technique

Purposive sampling is commonly used within the constructivist worldview. In purposive sampling the process begins when the researcher identifies groups, settings, and individuals where the process being studied is most likely to occur (Mertens, 2015; Polit & Beck, 2021). There are dozens of purposive sampling strategies that have been identified but are often classified into four classifications based on the conceptual needs of the research (Polit & Beck, 2021). The four classifications are: maximum variation sampling; extreme or deviant case sampling; typical case sampling; or criterion sampling (Polit & Beck, 2021).

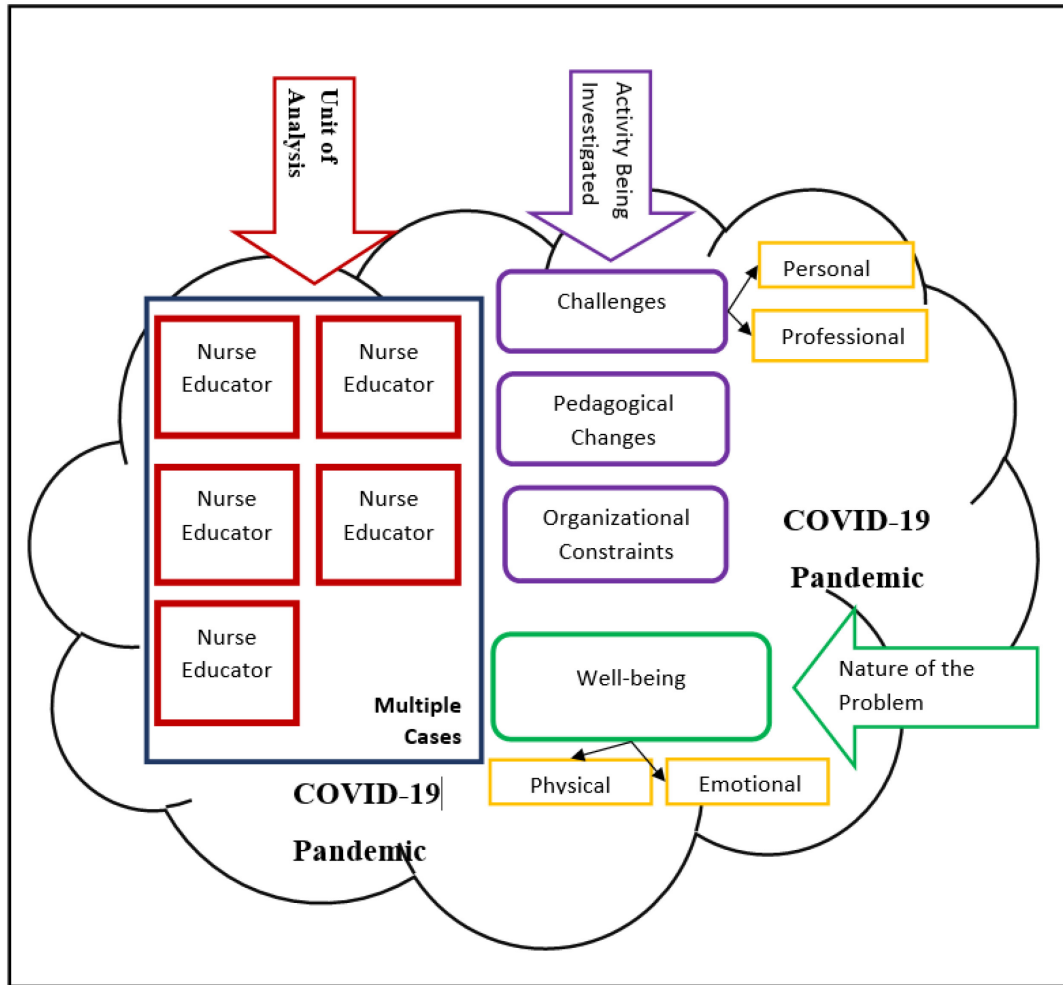
For this study I used purposive criterion sampling. The research study group was academic nursing and nursing educators; the setting was prelicensure programs which offer a BSN; and the individuals were nurse educators who had experience teaching in an a prelicensure BSN program prior to and since the onset of COVID-19 in March 2020; and met the inclusion and exclusion criteria above. The process that provided the greatest chance of providing patterns of similarities was the decision to select nurse educators from three universities, which were close in geographic location and used many of the same practice-based clinical settings but had different organizational structures.

Recruiting nurse educators occurred through the university contact. The university contact was emailed an information sheet that included the purpose of the study; inclusion

and exclusion criteria; what was involved in the study; and the length of the study (See appendix A). The university contact identified nurse educators who met the inclusion and exclusion criteria, then either had the individual nurse educator email me to let me know they were interested, or the university contact emailed me the nurse educator's contact information. After the contact information for the potential participant was received, I emailed the nurse educator a copy of the consent to participate in the research study (See Appendix B), a letter to the prospective participants (See Appendix C), and a link to complete initial demographic questionnaire. The information on the demographic questionnaire provided me the opportunity to ensure that each participant met the inclusion and criteria before I scheduled an interview with the nurse educator. Figure 3.1 is a model of the research design for the present study which includes the unit of analysis, activities being studied, and the nature of the problem in the time of the COVID-19 pandemic.

Figure 3.1

Model of the Research Design



Note: The unit of analysis was the nurse educator. In this study there were five nurse educators. The boundaries of the case were five individual nurse educators at different universities, who met the inclusion and exclusion criteria (Not represented in the model). The nature of the problem is the nurse educators physical and emotional wellbeing since the onset of COVID-19 pandemic. The cloud represents the COVID-19 pandemic surrounding and affecting all facets of my study. The activity being investigated was the nurse educator's (personal and professional) challenges, pedagogical changes, and organizational constraints.

Data Collection

In case study research the three qualitative methods often used for in-depth analysis and understanding are interviews, observation, and document analysis (Simons, 2009). In the present study interviews were the primary method of data collection. Next, documents and records review were used to further verify and support the findings from the interviews. Finally, the demographic data collected from each nurse educator provided information about their career in nursing and nursing education. I describe the demographic data collected, the interview process, and the documents collected for the present study in the following sections.

Demographic

As a constructivist researcher, I described the background of the nurse educators' and the context of their situation through the collection and analysis of their demographic information which further amplified the evidence by gaining and confirming insights (Polit & Beck, 2021). The basic demographic data was collected prior to the interview using a short web-based questionnaire. These data were collected in advance to prevent the nurse educator from being overwhelmed by the amount of data that was being collected in the interview and allowed me time to review the information prior to the interview (Polit & Beck, 2021).

In the present study each nurse educator completed the 15-question demographic questionnaire using the Qualtrics link they were provided. The demographic information included either the option to fill in the blank or to select the prepopulated options for: the nurse educator's age; gender; education level; employment classification; rank; years in

nursing practice; clinical practice specialty; years in nursing education; nursing didactic courses taught; nursing clinical, lab, and/or simulation courses taught; and clinical courses coordinated. The final three demographic questions were added to further verify that the nurse educator met the inclusion criteria and did not have online, remote teaching experience (See Appendix D). The questions were: prior to 2020, did you have experience with online education; if yes, what courses have you taught online; and how many courses did you teach online prior to 2020?

Interviews

In the present study I used in-depth interviewing as the primary method of data collection. Each nurse educator that participated was interviewed initially using a prepared interview protocol and interview questions. The questions were semi-structured, open-ended questions designed to allow the nurse educators to share their experience while providing some structure to a broad topic. The initial interview was scheduled as one-hour time appointments. Four of the five interviews took less than one-hour to complete. One of the interviews took one hour and forty-four minutes. I offered this nurse educator the opportunity to finish the interview later, but she wanted to continue and complete the interview in one sitting.

All interviews were completed at the nurse educator's university. None of the educators that participated requested that I conduct the interview at a different location. The interviews were completed individually in a private location, most often in the nurse educator's university office. The setting was informal and comfortable which allowed for interaction between the nurse educator and me. The questions were divided into sections,

starting with questions about the nurse educator's career in nursing education; their transition from clinical practice into nursing education; their current professional successes and activities; and their teaching support and course load prior to the COVID-19 pandemic. The responses from these questions provided me with basic information about the participating nurse educator's transition into nursing education, the support and faculty development that was available to them prior to the COVID-19 pandemic, and their current success and scholarly activities. The question about the nurse educator's workload prior to the COVID-19 pandemic provided me with a comparison to workload they experienced after March 2020. The first five questions were beneficial in building the researcher to nurse educator relationship before asking questions which caused some of the educators to relive experiences that resulted in an outward show of emotion by most participants. The five questions that were asked in the introduction phase of the interview were:

1. Tell me about your career in nursing education?
2. What inspired you to become a nurse educator?
3. What professional success or development activities are you currently working on?
4. What type of teaching support is provided to you during non-pandemic times?
(Departmental and university)
5. Prior to COVID-19 what was a "normal" workday like?

In the next phase of the interview, I asked the nurse educators that participated to reflect on their overall experiences since March 2020 related to the COVID-19 pandemic to the present time. If the nurse educator skipped a semester or a large amount of time, I would use a probe and ask if there were "any significant changes that occurred during that

time” or if there was anything about a specific time that “they wanted to share.” Finally, the nurse educators that participated were asked to reflect on their entire experience thus far and provide insights on their individual experience.

1. Describe the overall challenges you have experienced since the onset of the pandemic?
What specific challenges stand out the most?
2. Tell me about your experiences with practice-based clinical (direct clinical)?
 - a. How much virtual or in-person simulation use has been needed to replace practice-based experiences? How comfortable are you with virtual simulation? In-person? What type of training do you have for these teaching modalities?
 - b. How are you meeting your programs required clinical outcomes? Required hours?
3. Describe the communication you have received since the onset of the pandemic.
4. How has your role as a nurse educator changed?
5. How would you describe your overall physical and emotional well-being during this time? March 2020 to present.
6. In hindsight, what do you wish you personally would have done differently when providing student education?
7. Where did most of your teaching support come from during this time? Emotional support?
8. How do you think the future of nursing education will change since the COVID-19 Pandemic?
9. How does a normal workday look now?

10. None of us have lived through a pandemic like this. So, we did what we thought was the best. Reflecting on this experience, what went well? What are you especially proud of?

Using the prepared semi-structured interview questions ensured that all five nurse educators who participated were asked the same questions and about the same topics (Polit & Beck, 2021). The interview questions were short and simple (Simons, 2009). On the interview protocol for the initial interview (See appendix E), I provided myself with potential probes and additional information to help me to clarify the interview questions if needed. I avoided preambles on every question except for the final question. “None of us have lived through a pandemic like this. So, we did what we thought was the best.” I used this preamble to end on a positive, and to provide praise to the nurse educators for their resilience during the COVID-19 pandemic. The interview questions were not a strict guide, and I allowed the nurse educators to share their concerns and specific interests in a broader lens. The interview protocol with interview questions ensured that the relevant topics related to the research questions were addressed (Mertens, 2015). However, as a researcher, I was open to the leads of the nurse educators in determining the ordering of the questions; when I needed to use probes to explore other relevant topics; and when to explore an experience with more depth or to seek clarity (Mertens, 2015). There were times when I needed to refocus or sharpen questions during an interview and ask additional questions based on the nurse educators experience (Simons, 2009).

As a researcher, I was fully present and allowed the nurse educator to answer questions without interrupting (Simons, 2009). I would nod or answer “yes or no” if the

nurse educator asked me if I understood what they were telling me. To maintain the focus of the study during one of the interviews the nurse educator was explaining a professional development project she was working on. The details of the project were not pertinent to the study but were interesting to me as a nurse educator. I told the nurse educator that after I completed my study, I would like to learn more about her project. Finally, I developed questions that were not too narrow or would put pressure on the nurse educators to only answer specific questions or to only answer in a specific way.

Each participant provided an email and three of the nurse educators provided a phone number which they could be contacted for appropriate member checking to occur. The nurse educators were encouraged to email or call me with additional information, thoughts, or feelings they had related to the study that might be pertinent and wanted to share. Two nurse educators who participated provided me with additional information. One interview was conducted with each nurse educator.

Document and Records Review

All organizations leave a trail of composed documents and records that trace their history and status (Mertens, 2015). I requested access to emails and policies from the nurse educators in the study. Some shared emails and policies with me, but others were not comfortable sharing. Further, I was able to obtain some documents from the university websites.

As the researcher, I am also an instrument as a nursing educator myself. I kept files of communication that I have received. These included departmental and university specific emails related to the COVID-19 pandemic, and emails received from State and

National organizations. I also kept files of emails that have been received from publishing and educational groups related to the COVID-19 pandemic. I used the documents from the nurse educators and my emails for examining patterns and inconsistencies in the evidence. This allowed me, as the researcher to triangulate data and conduct member checks.

Data Analysis

Data analysis in qualitative studies is an ongoing process that does not occur only at the end of the study (Mertens, 2015), but rather a process where the findings gradually emerge through the data analysis. The intent of the data analysis for the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their emotional and physical wellbeing as well as on academic nursing in the future from the nurse educator's point of view.

The data analysis process described in more detail in the following sections, began with the transcription by the program, Otter.ai pro, then I edited the transcription for accuracy. Next, I analyzed the data by exploring, reducing, and transforming it through coding. Finally, data was themed and given descriptors.

Transcription

The first step in data analysis was to review and reflect on the data that had been collected (Mertens, 2015). For the present study, each nurse educator's interview was audio recorded so non-verbal cues were not lost in the transcription using the transcription software, Otter.ai pro. Otter.ai pro is a secure, web-based program, that is password protected. The transcription process using software, is less labor intensive but is an

interactive process which required me to engage with the data in a process of deep listening, analysis, and interpretation (Mertens, 2015). Each interview was transcribed verbatim and analyzed separately as an individual case.

In this phase, I read the data, and made notes about my thoughts, which is called “memoing” (Mertens, 2015). These memos helped to form questions about the meaning of the data, relationships among the data, and important quotes that emerged from the data were labeled so they were not lost before the analysis. I wanted to analyze the data with an inductive approach first to determine if other concepts or findings appeared, as I wanted to be open what the nurse educators saying.

Coding and Categorizing Data

Data that is collected should be explored to determine ways in which it can be reduced to a manageable size for analysis (Mertens, 2015), then should be classified and indexed so the researcher can easily access parts of the data without a need to reread the entire data set (Polit & Beck, 2021). Coding and categorizing are when the researcher begins to make sense of the data (Simons, 2009). In this phase data that conceptually belongs together is assigned a label or a title; “coded” (Mertens, 2015; Simons, 2009). Coding and categorizing are systematic, comprehensive, and cumulative processes that requires the researcher to remain open to change, since the more the data are examined, the more the understanding grows (Simons, 2009). Atkinson (2002) described a code or the coding technique as one that helps the researcher to link the data back to the research questions and propositions to make the interpretation of data more intuitive. A codebook is developed to aid the researcher in the analyzation of the data and serves as a key or index

of codes and their meanings. A code can be descriptive, analytical, or explanatory and can be refined or renamed as needed (Simons, 2009).

For the present study a preliminary category system called a template or codebook was developed. Categories for this template were developed prior to data being collected, which is typical in descriptive case studies using deductive analysis (Polit & Beck, 2021; Yin, 2017). The categories were developed based on the research questions, propositions, and the theoretical frameworks: Role Theory and the NET model.

It is not uncommon to find that other concepts emerge during this time, therefore as concepts emerged, they were carefully evaluated and added to the initial template to complete the category if needed (Polit & Beck, 2021). The codebook was further developed as the data from the cases emerged and to provide an updated list of codes, definitions of the codes, a guide as to when to use the code, and in some cases I had a quote illustrating when to use the code (Creswell, 2014). The codebook was a guide for me to maintain consistency in my coding and aligned with my research questions. As coding generated, further themes and descriptors emerged.

After the initial “memoing” each case study was read carefully. I first coded the data based on the research questions. I started with the data that the nurse educators reported were challenges as personal or professional. Next, I coded pedagogical changes the nurse educators made, then further identified them as clinical, simulation, or didactic. Then I coded organizational constraints, that were further identified as communication, support, or ethical. Finally, I coded the nurse educators reports of wellbeing, and labeled them physical or emotional.

After initially coding the individual cases, I went back and coded the cases based on the concepts of role theory. Specially, role ambiguity, role conflict, role overload, role inconsistency, and role strain. Next, I coded based on the NET model phases, anticipation, disorientation, information seeking, and identity formation.

According to Creswell (2014) five to seven themes should emerge in a research study and serve as the headings in the findings section of this paper. As the coding of the individual cases progressed, and identification of themes occurred, the themes for each case were analyzed individually and across the different cases, for a cross case analysis. The eight themes and five sub-themes from the present study display multiple perspectives, yet similarities of the nurse educators in the present study.

Trustworthiness (Validity and Reliability)

The validation of findings occurs throughout the process of qualitative research (Creswell, 2014). Validity and reliability have different processes in qualitative research compared to quantitative research. Lincoln and Guba (1985) developed a framework to assess the qualitative research criterion, which has been named *trustworthiness*, which includes four categories: credibility, dependability, confirmability, and transferability. The four categories parallel those used in quantitative research, internal validity, reliability, objectivity, and external validity, respectively (Polit & Beck, 2021). Yin (2017) defined trustworthiness as a criterion to judge the quality of a research design. Cypress (2017) further described trustworthiness as relating to the quality, authenticity, and truthfulness of the findings of qualitative research. To ensure trustworthiness a researcher should be able to satisfy each of the four categories to attain trustworthiness in their study (Cypress,

2017). Next, I describe how I attained trustworthiness in the present study in each of these categories.

Credibility (Internal Validity)

For qualitative validity the researcher determines whether their findings are accurate from the standpoint of the participant's account and of the readers (Creswell, 2014). Credibility is the accurate and truthful reporting of the participant's experience (Cypress, 2017). Guba and Lincoln (1989) consider credibility the qualitative parallel of internal validity. Three criteria were used to achieve high levels of credibility in the present study: member-checking, triangulation, and peer debriefing.

Member checking. Member checking requires the researcher to provide feedback to the participant about the emerging interpretations the researcher makes and then obtain the participant's reaction to the interpretation (Birt et al., 2016; Polit & Beck, 2021). Member-checking can be formal or informal (Mertens, 2015), and may be conducted in a follow-up interview with the participant, by email, or by phone conversations (Creswell, 2014). A researcher must have a clear method for member-checking during their research and a strategy for handling situations when a participant does not agree with the researcher's analysis (Birt et al., 2016).

I checked my data with the nurse educators in the present study to verify my interpretation of the findings throughout the interview, and at the end of each interview, I summarized what had been said and asked if my notes accurately reflected the nurse educator's position. When I completed the individual case study report, I emailed each nurse educator that participated their case study and asked them to read the report and

verify that I had correctly told their story. When I had the final interpretation of findings, I did a final member-check with three of the nurse educators that participated to ensure that my overall interpretation accurately represented the participants. None of the nurse educators disagreed with my interpretation. I chose to not do an outside member check, to further protect the identity of the participants.

Triangulation. Triangulation is using a broad data collection strategy, such as data collected from different sources, completing multiple interviews, or interviewing multiple people, to verify that there is consistency in the evidence from multiple sources (Mertens, 2015; Polit & Beck, 2021). Case study evaluations should use broad sources of data, such as interviews, documents, and participant observations (Yin, 2017). Further, multiple sources of evidence enhance rigor in case study research (Houghton et al., 2017).

Researchers must use judgment to identify patterns that are sufficiently contrasting to compare rival propositions (Mertens, 2015). For example, the researcher must consider, if the information they have collected is supported by multiple sources or if there is anything that could contradict or go against the finding (Mertens, 2015; Polit & Beck, 2021).

In the present study there were five nurse educators who participated. Each participant was asked the same questions. I did not expect to have the same answers from each participant as each person has their own experience and own reality. However, I was able to check factual data, such as key dates and events that occurred. My own saved communications received since the onset of the COVID-19 pandemic from national organizations and other key nursing organizations, was used as additional documents to triangulate study findings. Some of the nurse educators who participated were willing to

provide me access to use documents such as emails they received and policies to triangulate findings. Additionally, to triangulate findings, I searched their respective university websites for data.

Peer debriefing. Peer debriefing is a type of external review strategy where peers who are experienced with constructivist inquiry or the phenomenon being studied, present the researcher with a series of questions (Polit & Beck, 2021). The purpose of the peer debriefing is to address potential researcher bias, and whether the researcher has been sufficiently reflexive (Creswell, 2014; Simons, 2009). The peer debriefing assesses whether the data collected adequately portrays the phenomenon and if there were any omissions or apparent errors (Zach, 2006). The peer debriefing further assists the researcher to assess for errors in interpretation, assess for rival interpretations, and determine if there are more comprehensive interpretations that were missed (Yin, 2017). Lastly, the peer debriefing assists the researcher to ensure all important themes have been identified and they can knit together to create a conceptualization of the phenomenon (Simons, 2009).

I conducted peer debriefing with my dissertation chair. The peer debriefing occurred through meetings and discussions. During this time, I allowed for questions and critiques of my findings. My coding template was provided for review. Additionally, my dissertation chair was offered access to my transcripts and notes.

Transferability (External Validity)

Transferability is the extent that the findings can be transferred to or be applicable to another setting or group (Polit & Beck, 2021). The research must provide an adequate

description of the data so the person reading the findings is able to evaluate the data and apply to another context (Polit & Beck, 2021). In the present study thick description was used to ensure high levels of transferability.

Thick description. Thick description allows the researcher to make detailed descriptions of a setting, or an experience to provide the reader many perspectives about the theme, which makes the results richer and more realistic (Creswell, 2014; Mertens, 2015). Thick description allows the reader to judge the appropriateness of the research findings to their own situation (Mertens, 2015). The use of verbatim quotes from study participants contribute to the vividness of the study, but the researcher needs to describe all aspects of the situation not just the most dramatic aspects of the situation (Polit & Beck, 2021).

In the present study, I wrote thick descriptions of each case providing robust data which includes a wide range of detailed information and accurate descriptions of the transition experiences of nurse educators in the present study from the onset of the COVID-19 pandemic forward. Special care and attention were given to the collection, identification, and analysis of all data that was pertinent to the study. The audio recording and transcriptions software were thoroughly and comprehensively transcribed and compared to ensure accuracy. The audio recordings of the nurse educators were compared with the transcription and my notes that were taken during the initial interview to ensure that no pertinent behaviors, actions, or changes to voice occurred. The data was analyzed into categories and coded. Themes and descriptors were identified and labeled as they emerged.

Dependability (Reliability)

Qualitative reliability means that a researcher uses a consistent approach when there are multiple researchers or multiple projects (Creswell, 2014). The qualitative term used to describe reliability is dependability (Mertens, 2015). Dependability refers to the stability of the data over time and conditions, meaning if the study were to be replicated could it be done with the same or similar participants and context (Polit & Beck, 2021). In the present study a dependability audit will be conducted to ensure the dependability of my data and analysis. I will also describe my worldview and how my constructivist philosophical worldview will guide the research.

Dependability audit. A dependability audit, often called an audit trail, is when the researcher keeps track of the research events and the research decisions in a way that an outside person who has not been involved in the research can check the findings and standards (Morse & Richards, 2002). The researcher who is designing the audit process relies on the research principles and common sense, but it is difficult for an outside person not involved in the coding process to audit another person's coding (Morse & Richards, 2002).

For the present study, my dissertation chair, an experienced researcher was consulted. My dissertation chair reviewed the themes and descriptors that I identified. Some themes were merged after discussion and others were expanded or adjusted.

Philosophical worldview. A philosophical worldview is “a basic set of beliefs that guide action” (Guba, 1990, p. 17). Other terms used to describe the philosophical worldview are paradigms or philosophical frameworks (Mertens, 2015). Takahashi &

Araujo (2019) compared a researcher's worldview to their skin; thus, it is something we always wear, and it does not change with every research study. In research studies, the researcher's philosophical worldview provides the researcher's orientation about the world and nature of the research (Creswell, 2014). Traditionally, educational researchers have identified with one of four philosophical worldviews: positivism, constructivism or interpretivism, transformative, and pragmatism (Creswell, 2014; Mertens, 2015). I have a constructivist worldview, which guided the present study exploring the personal and professional challenges of being an academic nurse educator in a prelicensure nursing program during the COVID-19 pandemic and the impact of this transition on the wellbeing and lives of five nurse educators who were employed as faculty members.

A constructivist philosophical worldview is guided by the belief that knowledge is socially constructed by the people actively involved in the research, and that the researcher should attempt to understand the complex lived experiences from the person who experiences it (Mertens, 2015). A social constructivist believes that a person develops subjective meanings about their experiences, and these subjective meanings are directed toward certain objects and things. Thus, a person's reality is socially constructed (Mertens, 2015). This does not mean the person's meaning of the experience is "true," rather how the person's views the significance or importance of the experiences (Harling-Stalker, 2009). The meaning of these experiences is varied and leads to the researcher looking at and analyzing the complexity of the views rather than the narrow meaning of a few categories or concepts (Creswell, 2014; Mertens, 2015).

Confirmability (Objectivity)

Confirmability is referred to as objectivity. Confirmability is often defined as the congruence between two or more people. Thus, is the data accurate and do the findings reflect the participant's voice and are the findings free of researcher bias (Polit & Beck, 2021). Member checking which is also done to establish research credibility will also ensure confirmability. Researcher bias is described, and the interventions that will be implemented to decrease researcher bias in the proposed study.

Researcher bias. The researcher is the key instrument in qualitative research, as the researcher collects the data through observation and interviewing participants (Bentz & Sharpiro, 1998; Creswell, 2014; Polit & Beck, 2021). The researcher and the study participant are therefore interlocked in the interactive process, where each one influences the other (Mertens, 2015). The researcher must make distinctions in their definitions and delimitations, clarify their role in the research, and ensure rigor in gathering and combining the evidence about the case when contextualizing the findings (Alphi & Evans, 2019). Bentz and Sharpiro (1998) said the researcher should view the research process as a journey between themselves and the text, thus the case is something that needs to be interpreted and reinterpreted in the social process and the research.

For the present study, I kept a reflexive journal during the research process. I kept notes and documents that were important to my study. This helped me to maintain self-awareness of my role as the sole instrument in my study. After each interview I would spend time alone in a quiet place to document and reflect on my experience and perceptions during the interview. During this time, I was able to separate my personal

feelings and experiences, so that I could view the data gained from the interview more objectively. This process allowed me to maintain the authenticity of each nurse educators story I told.

Positionality Statement

Simons (2009) says we must examine ‘ourselves’ in case study research since we are an inseparable part of the situation we are studying. As the researcher, I was the main instrument of data collection. I was the one conducting the interviews and searching for or requesting documents specific to each case. To maintain my reflexivity, I had to frequently think about how my actions, beliefs, values, preferences, and biases influenced my research process and my analysis of each unique case (Simons, 2009). To begin this process, I explored how my subjectivity influenced my choice of research topic and the assumptions and biases I had about this topic.

Assumptions and Biases

My experience as a nurse educator during the COVID-19 pandemic is the reason I wanted to learn more about other nurse educator’s personal and professional experiences during this time. Although my experiences during this challenging time were not the same as those in my study, my experience as a nurse educator were valuable when I interviewed the nurse educators. I was familiar with medical terminology and the common events that occurred nationally in nursing and nursing education since the onset of the COVID-19 pandemic. However, I possessed certain assumptions and biases that I was aware might interfere with my collection and interpretation of the data. My experience as a nurse educator is the first. My second is my experiences during the COVID-19 pandemic as a

nurse educator with an administrative role. Finally, I chose nurse educators from three universities with which I was familiar.

My experience as a nurse educator may have made it difficult for me to identify pertinent themes and descriptors since I may have biases that I am unaware of. I may have looked for certain themes or descriptors that I believed should have been present that are not. I was careful not to interact too much during the interview and be focused on listening and observing. As a researcher, we do not cease to be who they are in the process of research, and this includes how they feel and what they think (Simons, 2009). To be fair to the nurse educators in my study, I must be clear about how my values and judgments may affect the portrayals of their cases (Simons, 2009). I continually reflected on my role in the study and how my personal background, culture, and experiences may have potentially affected my interpretation and development of themes and meanings for the individual cases and the cross-case analysis (Creswell, 2014).

University Ethical Review protocol

Prior to initiating the study, the University of Missouri-Kansas City's (UMKC), Institutional Review Board (IRB) approved the study (See Appendix F). Following approval from the UMKC IRB, additional approval was required by two of the three universities selected to be part of the study. The additional IRB approval was requested from the individual university's contact person. Once approval was received an announcement was emailed to the contact person at each university describing the study purpose, that participation in the study is voluntary, a description of how data would be collected and disseminated, and information that there was no anticipated harm to the nurse

educators from participating in the study. Willing participants were identified by the university contact person. The nurse educator was contacted by email and provided the informed consent from appendix B to review. If the nurse educator agreed to participate in the study a link to complete the demographic information was sent and an interview was scheduled.

At the initial interview, the participants were informed that they could end their participation in the study at any time and were asked to sign the informed consent and check the boxes yes or no for audio recording and transcription of the interview. Identifiable and demographic information was collected, however, to protect participant confidentiality, I have not included descriptors that could result in the identity of the participants. Pseudonyms of the participants are used in the transcription and reporting. All materials are kept in a locked file. To further protect confidentiality, all electronic documents are password protected.

Limitations and Strength

Limitations

There are several limitations to the present study. The first limitation is the potential for selection bias. My cases were chosen from preselected universities. The subjective experiences of the five nurse educators from prelicensure baccalaureate nursing programs may not have captured the definitive reality of a larger population of nurse educators. Inclusion and exclusion criteria were used to select participants; however, it still cannot be assumed that the cases compared in the cross-case analysis are similar. Despite that fact this dissertation captured each nurse educator's story and provided insight on

relationships among concepts, theoretical constructs, or the sequence of events relevant to the nurse educators and the personal and professional challenges they experienced during the COVID-19 pandemic due to changing pedagogies and the effect on their wellbeing.

The second limitation is the use of a bounded case study. Bounded case studies are often considered to be too restrictive, especially when the boundaries are set prior to beginning the study. The benefit of setting boundaries is to help set a realistic guide about what you as the researcher believe your study will be a “case of” (Simons, 2009, p. 29). This study employs a cross-case analysis. A bounded system applies frames that manage variables among cases and contexts that can be blurred during data collection and analysis (Harrison et al., 2017). Although I had set boundaries of my cases early, I am aware the boundaries of a study may have changed as I gained data and begin to conceptualize the cases.

The third limitation is the reliability of a researcher as the sole instrument in case study research. The human instrument is not perfect, as humans have flaws and errors could be committed (Cypress, 2017). My experience as an educator who experienced a role transition during the COVID-19 pandemic may cause biases that have the potential to go undetected and could be a limitation to the research. The subjectivity of the researcher is inevitable and was appropriately monitored and disciplined so that too much personal involvement did not occur. My limitation is also a strength since I have this experience; my experience as a nurse educator and my experience teaching during the pandemic added a level of trust with the nurse educators who participated. Further, I am familiar with

medical terminology and nursing education lingo that someone outside of the profession may not be, which potentially made some of the data interpretation and analysis easier.

The fourth limitation is the large amount of data that were collected during this study. Although the depth of data collection is also considered a strength it took considerable time and effort to analyze the data that were collected. Once the data were collected and analyzed the COVID-19 pandemic may be winding down and consumers of the research may not be interested. However, the findings from this study may be applied to other types of disasters, future pandemics, or role transitions that nurse educators will experience during their careers.

Strengths

There are several strengths for the present study. The first strength is the findings from this study shed light on the experiences, and role transitions experienced by nurse educators since the onset of the COVID-19 pandemic. Although these changes occurred due to a pandemic, they have resulted in a “new normal” in nursing education, which, nurse educators will continue to experience during a non-pandemic time. The in-depth findings may help to provide university and nursing administrators with information to develop intervention to improve nurse educator retention and recruitment.

The second strength is the depth of findings in a limited number of participants. This case study research allowed me to gain intimate knowledge about the personal and professional challenges experienced by the nurse educators, which included, their thoughts, feelings, actions, intentions, and their environment during the COVID-19 pandemic. The use of the individual case studies and the final cross-case analysis provided an in-depth and

deep understanding of each nurse educators experience, and provided for the analytic generalization of concepts, theoretical constructs, and sequence of events among the cases.

The third strength of this present study is it will add to the educational and nursing literature on role transition and the personal and professional challenges experienced by nurse educators during the COVID-19 pandemic. Currently the research in nursing education during the COVID-19 pandemic is primarily focused on nursing student success. Although nursing student success is important, if the nurse educator is not managing their own role transition (professional and personal wellbeing) their ability to be an adequate educator may also be suffering.

Chapter Summary

In this chapter I described the research design for the present study including the methods used. I included the rationale for selecting a qualitative, multiple-case study methodology. I further described how participant selection, data collection and analysis, was carried out and how I ensured trustworthiness. Finally, I described the ethical considerations, and the limitations and strengths of the study. In chapter four I will provide the five individual case studies from my study. In chapter five, I demonstrate the presentation of the findings including the analysis of common the themes found among cases during the cross-case analysis. In chapter six, I conclude with a discussion and implication for practice.

CHAPTER 4

INDIVIDUAL CASES

The present study explores the personal and professional challenges of five academic nurse educators during the COVID-19 pandemic including the impact of this transition on their lives and on academic nursing in the future. In this chapter, I provide the individual cases of the five participants sharing their experiences as nurse educators during the COVID-19 pandemic. Each nurse educator, their university, or other identifying organizations or people are identified by a pseudonym. The individual cases are presented in alphabetical order by the nurse educator's name (pseudonym). Sharing the participant cases will help to situate the findings in the following chapters.

Each case is organized as follows: The beginning presents the unique experiences of the nurse educator's transition from clinical practice to academic nursing education, their current professional development activities, and their workload prior to the COVID-19 pandemic. The second part includes the nurse educator's experiences after March 2020, beginning with the nurse educators' personal, professional, and pedagogical challenges experienced while teaching didactic courses and laboratory, simulation, or practice-based clinical. In this section, the nurse educators share the impact these experiences had on their physical and emotional wellbeing. Each nurse educator's unique ideas on how the COVID-19 pandemic will affect the future of academic nursing education, and what each nurse educator is especially proud of conclude each case. Some cases may have more information than others since each nurse educator's story is unique and wanted to share differently about their experiences. To keep true to the nurse

educator's unique story when highlighting quotes throughout this section, there may be sentence structure or grammatical errors.

Georgia

Transition From Clinical Practice to Nursing Education

Georgia is an alumna of Davis University. One day the President of the university called her “out of the blue” and asked her what she thought about Davis University having a nursing program.

I told him this was a great idea, especially since they had a donor which is why he started the conversation, and the next thing you know I was starting a nursing program with our founding director. I was working as a nurse practitioner and had no experience with nursing education.

Georgia has been teaching at Davis University for 12-years; the university and nursing program administrators accepted the first cohort of nursing students in 2010. Georgia started as a part-time faculty member teaching primarily in the classroom. She also maintained her clinical practice as an Adult Nurse Practitioner. “I transitioned to a full-time faculty member and left my practice as a nurse practitioner with direct patient care approximately a year and a half ago.” The transition offered some flexibility she didn't have in her role as a nurse practitioner. She has time off during the holidays to be with her school aged children. She can leave work for appointments, or her children's events easier than she could before. She enjoys the flexibility, but she stays in nursing education because she enjoys the job.

I have stayed in this role because of the students and some of my colleagues. I love the idea that I have a small part of influencing future nurses . . . I like that I can be creative in my teaching approach and the autonomy that goes with teaching. I love it when the students “get it” and you can see a lightbulb go off in their brains.

Professional Development Activities

Georgia completed her Doctor of Nursing Practice (DNP) during the COVID-19 pandemic. She is currently studying for the Certification for Nurse Educators (CNE) exam. Georgia admitted, “I really wanted to do that last summer [in 2021], but work has been really, really overwhelming and I have not even had a chance to really look at it.” She added that she has been completing a lot of continuing education units (CEU) focusing on curriculum, the Next Generation NCLEX (NGN), and courses on ways to improve her teaching. “In nursing, you always have to keep up with what's currently going on, and things are changing so rapidly.”

Georgia is working on curriculum revisions for the Davis University nursing program with a focus on incorporating the American Association of Colleges in Nursing’s (AACN), *The Essentials: Core Competencies for Professional Nursing Education*. Georgia continues to improve and further develop a course that she taught for the first time in the Fall of 2021. She is also trying to keep up with the day-to-day teaching requirements, while ensuring her content is up-to-date and aligns with the current best practices.

Teaching Support Available Before the COVID-19 Pandemic

Georgia describes the support she received at the Davis University nursing program as informal: “We really haven't had any type of formal support.” Most support prior to COVID-19 pandemic came from other nursing colleagues. She had a director that was a key support person who she could go to and asks questions. She also has one colleague that she is close to, “I've learned a lot from her and I'm very comfortable going to her talking

things through. And if it wasn't for her, I would not be a good educator right now. So, I'm very thankful for her.”

Georgia commented she does not “feel like we have a lot of support. I feel like all the things I needed to learn or do was kind of on my own.” When she started teaching, she had never taught before. Her graduate education was a Master of Science as an Adult Nurse Practitioner, and she “never had a nursing education class.” She relied on her husband who teaches in another discipline to help her. “I have said many times that I wish I was teaching in another discipline because it's so much harder in nursing and things are constantly changing.”

The Davis University nursing program has a subscription to *Nurse Tim Incorporated*, an online or onsite faculty development resource for training nurse educators (Nurse Tim Incorporated, 2022). “We're able to access professional development that way.” The nursing faculty can also request funding from Davis University Faculty Development Committee and a small amount of funds from the nursing program budget are available to attend conferences.

Normal Workday Prior to COVID-19 Pandemic

When Georgia described her normal workday prior to the COVID-19 pandemic, she began, “I am trying to remember, it seems like it was a lifetime ago not just two years ago.” Her normal workday, flow was described as:

I would come in, and I would prep for classes, I would kind of touch base with, - sometimes I didn't even touch base with everyone, and I kind of get ready for classes, prepare, do things online, maybe catch up on grading, I would have class, or have lab. Figure out things for clinical or capstone, and go do capstone clinical visits, which requires some traveling.

“I think the workload that we had prior to COVID-19 was a lot. It’s a lot to stay on top of all the changes.” Georgia added that if you have a clinical practice or worked in a clinical setting in addition to nursing education you must “really stay on top of both worlds.” Georgia remarked:

That was a big reason why I left my clinical practice...I also worked as a nurse practitioner in the community. I would really struggle with trying to juggle . . . going into work at the clinic and then students would need something, or when I was here at the college then a patient would need something . . . I felt like I was spread a little thin that way. And at one point, I started working on my doctorate so that is another thing that kind of pulled me in another direction.

Experiences Following March 2020

Georgia describes her early experiences as full of uncertainty and instability. The uncertainty and instability, “that’s really stressful for me.”

We didn't know if the students [were] coming back from spring break. We didn't know if we were having the classes online. We didn't know if they were going to capstone. We didn't know. There was just so much we didn't know.”

Georgia shared emails sent to the Davis University Faculty over their 2020 academic spring break instructing faculty to prepare to teach online if necessary and indicating the changing nature of the campus operations in Mid-March 2020 (Figures 4.1 and 4.2). Although the campus leadership were communicating with faculty, there was still uncertainty about what was going to happen the following week. Georgia shared that a decision was then made to extend spring break for a week so the faculty could prepare to teach online. While the university was communicating a message to the faculty about preparedness, the nurse educators were also trying to reassure their students and provide them with updates. This is demonstrated in an email Georgia shared from the Director of Nursing to the senior nursing students (Figure 4.3).

Figure 4.1⁵

Partial Email Received on March 9, 2020, from a Davis University Administrator

Dear Faculty: as cases of the coronavirus continue to spread, the danger that one of our students will be exposed over spring break is something that we need to take account of. Although the experts are pretty much unanimous that healthy 18-22 year olds (and, in fact, most healthy adults under 70) are at a very low risk for any significant health impact from this virus, nevertheless if they bring it back to campus it can escape the student population. I am concerned because I do not know the health situation of faculty, staff, and their families. Therefore, I would like to encourage every faculty member to evaluate your and your family's health situation. If you are in regular contact with someone over 70, or if you or any family members have compromised immune systems, respiratory illnesses, or other underlying health conditions that you believe might put you at risk, I encourage you to move your classes to distance education for at least two weeks after break. To support this, I am working with the online meeting platform Zoom. They have a robust, intuitive, well-supported platform that allows for synchronous distance education. Students and faculty use their own computers (students can also download the app and join class from their phones or tablets) so no special equipment is needed. . .

At the moment, I do believe that it is reasonable for those faculty who do not have any risk factors to decide that they will go ahead and continue to hold in-person class meetings. We are planning on providing disinfectant wipes for all the classrooms; I would ask that if you do hold in-person classes you start and end the class period with you and your students wiping down tables and chairs.

Of course this situation is fluid and rapidly changing (maybe "chaotic" is a better word) and so it is possible that all of this will change.

⁵ A screen shot of the complete email is provided in Appendix G

Figure 4.2⁶

Partial Email Received March 11, 2020, from a Davis University Administrator

Dear Faculty: As you clearly realize, the coronavirus situation has already had a significant impact on our community, and it is going to mean that virtually every aspect of college life will be under some strain as long as this situation lasts. I'm sending you this long email to update you regarding where we are today. I'm sure you realize, everything could change by tomorrow!

As of this moment, based on CDC guidance (as a community without any confirmed infections) we are still planning on keeping campus open after break.. We are going to be asking each student to complete the screening protocol developed by KDHE before they return, and to stay at home and self-isolate if they have indications of the virus. Right now, the recommendation is to remain open unless we have a case emerge on campus. It is also possible that we have some students who are in such a high-risk group that we are going to have to accommodate their need for distance education or some other form of remote learning until the threat of infection has passed. Janet Adrian is helping identify and determine the need for accommodation of our vulnerable students.

What this means, though, is that if a case emerges on campus we will send students home and immediately move to distance-only education, so we need to be prepared for that eventuality. (For those of you planning on transitioning to distance education now: I am working with IT to get the infrastructure ready; they are super-helpful and super-busy right now! They are really, really working hard to help us come up with the best possible ways to get your courses ready to be offered via distance learning. A Zoom account representative has said that she will call me this afternoon; if you are interested in using Zoom you can assume we will have a license for you. In the meantime, I strongly encourage you to sign up for a free account and experiment with it if you think you might be using it. I will keep you updated on this aspect)

⁶ A screen shot of the complete email is provided in Appendix H

Figure 4.3⁷

Partial Email on March 15 from Davis University Director of Nursing

Dear seniors, this coming week, the faculty will be getting ready to teach on-line. There will be options, like using ZOOM, a video-conferencing platform, and/or Blackboard. We will send out information when we have it. I would recommend that you keep the semester momentum going with a couple of suggestions. This next week is a good opportunity for you to finish the Kaplan NCLEX videos and do more Kaplan/NCLEX questions. Do extra ones if you have time, it will help, of course, with NCLEX but also with your courses.

I know all the changes that have occurred with the Coronavirus has messed up an important time for you, but we will do the very best we can to make sure you graduate on time and are ready for NCLEX. I bet you did not think you would see something like what is happening when you were watching the movie Contagion last fall. Definitely a lesson in population health.

As far as we know at this moment, the capstone clinicals are still on. The faculty will be meeting this week to plan our way forward and we will be communicating with you often, so it is your job to check your email often—we are still and always will be [REDACTED] Nurses and soon-to-be [REDACTED] Nurses! Don't forget it!!

Davis University went fully online for didactic courses and for all clinicals except Capstone following the extended spring break. Georgia indicated she is not a “very good techy person. And it was really challenging to try to figure that all out and again trying to balance a million different things.” Her children were at home learning remotely. Her husband was also working from home and teaching his courses remote.

It just felt very chaotic . . . and stressful. Then trying to figure out, ‘how am I going to change the way that I teach?’ ‘What do my students need to know?’ . . . Then realizing my students had a lot of stressors themselves.

Georgia indicated her greatest challenge “is not having the support or understanding from the administration.” She stressed that the Davis University Administrator’s do not understand nursing education. “They never did, and it's gotten so much more complicated with COVID, and they understand it even less, I think.” An

⁷ A screen shot of the complete email is provided in Appendix I

example of this is with the COVID-19 Vaccine. There are several students in the Davis University nursing program who chose not to get the vaccine but there are hospitals that require the vaccine and will not allow a vaccine exemption. The university president “said he wanted to contact the hospitals and tell them they were looking at legal action if they were requiring the vaccine.” Georgia explained to the university president “if you do that, we're not going to have any more clinicals.” She explained that it's already difficult to obtain clinical placements,

I think . . . students, parents and even [university] administration, don't realize that we are guests at the hospital. The hospitals do not have to take us, we are not essential employees. We are not health care workers. We are not critical.

Georgia added the university administrators did (or do) not realize how hard “we work as nurses and how much extra time we put in compared most of the other majors on campus.” She reiterated that her husband teaches in another discipline and how much less his workload is in comparison. She admitted that a simple “Thank you, or we appreciate you” is important and would show her and the other nursing faculty that they are appreciated and valued. She understands that it is not easy to reduce the nursing faculty workload when there is a faculty shortage but wishes the administrators would try. Finally, Georgia charged, they could have

backed us up and had our back, like when the students are acting up, don't just say ‘It's COVID, you know, you've got to let them break your rules and don't follow your policies. They've got to be able to progress.’

Changes to Pedagogical Approaches

Changes to clinical and simulation instruction. Georgia confessed “all my semesters are starting to run together because they have been so stressful. It seems like they've all had their ups and downs and they've all had challenges.” Each semester since the Fall of 2020, there were times when students were absent from class, resulting in Georgia teaching in a hybrid format. The students were missing examinations for illness, requiring additional time to reschedule.

Georgia recalls the extended spring break in March 2020, to prepare for the transition to online teaching. The Davis University faculty were not supposed to be on campus and after spring break there were several hospitals that ceased student clinical experiences, but they were able to obtain enough capstone placements for most of the senior nursing students.

We were not really allowed on campus, but some of the students still stayed in the area. I remember getting N-95 masks and putting them on my front porch and the students would come and pick them up and go to clinicals.

There were a few students who did not want to go into the clinical setting, because they were concerned about getting COVID-19. “We honored that and didn't require them to go to clinical.” The nursing faculty used a lot of virtual simulation and did case studies. One of the faculty members developed a case study that was implemented. Virtual simulation was new to the nursing faculty. “Everybody was just scrambling. I don't feel like we met the outcomes that semester. We did the best we could with what resources we had, but we were so limited.”

Georgia recounted that the students were worried about whether they could complete their required clinical hours. The senior nursing students specifically were worried about whether they would be able to graduate. The students were “disengaged and worried and just another layer of difficulty” when trying to teach remote.

To ensure that the junior students could meet their clinical objectives, a plan was made to bring the junior students back early the next semester (see figure 4.4). Although they were completing virtual simulations, the nursing faculty wanted the students to have some direct practice-based clinical experiences.

[The nursing faculty] brought our juniors back early that next semester, that fall, and got them some clinical hours to . . . make up the difference and meet the objectives . . . because they were junior students. They had to do that before they could progress in the program. We got creative . . . to do the best we could with what we had.

Figure 4.4⁸

Partial Email on March 20 from Davis University Director of Nursing

Dear juniors, this is the general plan:

For the rest of the semester, all lecture classes will be on-line.

1. For the rest of the regular semester, in place of clinicals, we will be using virtual simulations and case studies.
2. We are planning to then bring you all back to school 1 to 1 1/2 weeks early (about the time that student athletes typically return to campus)
 - a. The Dean has approved this and will let Student Life know about your early return
 - b. This time will include lab to practice skills and at least two clinical days for hands-on patient experience (more if we can get it).
 - c. [REDACTED] has a tentative ok for some hours at [REDACTED] for Care of the Adult and is working on more.
 - d. [REDACTED] is working on Maternal/Child and [REDACTED] has indicated they will try to work with us.
 - e. We are looking at other sites as well.

We don't have everything nailed down at this point but we are working hard on this. Many facilities do not want to promise things at the moment, which is understandable. We hope to know more by April. Just be aware that given we don't know what the situation will be in August, things can change.

I know this is anxiety producing (I am trying hard not to stress eat 😊), but we can make it through. Please be safe and I hope this will allow you to make plans for now.

⁸ A screen shot of the complete email is provided in Appendix J

Georgia recounted that in the Fall 2020 semester there were a lot of concerns about clinical placements. “The nursing homes that we normally send [students] to wouldn't take them for clinical. We had lots of difficulty getting with clinical sites... Then with students who are sick all the time, missing clinical [and/or], missing class.”

The faculty were doing a hybrid teaching model to include the students who were on quarantine or isolation. The nursing faculty also were dealing with health issues, or sick kids. They were distracted because they had kids out of school and had other things going on. “I felt like I could not do a good job with anything, whether at school or at home.”

There was a point where the [county] health department quarantined the entire class of students [nursing cohort] and . . . trying to contact the students at night and tell them ‘There’s been all these exposures and the health department wants to quarantine the whole class.’

There was another issue when the county health department wanted to quarantine the entire Davis University campus because there were so many COVID-19 cases on campus.

The Davis University administrators

fought them [the county health department]. It was just ugly. So, I felt really torn between wanting to do what was right for the community; wanting to do the thing to be the responsible nurse, follow evidence-based practice and yet the college not supporting the science having to do with COVID or the health department authority having to do with COVID recommendations.”

The clinical challenges of the 2021-2022 academic year have primarily been related to the COVID-19 vaccination. Georgia stated students are “almost encouraged not to get vaccinated by our administration.” The students that are not vaccinated have resulted in more work for the nursing faculty. It is more difficult to place these students in clinicals since each practice-based setting has different requirements. “There are some clinical locations that are not allowing the students to [provide patient care] if they are not

vaccinated.” The nursing faculty have spent additional time rearranging and shuffling students between clinical sites to get the students without the COVID-19 vaccine into clinical sites that will allow the COVID-19 vaccine exemption.

The Davis University nursing program administrators created a COVID-19 exemption committee consisting of a nurse (non-faculty), bioethics professor, and an Associate Dean of Education. When a student is granted a COVID-19 vaccine exemption, the student is required to perform additional testing and provide documentation as specified by the college and the practice-based clinical setting. Ensuring students can attend clinical every week has challenges. The nursing faculty must verify that the student completes the COVID-19 testing and uploads the required documentation by a specific time.

Georgia continued, “we've had a lot of parents . . . who have gone to the [university] president, thinking we are not doing enough.” Georgia continued “We did have one dad whose daughter did not want to get the COVID vaccine, chose not to get vaccinated, and he threatened to sue the . . . state board of nursing to get that changed.” A Davis University nursing administrator contacted the state board of nursing. “The state board of nursing basically said, 'Our job is to protect the public, and we will not be changing any legislation and nursing students must take care of real patients.'” Other parents have threatened to sue the hospitals if their son or daughter is not allowed to attend clinical there. Georgia concluded “I feel like the administration has not supported us in any of that.”

Changes to didactic instruction and academic calendar. Georgia explained the Fall 2020 semester was shortened. The students went home for Thanksgiving and did not

return to campus as they normally would. The student's final exams were given remotely and with open book due to the change in the semester schedule. Georgia commented that "the students didn't learn that material as well and it's just hurting" them.

The Spring 2021 semester was on a different schedule than previous spring semesters. The semester was reorganized to eliminate the weeklong spring break, and instead the days were spread throughout the semester. Georgia exclaimed "oh my gosh, we were so exhausted. The students were exhausted . . . We needed that break, everyone was cranky." In that semester, there were five students who did not earn the minimum test average to pass their specific courses and progress in the program. Georgia insisted that although there were other issues, the open book finals taken at home the previous semester contributed to the students not being as prepared for this semester.

Communication from the Department and University

Georgia commented that she went through her emails from March 2020 when COVID-19 pandemic was starting. "We really did not have much communication at all from our program director . . . I remember maybe having a short faculty meeting, trying to figure out what's going on." She described the departmental communication as weak. "I'm sure I did not do a great job communicating with my students that semester." Currently, she thinks departmental communication is better but still has room for improvement. Nursing has so many "moving pieces" and clinical is becoming more complicated. Students and faculty require good communication.

Georgia commented the Davis University administrators, themselves, in March 2020, was weak too. "No one really seemed to know what the heck was going on." Although emails were sent, there was a lot of uncertainty and lack of guidance for the

faculty. Moving forward, communication has gotten better but “the bar was not very high to begin with.” Georgia provided the example of the university’s “no masks mandates” and “no vaccine mandates.” The lack of communication and decision making on these issues has resulted in a “huge division between those people who are vaccinated and not vaccinated, wear masks and not wear masks.” Georgia acknowledged “I feel very marginalized having been a nursing faculty member where we were one of the few departments that were requiring our students to wear masks at the end.” She said this lack of communication by administrators has resulted in division of the students also.

Workload During the COVID-19 Pandemic

Georgia’s husband wants her to quit and not sign her contract for the upcoming academic year. Her increase in work has started to have a negative effect on her marriage and her family. “I have this feeling that I’m not as good of an educator as I could or should be because I have too much to do.”

Davis University is a small nursing department that has had some changes in the nursing faculty (not necessarily COVID-19 pandemic related), which resulted in an increase in Georgia’s workload as an experienced faculty member. Georgia reflected on the difficulty of the semesters since the onset of the COVID-19 pandemic.

I don't know that one semester is standing out as harder. I have all of these things that I'm doing . . . every semester since COVID has been difficult.”
I also feel like . . . ‘when's it going to end?’ . . . we've gone on and on and on. I keep telling myself, ‘Okay, this next semester is going to be better; this next week is going to be better.’ And it hasn't been getting better. I'm almost to the end of my rope. . . I'm considering leaving nursing education because I just can't hardly take it anymore.

Changes in the Nurse Educator Role

Georgia describes her educator role as more complicated and difficult to manage. Prior to the COVID-19 pandemic her role as an educator was difficult, “but it's gotten harder.” She added she can never get caught up on all the things that she needs to do. Her role is “not fun anymore.” It is harder to understand the students, like she could in the past. “My favorite part of being an educator has been the students and the relationships.” Georgia emphasized it has been harder to find the time to “chit chat” with the students and really get to know them.

The COVID-19 pandemic has resulted in quarantine or isolation of students who have been exposed or tested positive for the virus. This requires the nurse educator to replace every clinical or classroom day the students miss. Further, this requires teaching in a hybrid format and managing additional technology during didactic classes.

Georgia describes a change in the students’ attitude toward the nurse educators. Nurse educators now must be the “bad guy” and tell the students to wear their mask correctly, to get a COVID-19 test because of an illness, or that they cannot go to clinical. The COVID-19 vaccine exemption policy has added additional work for the nurse educator. The COVID-19 vaccine has resulted in “some marginalization with our students. . . there's some division. I feel like some of the students related to COVID issues, have really put everything else on the back burner,” which is evident in their academic performance.

Physical and Emotional Wellbeing.

Georgia has experienced a change in her physical and emotional wellbeing since the onset of the COVID-19 pandemic. She has “this feeling of guilt that I'm not doing

enough to help the students.” She is questioning her ability to be a good nurse educator. She is putting so much effort into her nurse educator role that her family life has suffered. She is experiencing “guilt of not being a good mom or wife.”

Before the COVID-19 pandemic Georgia had a good routine. She was exercising, eating better, and sleeping. “I’ve had a huge decline . . . I feel like I’m irritable and angry and just that has taken a huge toll on my physical and emotional health.” She now spends so much time at work she is too exhausted to exercise and had developed some poor eating habits.

“I feel like I’m stressing eating all day long, crappy food . . . I’ve gained 15 pounds . . . I’m having trouble sleeping. I also feel like I’m just really angry and irritable sometimes. . . I’m exhausted, I’m overwhelmed. I feel very stressed. . . I feel like in nursing education had so many things going on before this, this is just almost too much.

Overall Reflections

What Could Have Been Done Differently

Georgia describes her greatest challenge as administrative support. She wishes that “I would have had the support, understanding, and appreciation of administration.”

Georgia jokingly said she wishes she could have prevented COVID-19 from happening.

Then stressed I wish “I would have not let all this COVID stuff negatively affect my relationships with my students.”

Teaching Support During The COVID-19 Pandemic

Georgia’s teaching support during the COVID-19 pandemic came from her nursing colleagues. She has one colleague who she relies on a lot and feels comfortable going to her if she has questions. She said this colleague is the one everyone in the department seems to go to when they have questions about technology or simulation.

As far as the whole college I don't feel like we had a lot of support for the nursing program and there's really no one to go to, not for nursing. I feel like we're kind of on our own little island out here.

Future of Nursing Education

Georgia mentioned in general she does not think nursing education is going to get any easier. The changes that have been made with clinical placements in the practice setting, specifically the requirements for the students and the nursing program just to enter the clinical site are becoming more complicated. The recent COVID-19 vaccine exemption has further changed societies view of vaccines. She does not think the vaccine exemptions in the future will just be the COVID-19 vaccine. "For the first time [in program history], we received an influenza vaccine exemption."

Georgia believes there will be "more and more" expected from nurse educators, which will result in them leaving and fewer entering academia. "I think people are not going to want to go into nursing education because nurses can make a lot more money outside [of education] or they're just burned out and want to leave [the profession]."

Georgia noted the future of nursing at Davis University is going to be exacerbated by changes to the emotional climate of university community. "I feel like the students' attitudes have changed." They do not come to classes as prepared as the students had in the past and their work ethic has decreased. Georgia indicated, "some students seem very entitled, and I don't think we would have seen any of that before the [COVID-19] pandemic." She thinks some of the students expect to get by in their classes without putting in the work or knowing the material. "I have seen a lot more involvement of parents." In the Spring 2021 semester there were five students who did not earn the minimum examination average to progress in the nursing program. The nursing faculty

was “forced by administration to let them [the students], give them another chance, to pass them through, let them take summer classes.” These five students really should not have continued in the nursing program, but the nursing faculty “were pretty much forced by administration to change our policies and let them through because it was ‘COVID.’” Georgia indicated that these students continue to struggle in their courses. They “definitely were not our strong students to begin with.” Georgia stressed that this type of administrative control, “sets a precedent to the other students like, 'well, they're not going to fail me. I don't have to put the work effort into it. I can complain, have my parents call the [university] president.’” Georgia reiterated the Davis University administrators have not been supportive of the decisions made by the nursing faculty.

What Makes You Proud

Georgia is proud of her resilience. That she is still in nursing education. She is proud of the “awesome nurses” Davis University has educated and that those nurses were able to fill a critical need and this year more nurses will be out there in the workforce. One of Georgia’s favorite things is “when I get random text messages or read Facebook posts . . . or I am contacted by our nursing graduates and it's something positive about their time here.” She is proud that the Davis University nurse educators have persevered.

Georgia is also proud of the May 2021 graduates. This cohort of students were juniors in March 2020, and they only had one student who did not pass on the NCLEX-RN on the first attempt. “I'm proud that we were able to take the situation and still really meet our student’s needs.” Those students were able to complete the required clinical hours with some creativity by the nurse educators.

Grace

Grace graduated in 2001 from a BSN program in India where she worked for five years before she moved to the United States. Once here she worked as an RN until 2014 when she completed her master's degree program "but that was a nurse practitioner." After completing the nurse practitioner program, she began working in an oncology clinic. She was there for two years when an opening for her current teaching position became available. Prior to this accepting this full-time teaching position, she taught clinical assessment as an adjunct instructor for one semester at Grayson University where she is still.

Transition From Clinical Practice to Nursing Education

Grace exclaimed "I always wanted to go into education." After Grace finished her master's degree, she wanted to experience both nursing practice and education. Grace described her inspiration to become a nurse educator being related to the positive experiences she had working with students in her clinical role.

I was like best as a bedside nurse. I used to precept some of the students in the capstone. . . I enjoyed when they come in and teach them, and when they grasp those ideas . . . get that 'aha moment.' And then... we also had these new graduates and I had to be a preceptor orienting them. So, I enjoyed that teaching at bedside. So, after my master's program, that's one of the reasons I wanted to come in education side.

Teaching Support Available Before the COVID-19 Pandemic

Grace described her initial teaching support as two faculty members or preceptors that were assigned to her when she started her role as a nurse educator. One faculty member was from the department of nursing and the other was a non-nursing faculty

member. Grace explained “I enrolled and [would] go to them, talk with them, and they were very helpful.”

When beginning her nurse educator role Grace had no didactic teaching experience.

I was initially scared because I taught mostly one on one before and....in the lab, maybe six or seven students or seven or eight students, but when I come in the classroom to teach and they’re like, 60 of them sitting, it feels dominating. . . . I was always like, am I prepared or not. I felt kind of anxious. One of my preceptors always said, ‘hey, you know much better than students, so be confident in that.’

Grace’s other faculty mentor “even though she was non nursing...was very helpful, motivating me, encouraging me, and we do have a good relationship.” Grace describes the other faculty in the department of nursing as helpful. “If you need any help, you can always go and ask. Our BSN coordinator is amazing too.” She continued anytime you need help it is “out there.” In the department of nursing there is help for the new people but also monthly professional improvement topics “especially with the new NCLEX, the Next Generation things coming on. They help us to learn how to prepare questions.... So, we always have some kind of education ... once a month or so.”

Normal Workday Prior To the COVID-19 Pandemic

Grace’s workday prior to the COVID-19 pandemic was teaching Pharmacology II for two hours a week in the classroom. She would spend time preparing for class, developing Power Points, creating case scenarios, and “of course grading.” She is the Clinical Lead Faculty/Coordinator for the second semester Adult Care Clinical course. During the first seven weeks of the semester the students spend time in the clinical laboratory learning skills and concepts before going to the clinical site for the last seven weeks. Grace coordinates the schedules for the five to six clinical adjunct faculty during the clinical laboratory time which students attend on either a Tuesday or Wednesday. After

the initial clinical laboratory time is complete, she coordinates the adjunct faculty clinical schedules and teaches clinical group herself at the practice-based clinical sites.

Experiences Following March 2020

Changes to Pedagogical Approaches

In the Spring 2020, the students could not go to the clinical sites, so in-person clinical in the practice-based setting was replaced with virtual simulation scenarios. Then in the Fall 2020, “we had small groups come in” to the clinical laboratory. The hospitals Grayson University was collaborating with were allowing the students to return for practice-based clinical experiences. During the Fall 2020 semester they replaced some of the practice-based clinical experiences with in-person simulations performed in Grayson University’s simulation laboratory. As the clinical coordinator for the Adult Care Clinical, Grace had enough adjunct clinical faculty for this semester that “I didn’t have to go to the clinical.” Grayson University received a grant, and the collaborating hospital facility sent a nurse from the hospital to work at Grayson University as an adjunct instructor to help in the clinical laboratory and teach clinical in the practice-based setting which decreased Grace’s workload. “I started conducting simulations here in the lab, so it kind of helped with my workload [and], . . . helped with the students’ learning.” Grace stated they were able to meet the course objectives. The BSN Coordinator helped Grace with virtual simulations by giving her ideas about how to implement the simulations and sharing the rubrics currently in use.

If a student misses the 12-hour clinical shift we had a virtual simulation, plus we use Nurse Think case study assignments, and then I will do a virtual Zoom meeting with the student. . . Then I will do a clinical evaluation.

The clinical evaluation did not include the student's hands on skills just their cognitive skills since Grace was unable to evaluate those skills through these alternate teaching modalities.

Grace had simulation training in her doctorate (PhD) program. She took a 3-credit hour simulation course and "It definitely helped me a lot." Grayson University had a Simulation Laboratory Coordinator who used to do the simulations and Grace would do some activities in the laboratory. The Simulation Laboratory Coordinator left her role at Grayson University, resulting in changes in the overall functioning and operations of the lab. Grace reinforced "We do have a good lab."

Communication from the Department and University

Grace described the communication from the nursing program administrator as "pretty good." She said the nursing faculty received emails as one form of communication. The program director is "very good" at sending messages regularly and ensuring that the nursing faculty receive information. The BSN coordinator has a text message group and notifies the nursing faculty anytime campus closes "she always texts regularly to kind of keep us in a little loop. It helps."

Grace confessed when she became a nurse educator that she never realized how much email she would receive. "I didn't even have, like, good organizational skills. I had to relearn all of those. I would say [I] got better eventually."

Workload During the COVID-19 Pandemic

Grace commented before "I never thought about pay" or how many hours she was working. She emphasized that nurse educators are not paid a lot of money and nurses can make more money in other practice settings, but the low pay and increased hours were

starting to affect her. She stressed “I always wanted to give a good experience for the students.” It was not uncommon for her to come in early and be the last one to leave.

Grace recounted in March 2020 the students had already finished in the clinical laboratory when the Grayson University moved to remote operations. “Somehow for me it didn’t affect much, and the next semester is when it hit so bad.” In Fall 2020, Grace had to divide the clinical laboratory groups in half to maintain the required physical distancing of the students. This required Grace to teach two days in the clinical laboratory instead of one (like she had done prior to the COVID-19 pandemic), since there were now twice as many groups. Grace’s workload was further increased if a student had the COVID-19 virus or was on quarantine for an exposure since the student would not be able to attend the required clinical laboratory session. Grace said, “whenever they are off the quarantine, [the students would] come in and I have to kind of spend time with them.” During the Fall semester,

I was spending more time here with all the work, but I have good family support. It actually seemed like I was working both Tuesdays [and] Wednesdays most of the time. I’m also coming on . . . Fridays and Thursdays. I didn’t tell anybody. I was like okay; I am helping the students . . . I want to do the best . . . I can do to kind of have them the same experience that they had before. But towards the end of the semester, I was all burned out.

Changes In Nurse Educator Role

Grace admitted that she has always had high standards, “you have to be strict with the students.” Grace still has high standards but “I found . . . that we need to be considerate to the students . . . we can communicate with them . . . down to their level, understanding them, [and] end up being a little bit flexible. Grace indicated that learning about Trauma Informed Care helped her understand the student’s perspective. Grace admitted before if a

student did not complete an assignment “I’d say probably they’re lacking . . . they’re lazy or they’re not [completing the assignment] intentionally.” Grace stressed “Now I can see maybe somebody in the family is going through some situation, so let me reach out to them . . . talk with them.” Even with this new understanding of Trauma Informed Care changing how she approaches students; Grace still has a certain standard “that is not going to go down.”

Physical and Emotional Wellbeing

Grace affirmed “I’m doing everything and trying to not compromise my quality of education, not compromising what we do, [and] thinking about the students . . . I kind of felt more burned out because of the hours.” In addition to working extra hours Grace was completing courses in a PhD program. “I’m taking nine [credit hours]. There was one point I couldn’t submit an assignment for my PhD program. I’m usually . . . an A student but then I [am] . . . almost like a B- [student].” At this point Grace admitted, how challenging her PhD program, work, and home had become. “I don’t have kids, but my husband . . . he’s very helpful. But even there, I can see some strain coming out because I’m taking all the work home.” This led Grace to reflecting on her future.

That moment made me think . . . to be honest . . . money . . . faculty are not paid that [much] compared to nurse practitioners. So, here comes a moment where you have to question yourself saying, ‘is this what I want to do?’

Although Grace’s relationship with her husband was strained, he was her primary support. Grace was able to talk to her family, but they are still in India. She has friends here in the United States that she could share her feelings with, and she was attending monthly prayer meetings. She was “praying and hoping things would better.” She could

talk to the other members of the nursing faculty if needed and “that kind of helped. . . I struggled through, but somehow survived.”

Overall Reflections

What Could Have Been Done Differently

Grace stated she would not change anything drastically. She introduced the students to a flip-method learning in the Fall 2020 semester. This semester most didactic class instruction was remote, but some were hybrid. When Grace taught a class in a hybrid format some students would come to the in-person classroom, but the number of students were typically low. To avoid a lecture only class she would give the students group activities to complete. Grace received student feedback when the semester was almost complete that the students were not all participating in the group activities and the flip-method she was using was not working well. The students reported that it was difficult to coordinate the group work when some students were in-person and others were remote. “Now I’m thinking maybe that was not the right thing to do. Not the method when the students are already slightly stressed and strained, so that I would change a little bit.”

Grace mentioned the department of nursing could have provided some training and the education for the nursing faculty. “But I don’t know how to prepare when something happens all of a sudden. . . . I think being flexible kind of helps.”

Future of Nursing Education

Grace stressed if the COVID-19 pandemic continues “we need to do something different.” I know . . . some of the students . . . didn’t have the actual clinical experience and I think they struggle a little bit; you can see some difference.” Grace stressed that the students would need to be in the clinical laboratory and “have some hands-on experiences

with the real patients.” This may require more simulations, the use of patient volunteers, and more standardized patients. “Those kinds of simulations should be there. Rather than just the mannequins. I think we need to move on to something [with] more realism, more realistic patients.”

What Makes You Proud

Grace said she is proud that she stood the test of time. “I think I feel myself proud for still standing. You know, having the same passion to help students.” She stressed after everything that has happened if the nurse educator is still standing, “then they are really wanting to be a faculty and teach. The salary not being that high. . . . you’re spending more time, more effort, [and] you’re changing all your schedules. Time is precious if you’re spending that?” Grace stated, she has not left education to become a full-time nurse practitioner, but she does want to keep a “foot in both” so she can provide the most up-to-date education for her students. Grace, restated, “Yeah, I’m proud of myself for surviving the storm.”

Mindy

Transition From Clinical Practice to Nursing Education

Mindy had been working as a perioperative nurse for 11-years when one of her current co-workers at Grayson University approached her about teaching first semester clinical. She said that “it just worked out perfect . . . that was a day that I had off in the OR.” She mentioned that the application process was easy and that surprised her.

They basically said, ‘come on in and we’ll, do an interview and get you in the role.’ I was kind of shocked like, wow they’re trusting me with these students. I was excited about that because it’s something that I’ve always thought I wanted to do.

In 2015 the requirements to teach clinical nursing in the state changed. For Mindy to continue teaching she needed to be enrolled in at least one master's degree level course.

The thought of going back to school wasn't something I was too thrilled about because I was more focused on having a family and kids. . . . My chair at the time told me that was something I would need to do if I wanted to continue. . . . I think I left her office in tears because I was just so torn, like this is something I really want to do. So, I decided to pursue it.

Mindy emphasized that nursing education is “something I definitely wanted to do for my family too, because I felt like it allowed me to be a little bit more present than my previous job.” The timing was perfect since Grayson University had just started their master's in nursing with a focus in education. She applied, was accepted, and graduated in 2018. A full-time position teaching the same clinical course Mindy had as an adjunct instructor with a didactic teaching assignment in the Health Assessment course was available for the following academic year. Mindy was hired for that faculty position and began her full-time nurse educator role in the 2018-2019 academic year. Mindy has since taken over coordination and instruction in the “Success in Nursing” course for students who need extra assistance to be successful in their nursing education. She has further developed the course and teaches sections of the Research Application course.

Professional Development Activities

When Mindy was in her master's program, she earned her certification for perioperative nursing (CNOR). Mindy said that “I just recently was able to get emeritus status since I am not working in the OR anymore.” During this past summer (2021) she earned her National League for Nursing's, Certified Nurse Educator (CNE) distinction.

It was a hard test but [Tina], the other faculty that I work with, her and I studied together, and worked together, and took it at the same time. So that was fun that we both passed. They [The National League for Nursing] have a tough exam but so

very well worth it. It helped me tremendously. Like evaluating how I was doing as an educator, what I need to improve, and a lot of the stuff I had learned in school. It was nice to kind of refresh that and expand on it. So, it was very helpful for my position.

Mindy also described how she attempted to go back to work in the practice-based setting, “but it’s been difficult trying to work with hospitals right now because they’re so overloaded.”

Teaching Support Before the COVID-19 Pandemic

Mindy described the professional and teaching development at Grayson University as supportive. The nurse educators have access to a variety of types of professional development. “We have good support . . . going to conferences and things like that . . . with our department. So anytime we want to go and do some kind of scholarship type activity, they’re very supportive.” Initially when Mindy was hired, she was assigned a mentor. Her Department of Nursing mentor was the Nursing Program Director. Mindy emphasized that “she was able to assist me in that transition. She was a great support.” Mindy noted the Department of Nursing’s Advisement Director was an essential mentor and support person for the advising duties of her nurse educator role.

Grayson University has a Center for Teaching and Learning on campus for professional development. Mindy noted this “helps us develop . . . our teaching, things like engagement with students, different ideas, or things that we can be involved in.”

Professional development resources that can be assessed are presentations and webinars.

Our department has a *Nurse Tim* subscription, which has been really great. We’re loving it, especially for me to use in this support course that I’m teaching. It sounds really easy, like ‘Oh, it’s just a one credit hour course to support these students.’ But for me when I took on that role it was like, ‘this is a big responsibility for me to make sure that these students succeed.’ So, I’ve used a lot of those resources.

Normal Workday Prior to the COVID-19 Pandemic

The normal workload for Grayson University is calculated “around 23 credit hours” per academic year as a range for a full-time faculty member. Mindy explained her current workload. “I do an eight-hour clinical on Thursdays. Tuesdays is my three-hour class, and then my one-hour class.” This is a little higher than a normal workload. The Grayson University nursing program has vacant faculty positions that have resulted in higher workloads prior to the COVID-19 pandemic and since the onset.

Experiences Following March 2020

Changes to clinical and simulation instruction. Mindy emphasized the challenges of teaching didactic course content remote but exclaimed, “how do we do clinical?” She described supplementing clinical hours with virtual simulation. She primarily used virtual simulations that were previously developed and were provided as part of one of the online textbook programs they were using at Grayson University.

With our clinical groups, we [were] . . . on Zoom . . . I would have my small clinical group in a breakout room, and we would discuss the [virtual simulation] case scenario. [I would] try to do . . . a debriefing as much as possible and walk through those things. But it was tough.

Mindy did not have any formal training using the virtual simulation, but she had used virtual simulation in her master’s program. She had access to training videos, and the book publisher representative was responsive to questions and willing to help. Mindy was concerned about the students’ self-confidence and how well they would be able to apply material without the live interaction with patients.

First of all, they’re [students] so critical of themselves. So, if they click the wrong thing, they’re like, ‘Oh, I did horrible.’ So, I think it wasn’t great for their self-confidence. But sometimes regular simulation . . . they can have the same reaction. But at least we’re there to support them. If they’re just doing their own it’s so

different. . . . The majority of our Fundamentals clinical is about communication. So, communicating with a computer screen is not really meeting that objective.

One of Mindy's colleagues came up with the idea to have the students talk on the phone with the older adults who were residents in the long-term care facilities where they would normally do clinical. This project would allow the students to communicate with a real person and begin to meet the course communication objective. Unfortunately, there were 50-60 students and not enough residents who were able to communicate with the students on the phone, but Mindy and her colleague were able to implement a few. "Of course, mid semester, trying to implement things like that, it was just very difficult to do."

Changes to didactic instruction and academic calendar. Mindy remarked "I definitely remember getting that notification on spring break of 2020 that we will not be returning to campus. And for my course right in the middle there we had just started learning assessment." The Health Assessment course requires significant hands-on practice for the students to successfully complete the course and meet the course objective. Mindy wondered how she was going to teach the students a class that was psychomotor (the relationship between cognitive functions and physical movement to demonstrate a physical skill. i.e., blood pressure measurement, auscultation, percussion) by remote synchronous lectures.

Exams were the biggest thing we were concerned of obviously because protecting exam security. How are we going to test these students remotely? So, ATI⁹ [*Assessment Technologies Institute*®] Proctorio was what we chose to use for that. Which was interesting. I did have one exam . . . it being remote, and ATI had a

⁹ ATI is an online learning system designed to help students throughout their nursing school education and the beginning of their nursing career with high-stakes test preparation. ATI Proctorio is a remote examination proctoring platform that uses machine learning to proctor

nationwide outage in the middle of my exam. So, you can imagine the phone calls. My students were flipping out, and scared. I'm trying to calm them down and put out the fire. So that was probably one of the worst exams ever given in my life. Oh, boy, but it worked out. Everything worked out fine.

Mindy commented that the biggest struggles she experienced were examinations and trying to teach students on Zoom¹⁰ where there's "no engagement."

I remember having that conversation with my chair at that time . . . do we make them [the students] turn their cameras on [during Zoom class] or do we not? If we make them turn their camera on, are we invading their privacy? . . . How do we know that they are engaging with us and they're getting this information that's very vital?

Mindy described how the students were not doing as well sitting in front of the computer with distractions at home. This was especially true for some of the students who had children at home doing their education virtual also. Mindy emphasized that "I was trying . . . [to] juggle that as well. My kids were virtual and getting them on Zoom meetings while I was teaching a Zoom meeting . . . was really hard."

The following semester (Fall 2020), Mindy described the need to make changes to best meet the needs of the students and the faculty. For most of the students a fully remote option was not the most conducive to learning.

We saw how the students were struggling so bad online and they were telling us 'Hey, this is not working for us either. . .we can't learn very well this way.' . . . The only way we can mitigate that and follow the restrictions was to have half of them in the classroom [and] half of them on Zoom.

Mindy admitted this experience was better and it was nice to have a smaller class size but the students that were on Zoom were not getting the same experience as the students in the classroom. The students alternated between Zoom and in-person classes. "If they were on

¹⁰ *Zoom Video Communications, Inc* ©, a video conferencing software

Zoom one week, they would be in person the next week.” There were a few students who did not feel comfortable coming into the classroom during this time, and they were allowed the option of being primarily on Zoom.

If I was teaching cardio-respiratory assessment that day and they [the students] are on Zoom . . . I’m trying to engage them [by] doing group work and putting them in a breakout room . . . I tried Google Docs . . . so I could see what they were doing, and they could work together and not be close contacts. I . . . definitely had to be very creative.

The Spring 2021 semester resulted in different changes than the previous semesters. There were still a lot of COVID-19 restrictions but, “instead of doing one on Zoom [and] one in the classroom, we actually just split our classes into two sections.” Mindy’s Health Assessment course and her colleague’s Fundamentals of Nursing course had alternate sections. Half of the students would be with Mindy and the other half would be with her colleague, then they would switch. Mindy was teaching two three-hour classes of the same content in one day. Mindy exclaimed “that was six hours of lecture in one day. But we saw that the students were improving a little bit with that.”

Mindy admitted all of this was challenging. The nursing faculty at Grayson University are “very strict” with the students. They set the expectation that the students need to be in class because the nursing faculty are not going to “spoon feed this information.” If the students do not come to class or they show up late there are consequences. Mindy added “you can’t do that as a nurse. . . . we’re training you to be a nurse.”

Communication from the Department and University

Mindy describes the communication from Grayson University and from the Department of Nursing as good. Mindy boasted “we’ve had a really great leadership

person in our chair that is great at communicating . . . and we do have pretty good communication in our meetings and working together.” At Grayson University a former nursing faculty member from the department of nursing took on the role as the COVID-19 Clinical Coordinator for the university and sent out regular communication.

When Mindy described the communication with outside of Grayson University she said

I want to say it’s probably been better, but I think there’s definitely a lot more ambiguity in the communication . . . we’re still trying to figure everything out. I think there’s a lot more collaboration and working together than what we because things are so different. I think the hardest part . . . we always struggle when communicating with some of our clinical sites, especially with nursing homes that we deal with a lot. There’s a lot of change of leadership and sometimes getting that communication established. Then there’s a new person in this role and we’re trying to re-establish that relationship. That’s always been a struggle and now on top of it with COVID.

Workload During the COVID-19 Pandemic

Mindy’s workload was increased in the Fall 2020 semester when she was teaching in a hybrid format and in the following spring when she was teaching two sections of the same course. Otherwise, she does not think her increased workload was related to the COVID-19 pandemic but related to filling the teaching responsibilities of faculty who have left their positions for reasons other than COVID-19 pandemic. Mindy indicated that in the Fall 2020 semester her workload “on paper” did not look any higher than her “normal” workload but the amount of actual work was increased due to the teaching modality change.

Changes in Nurse Educator Role

Mindy mentioned she has learned to be more flexible and understanding in her role as a nurse educator. Mindy noted that the students are also stressed and there has been an

increased use of the counseling services at Grayson University for mental health issues. She said she has had to set boundaries with her students. As a nurse educator she is not their counselor, but she does care about the student's success and well-being.

I hate the word rigid but it's only word I can think of . . . so very rigid and structured with them but also trying to think about how we can be flexible because it has affected them a lot. Mental health wise it's affected everybody.

The nurse educator role has changed due to the COVID-19 vaccine mandates by clinical facilities and whether a clinical facility will accept a student's COVID-19 vaccine exemption. Mindy remarked, "are they going to allow exemptions, are they not going to allow exemptions . . . their rules are constantly changing" when discussing the challenges related to the COVID-19 vaccine and the clinical facilities. These changes require the nurse educator to be in "that middle position" and communicate the rules and expectations of the clinical site to the students. If the students do not meet these rules and expectation to go to clinical, "we cannot do substitutions." The students must complete the required clinical hours and meet the clinical objective to graduate. Mindy was surprised when most of the nursing homes let them come back. She remarked "I think they [the nursing homes] also need help." Although, most of the students in the nursing program are vaccinated there are a few who are not.

You hope . . . that there's not incivility between the students because of that as well. But there definitely is more incivility. I feel like with the students and the faculty because we are having to put these rules in place. We have to say, 'we can't budge on this. This is what the clinical sites are telling us. And we can't just create a clinical experience for you.' So, it puts us in a hard, hard spot for sure.

Mindy described a situation where students have "tried to get around the system." The student tried to make it look like they were vaccinated but they did not "really get

vaccinated and then it becomes an ethical issue.” This type of situation potential puts others at risk. She reiterated this is different than religious beliefs since

everybody has that right to what they believe. I think some people have used that to manipulate things a little bit as well. . . I’m trying to figure out how to proceed when we have students who are being unethical. How we relate that to: How is that going to translate to your nursing practice? And where do we draw that line of letting them move forward or not?

Physical and Emotional Wellbeing

Mindy described how some people became unhealthy during the COVID-19 pandemic. However, she was able to improve her physical health. She had more time in the mornings to exercise which resulted in her developing an exercise routine that she was able to continue that was beneficial to her at the time.

Mindy was having some personal issues during this time and said that “I actually ended up getting a divorce in 2020, too.” She had a lot of emotional support at the time; her family, church family, work family, and her counselor. She mentioned that she did not know how someone could get through all the challenges of being a nurse educator during the COVID-19 pandemic in addition to personal issues without a good support system.

Fortunately, I had a lot of support during that. I actually started seeing a counselor. It was interesting right before COVID hits, I was doing some marriage counseling and then she kind of just took me on as counseling, just one on one with her eventually as things didn’t work out [with my marriage].

Mindy also describes the emotional toll of being a nurse during the COVID-19 pandemic.

I think it was weird . . . I talked to some of the other educators at the beginning. It was kind of one of those . . . sickening feelings, that I could be helping out but I’m in a different role now. . . . you felt guilty but you also felt a little relieved that you weren’t stuck in the middle of that. That’s a such a horrible catch-22 feeling of being a nurse. . . . I felt like we were just pushing nurses off, these little baby nurses . . . we didn’t even have the full gravity.

Overall Reflections

What Could Have Been Done Differently

Mindy said they were forced into this change, but she was happy with how she did. “I think we did the best we could.” One thing she wishes she would have had been more prepared for was the implementation of more innovative online teaching strategies, such as escape rooms. She wishes the Grayson Department of Nursing would have had policies in place for issues such as student dishonesty on exams, or how to handle student issues on Zoom. She explained as the nursing faculty encountered issues they developed and/or revised policies and continued to do so in the following semesters as situations evolved and they learned from their experiences.

Future of Nursing Education

Mindy started by describing how the COVID-19 pandemic has changed how people view the nursing profession and maybe understand how serious it is. She hopes that nursing students “understand the gravity of it, [the COVID-19 pandemic] and they are willing to accept that as part of the challenge of nursing.” Mindy hopes that the students are learning more about resiliency. “I know that’s a huge topic right now. We do orientation with our first semester students about trying to build resiliency through the nursing program.” Mindy commented that she knows all the students do not have “the tools” to work through some of the big challenges of nursing. She reinforced that the nursing faculty at Grayson University try to prepare the students for what “real nursing is like.”

Mindy described the current state of nursing and how nurses are leaving clinical nursing in the hospital and other practice-based settings and the nurses that are still there

“are very tired and very exhausted. I hope that we can graduate quality nurses that are going to be able to contribute to be the nurses that are really working hard out there.” In Grayson University’s fourth semester Leadership course the students are encouraged to discover “(related to their position following graduation) . . . what kind of leadership support are you going into? How important that is? How can you affect change in your hospital? For your patients?”

What Makes You Proud

Mindy is proud of her resiliency as a nurse educator to work through such difficult times and ensure the students still met their outcomes.” But you know as we do as nurses, we always tell our students, we figure out a way to make it work.” Mindy is proud of the students for maintaining the nursing program’s NCLEX-RN pass rates and ensuring they met that ultimate goal of becoming an RN. At graduation, “I was very proud of them [the students] and their outlook and their perspective. And I think just seeing the students like how they progressed.” She described that the students were all so proud of achieving their goal of making it through nursing school in a pandemic.

I see them in first semester . . . pushing them on and then I see them achieve their goal . . . I know that . . . a large portion of them are now nurses and they’re taking care of patients and that’s exciting. So that makes me proud.

Rebecca

Transition from Clinical Practice to Nursing Education

Rebecca’s initial undergraduate degree was in kinesiology. She completed her initial prelicensure education in an associate degree nursing (ADN) program. After passing her NCLEX-RN she worked on a medical-surgical nursing unit before transitioning to case management.

Rebecca decided she wanted to continue her education but as a military spouse she was moving around a lot. She needed to find a university to further her education that fit her needs. Rebecca decided she should complete a BSN “because that’s the expectation and I thought why stop because I imagine the MSN would be valuable.” She found a university that offered RN completion degree programs; an RN-MSN in administration or Education. “I thought I’ll give education a try. . . and here I am.” Rebecca completed the teaching practicum for the final course of her master’s degree at Everly University, “and I loved it here.”

Professional Development Activities

Rebecca is a member of the examination analysis committee at Everly University. The committee for the nursing division meets to analyze the examinations the nursing faculty are using.

[We] analyze our tests that we’re giving students and make sure that they are rigorous, that we’re using the appropriate evidence-based policy for modifying test items and what to keep versus throw out. . . . we kind of do an audit of a test, or a course, or a series of tests.

The committee members distribute the examinations among the members. After they have reviewed the material, the committee members meet to discuss their analysis and make recommendations to the faculty member who teaches the course and uses the examination. Rebecca added “We’re also working to develop a policy for incorporating more Next Gen [Next Generation] test items for our students.”

Teaching Support Before the COVID-19 Pandemic

Rebecca requested a mentor when she started her current nurse educator role. “I partnered up with that individual and she’s my kind of go-to.” Although the role is

currently vacant the Everly University BSN Director is typically the person who coaches the undergraduate faculty and students. To learn more about other areas of the university

We have what's called Teaching Triangles at [Everly University] where you can partner with other educators in different divisions. So maybe philosophy or business or whatever, and you meet periodically with that person to see what it's like in a different area of university.

Rebecca remarked that they have access to untold amounts of [continuing education units] CEU's" and opportunities to go to conferences. The nursing faculty each try to go to a conference once a year. Rebecca provided the example "a couple of us together we'll do this one [conference] and somebody else might be interested in a different one." Rebecca concluded that she felt like there were resources available to the nursing faculty for professional development.

Normal Workday Prior to the COVID-19 Pandemic

Rebecca described the flow of a normal day. "I would come in. I would check my email, [and] respond to students." After responding to the students, she would prepare for her classes. "If it was just a didactic lecture day . . . I go over . . . [and] modify the slides . . . students have access to [the slides], but I'm constantly changing them." She emphasized that she does this "just make sure I'm ready for class." Then she teaches class, grades, and attends "meetings, meetings, and meetings," then finishes her day.

When Rebecca was teaching in the clinical laboratory setting for the Foundations of Nursing Practice course or in the simulation laboratory this day would occur at an off-campus location at [name of hospital redacted]. "A lab day is kind of nice because you're in lab all day for the most part and there's no meetings. You're just with the students . . . hands on stuff. So, I enjoy that." When Rebecca is off campus, she does not have access to

her computer or a printer. “[I] would try to cluster what I needed to have done here [Everly University] where I have access to the computer and the printer.” When the students finished their clinical laboratory day Rebecca would organize the laboratory, clean up the mannequins and the intravenous (IV) arms, or do whatever else was needed to maintain the laboratory. Rebecca noted she spends “the whole day there even if I don’t have students all day, just getting stuff done.”

Experiences Following March 2020

Changes to Pedagogical Approaches

Rebecca began by sharing when the college initially physically closed to faculty and students that she did not have access to her office which was a challenge. The nursing faculty did not have the opportunity to meet face-to-face with each other or the students. Rebecca emphasized “the lack of human connection, especially with the students” was the greatest challenge, “they just check out via Zoom.”

Rebecca noted that working from home was difficult. She has three children. One child was home schooled prior to the COVID-19 pandemic and her child who was seven or eight years old at the time transitioned to remote learning. She divulged it “was hard to teach class via Zoom and be there for whatever she needed on the iPad for school.” Rebecca admitted “it’s hard to separate the professional challenges from the personal experience of going through what we’ve all gone through the last couple of years. It’s because of course . . . they’re separate but they overlap, and it contributes.

Changes to clinical and simulation instruction. When Rebecca was able to return to campus there were supply challenges. Obtaining cleaning supplies for the lab that were needed to wipe down the surfaces, and the personal protective equipment (PPE) that were

not needed prior to the COVID-19 pandemic was difficult. Supplies were being rationed and were not always available to entities outside of the practice based clinical setting. This affected settings where essential direct patient care was not being provided.

Rebecca teaches the Foundations of Nursing Practice didactic and laboratory courses. She explained how initially the Everly University administrators and faculty limited the “lab time tremendously” and then gradually gave the students back more time as the semesters progressed. “I think it was difficult, COVID related” to teach students in the laboratory. Rebecca said in summer 2020 semester, laboratory time was condensed until the end of the semester. The students “had a whole semester worth of lab in one week.” Rebecca reflected on making videos that she sent out to the students via email to watch, as a way to prepare for the laboratory. She told the students that you need to “watch these and come to lab ready and do the best you can.” Rebecca remarked “there was a lot of that ‘do the best you can’ stuff that year and then the next couple of sessions.”

The Fall 2020 laboratory session was a little bit slower since the semester had more weeks of instruction compared to the summer semester. The students “had a little bit more time and more time in the lab. It was challenging because at that time, we wanted to keep the cohorts together.” Rebecca described the challenges of working with the student athlete’s schedules. “We try to work around their schedule, but we couldn’t mix and match them in the lab.” This was challenging when a student athletes missed a laboratory session for an athletic event, but Rebecca also had other students missing laboratory sessions because they were on quarantine. “It’s not like they could come to another section . . . that was a big thing.” When a student needed to redo a skill because they were not successful

on the first attempt bringing the student back into the laboratory was “a big challenge” since coordinating the schedules was difficult.

I think everything became kind of jumbled overall. It probably, sadly, became more about the challenge of how to bring them in and give them the time they needed. I feel like so much of our energy and resources were spent on just getting them there. That didn't leave much leftover for the actual what they needed to get while they were there.

Virtual simulations were needed to replace some of the in-person simulations Rebecca was teaching in the simulation laboratory also. Rebecca recalls that the virtual simulations were fun. “I think they were more fun for me than they were for the students, but it was a good alternative.” She was impressed with what the students were able to learn virtually through simulation. Rebecca commented that they did not have a formal training on how to use the virtual simulations, but she did not see that as a failure on the part of the Everly University. When she thinks back to this time, “we all did the best we could.” Rebecca noted “I think everything became kind of a jumbled overall.”

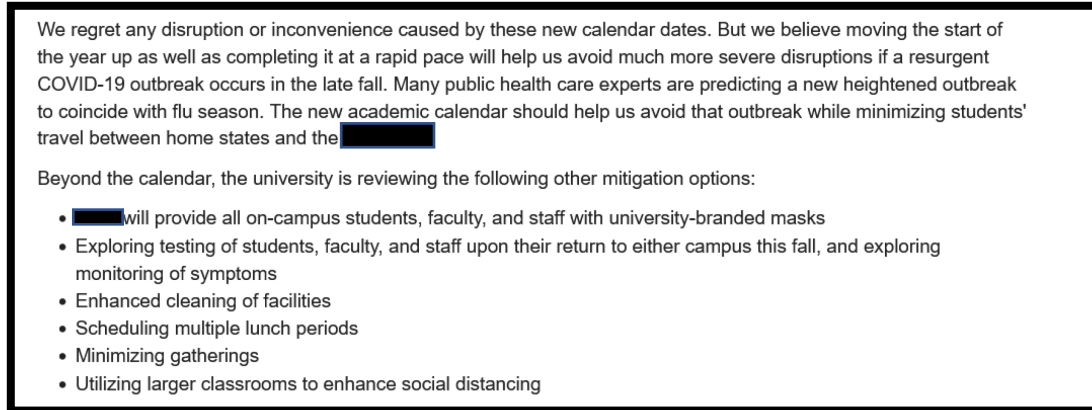
Rebecca said she is fortunate that Everly University has a clinical coordinator that obtains clinical placements and ensures that the students can meet the program's required clinical hours and outcomes. Additionally, the clinical coordinator clears students with the practice-based setting for clinical rotations.

I just know it's always struggle, to get the time, to get the paperwork, to get everybody ready to go, and set foot in a facility. She [the clinical coordinator] does it really, really well. So, we're able to get what we need.

Changes to didactic instruction and academic calendar.

Figure 4.5

Everly Unveristy Calendar Change Webpage Notice



Communication from the Department and University

Rebecca commented that that departmental communication initially was “really great because we talk to each other a lot anyway.” The initial communication was conducted by text since the faculty were not allowed on campus. Rebecca suggested “that was probably the most efficient way we got communication.” They also received communication by email. Rebecca added that the BSN Director was responsive and quick to do what was needed. However, “as the situation unfolded, it became more and more about policies, and this is how we’re going to handle this.” Rebecca recounted that the communication “became a little less frequent . . . I found myself not knowing what’s next more often . . . what was said wasn’t really what we were doing and never seemed to quite match up.” The information the faculty received seemed to always be changing or be situation specific. “I feel like at that time, I didn’t have a very good idea of where we were and where we were going to be in the next week or so.”

When asked to describe the communication from Everly University, Rebecca hesitated, “I’m trying to separate my personal opinions from have the gist of the everything that happened [Rebecca’s personal challenges with the university], from what was being communicated. I think it was it was timely for the most part and I think it was organized.”

Workload During the COVID-19 Pandemic

Rebecca’s workload increased in the Foundations of Nursing Laboratory. Before the COVID-19 pandemic she had four laboratory groups, but the social distancing requirements resulted in an increase to six laboratory groups since “we can only fit so many in at a time” in the laboratory. She stated they were able to teach face-to-face again but had to be ready to pivot to online if needed. Everly University switched to a different Learning Management System (LMS) during the COVID-19 pandemic. There were challenges learning the new system, and Rebecca found the LMS works well when teaching online, “but I feel like now we’re teaching face to face” and putting all the course content in a new system is time consuming.

Rebecca was teaching fewer students in her courses than she was prior to the COVID-19 pandemic. However, she was teaching two more sections of the laboratory course and doing more work than before. Rebecca explained “the workload in the general sense; I have more work to do, but it’s the same workload assignment” as before.

Changes in Nurse Educator Role

Rebecca indicated that she had not thought about how the COVID-19 pandemic had changed her role, but she should have. She reflected “I feel that [the students] success is more my responsibility now than it was before because they have it so much harder.” She said it is harder for the students since there is a

lack of interaction with faculty . . . Zoom classes are harder. The fluid ability to work from home now is way more acceptable and that's great. I hate to say it like I criticize that because it's really great in many ways, not just for faculty but for students. But I think we're not as accessible to [the students] as we were before, because we can work from home now . . . I don't think it's good for our student population. I think we take more at-risk students who are in need of extra interaction.

Physical and Emotional Wellbeing

Rebecca was describing her challenges during the COVID-19 pandemic and became tearful.

My overall view about COVID doesn't mesh with the health care narrative at all. And so, trying to still keep my role as a nurse and a teacher, but also be true to what I think has happened has been psychologically difficult.

Rebecca described how as a faculty group it

became very divisive. I have felt more isolated professionally because my views about [COVID-19] are not what generally people have and so that's been very isolating . . . it's made me question things; it's made me feel like I'm going crazy.

She provided an example of how wearing a mask that is not a surgical grade "doesn't stop an aerosolized particle. How effective is it if somebody is not sick? We don't really need to worry so much about droplets." Rebecca described how standards of treatment for COVID-19, and issues related to vaccine safety "didn't make sense anymore."

I chose not to be vaccinated and so that means I have to test [for COVID-19] every week. I'm lucky to be able to keep my job and do that. But for a period of time, I had to wear an N-95 all the time. Not here but at [redacted] Hospital [the site of laboratory teaching]. So, students, everybody knew I was unvaccinated, and some people knew why, even though I didn't say whether it was a medical or religious reason, but some people knew why, and they shouldn't have.

Rebecca was fortunate to have a mentor who she also considered a friend in the nursing program that provided her emotional support during this time. She also started volunteering with a civic organization "to kind of have a voice" and feel like she could

take back some control “over everything was happening around us.” This time was exacerbated by the death of her father in the Summer of 2021. Rebecca reiterated “I think just the couple of relationships I have with folks here was probably the most helpful.”

Overall Reflections

What Could Have Been Done Differently

Rebecca wishes the nursing students would have been allowed on the Everly University campus. They were not allowed on campus because they go to practice-based clinical sites. This decision was made by the university and division administrators. Rebecca explained “our classroom spaces were then given away to other programs to use.” When the students were allowed back on campus “we had less [classroom] space [and] I think that’s why a couple of classes went 100% online.” Now that the technology is available students have the option to learn remotely for medical or quarantine reasons. Rebecca added “that’s becoming more and more . . . not necessarily a COVID thing that we’re doing now. And I worry that it’s not good for [the students.]”

Teaching Support During the COVID-19 Pandemic

Rebecca stated that Everly University set up processes and appointed people to roles to assist the faculty. The university added a person to assist with the new learning management system (LMS). This role was in addition to the existing information technology staff. There were also tutorials the faculty could watch. She confessed “I personally did not find it helpful. . . Real support like the genuine helpful support came from each other.”

Future of Nursing Education

Rebecca believes the future of nursing education will be online. She does not think it will 100% online since that will not be the most effective way to educate all nursing students. However, the growth of technology and the decrease of clinical sites in the practice-based settings will make the use of virtual simulations and in person simulation a necessity for nursing education.

What Makes You Proud

Rebecca said she feels like she was a calming presence for the students and that she was able to be available to them as much possible. She admitted as much as she dislikes emailing back and forth during this time, she has really focused on keeping up with her emails. She is proud of the connections she was able to build with the students. Rebecca commented that if it were not for the COVID-19 pandemic she would not have tried new teaching strategies or built courses online. Further, Rebecca revealed that, “I still don’t feel I do a good job teaching online. It’s a totally different game. I put a lot of that on myself.”

Sarah

“I have learned in education that first year no matter where you are is always hard. And that was definitely true.”

Transition From Clinical Practice to Nursing Education

Sarah described her desire to transition from clinical practice to education as an itch. She was working as a “PRN [as needed] float nurse” and was “still dabbling in travel nursing assignments.” She knew she needed something different but didn’t want to completely leave clinical nursing in the practice-based setting. Sarah admitted “I started to

think about what my next step was, and I think a little bit of the itchiness was that I was ready to be a mom too.”

She was accepted into a graduate nursing degree program with a focus on education in 2014 and learned she was pregnant that same year. In the Fall 2015 she started graduate school and completed her graduate degree in the Spring 2017. Sarah emphasized that it was “two solid years of hitting it hard. Then I was really fortunate to get a full-time job offer at the place where I was a graduate.” She worked as a nurse educator for her graduate program for two years. She had her second child and realized her, and her husband had no family there. Sarah explained “we had no way to sustain that. I was like okay we need to move home.” The position at Davis University was available, which was “awesome timing.” Sarah was hired and has been with Davis University for three years.

Teaching Support Before the COVID-19 Pandemic

Sarah described the teaching support she had prior to her current setting first. In this setting the University was a large state school system with many resources available. She describes a robust support system located in the nursing department, and resources available university wide. There was an educational support person in the nursing department with a PhD who was there to help with any type of electronic system, the university systems, the university’s Learning Management System, and to assist the faculty in development of their courses. “We also had a whole department . . . a whole team of people to help you build yourself as a nurse, a faculty person, and help you plan out strategies for learning.”

Sarah described the teaching support at Davis University as lacking but is impressed that faculty with full workloads try to assist other faculty. Sarah explained “we

don't have electronic educators here" which was surprising. Sarah thought there would be at least one person at Davis University dedicated to building the faculty. She thinks this is something that the university is lacking and needs to improve.

Sarah participated in a program to teach the faculty how to transition into online education called the Faculty Fellowship Program. This program was implemented following the Spring 2020 semester to prepare faculty for the unknowns of Fall 2021 semester. At Davis University online education is not a typical offering, so most faculty were not familiar with this pedagogy. Sarah mentioned that she was going to participate in the program again last year but "I dropped out of that because I felt like I didn't have time."

Sarah mentioned "I think education really is a good fit for me. I think what I like about it now is the mentorship." The Davis University nursing faculty developed a mentoring program for new nursing faculty in the Fall 2021 (Figure 4.6). Although Sarah was not an official recipient of that newly developed program, Sarah explained "my co-workers have helped me a lot" to orient to the educator role.

Figure 4.6

Davis University Mentoring Program

The purpose of the Mentoring Program is to assist new nursing faculty (full-time and adjunct) to be successful in their transition to become a supported, effective team member of the Department of Nursing. NLN promotes the deliberate use of mentoring to foster the career development of faculty, enhance the recruitment and retention of nurse educators, and establish healthful academic work environment (NLN, 2008).

Every new faculty member (mentee) at the college will be assigned a mentor from outside their department by the Academic Dean; the non-nursing faculty member will be responsible for overall college mentorship. The new faculty member will also be assigned an experienced nursing faculty member to be a mentor by the Director of Nursing based on the needs of the new faculty member and the experience of the current faculty member. Any concerns or questions about the program should be discussed with the Director.

Sarah taught a class on Monday mornings at 08:00 a.m. in the Fall of 2019. After she finished teaching this class her goal was to prepare for the laboratory for the week that she taught 8:00 a.m. to 5:00 p.m. on Tuesday and Wednesday, then again on Thursday mornings during the beginning of the semester. Once the students started clinical in the practice-based setting her schedule changed in the laboratory changed slightly and she taught from 09:00 a.m. to 5:00 p.m. on Tuesday and Wednesday and from 09:00 a.m. to 12:00 p.m. on Thursday. This was Sarah's third year teaching but her first-year teaching at Davis University in this new role. Sarah stressed "I would try as much as I could to prepare for my class the next day, but normally what I would end up doing on Monday was just trying to navigate myself through this new faculty member [role]...."

Sarah added that she was spending time at home in the evening refreshing her knowledge on the laboratory skills she would be teaching and was watching all the videos that had been assigned to the students. Sarah explained she would spend time organizing

the laboratory and planning the laboratory schedule so that it was organized and would flow smoothly. Sarah emphasized “I felt like I was just working all the time. . . . I never felt like I could ever catch up the whole semester. I was getting very, very little sleep.”

Personal Challenges not Related to the COVID-19 Pandemic

Sarah and her family moved into her parent’s basement in July 2019. In August 2019, she was beginning a new teaching role at Davis University, with two children under the age of three. Sarah mentioned prior to the Fall 2019 semester “I tried as much as I could to prep but at the same time, I was still dealing with moving in”. Her husband was also looking for a faculty position following their recent move, which he was fortunate to find and begin in August 2019. They were looking for a home to purchase, which they found and were able to move into on March 13, 2020.

Experiences Following March 2020

Sarah stressed the most challenging issue for her since the onset of the COVID-19 pandemic has been the lack of administrative support at Davis University. She commented “There's not nearly enough support for what goes on here for it to be successful, and it has played a toll on everybody.” She commented that the result of this is “the nursing faculty being stressed.” She asserted that a COVID-19 vaccine mandate should have been supported by Davis University administrators and that would have helped alleviate some of the issues experienced by the nursing program faculty.

There’re so many things, so many flexibility moments like we want to say 'no, these students need to go' [be dismissed from the program]. Then the leadership in the department has to figure out ways to accommodate students who fail their classes, or don't want to get vaccinated. That just trickles down. I think if I were to label it, I really think that there needs to be more faculty support. If I were to do the root cause analysis that's the problem.

Sarah and her husband moved into their home on March 13, 2020. She was “dealing with moving into a new house, with two kids, not having anybody to help watch the kids while we were trying to work” and meet the learning needs of the students. Sarah struggled with childcare issues. She stressed that she moved “back home” to be closer to family, have additional support, and help with childcare, but the COVID-19 pandemic resulted in her parents not being available to her. In the beginning of the COVID-19 pandemic when the United States was encouraging a quarantine or work from home order for anyone who was not considered an essential worker, Sarah was quarantining at home with her husband and two young children. Sarah and her husband were teaching remotely and busy with their respective classes. Sarah recalls “I’d say, ‘Hey, mom-dad, can you guys watch the kids for a bit and help out?’ Well, they couldn’t?” This lack of childcare assistance was difficult for Sarah since she is caring for two children “who needed a decent amount of supervision, especially the younger one,” who was 18-months old. Additionally, Sarah had moved into her home on March 13, 2020, and the move resulted in the inability to locate items that were needed for her home office. Sarah recalled that “everything in our house was in boxes, everything was hidden.”

Changes to Pedagogical Approaches

Sarah remembered in March 2020 that the students were able to complete their first day of clinical orientation following spring break, then the college went to an online, remote learning format and “we had a whole med-surg group that had just simulation online.” There were four capstone students that did all their final clinical capstone hours virtually. Completing the virtual simulation was “on the student’s time and then I would just meet with them before and after.” Sarah was responsible for selecting, assigning,

facilitating, and grading the virtual simulation experience for the students in the Adult Care/Medical Surgical Clinical and the four Capstone students who completed virtually.

In the Fall 2020 semester Sarah was responsible for the Foundations of Nursing Clinical Laboratory. Sarah recounted “I organized the lab to have only 10 people in the room at a time.” There were a lot of regulations that semester requiring physical distancing and specific student spacing in the classrooms and laboratory settings. The students had to complete virtual simulation preparation for the clinical laboratory “behind the scenes” to fulfill the required laboratory hours. Sarah recalls “I do remember spending a lot of time double educating my students who had come out of quarantine.” The students were required to make up the time and clinical skills they missed in the clinical laboratory. This required Sarah to spend additional time in the clinical laboratory with these students once they were out of quarantine or isolation.

The students were able to complete all the direct clinical hours for Foundations of Nursing in the practice-based setting. Sarah remembered “We had more room in our clinical sites than students. So, when students had to miss a day because of the quarantine, I was able to rearrange them.” Although the students were able to complete all their direct clinical hours in the practice based clinical setting there were challenges and increases in the workload for the nursing faculty by doing this. The nursing faculty had to either add clinical days to their existing schedules to ensure the students total hours or if possible, add additional students to their already established clinical sections/groups.

In the Spring 2021 semester Sarah was teaching senior nursing students for the Complex Care Clinical course two clinical days a week in the practice-based clinical setting and teaching the Adult Care/Medical-Surgical Clinical and Laboratory one

afternoon a week and assisting with the Maternal-Child Clinical and Simulation Laboratory one morning a week. The complex Care clinical was the most challenging for Sarah. This was the first time she had taught this course. Additionally, the students were missing clinical due to inclement weather, or the need to quarantine or isolate due to a COVID-19 exposure or illness, or for nursing faculty illness. Prior to the COVID-19 pandemic an alternate clinical assignment may have been assigned to a student instead of a direct clinical experience in the practice-based setting to make up the missed hours but during this semester the clinical absences were made up in the practice-based setting. The reasoning for this was that these students had missed an entire clinical rotation in March 2020, and this was their first and last medical-surgical experience before Capstone. This change to improve student outcomes added clinical days to Sarah's workload and the addition of students to her existing clinical group.

In the Fall 2021 semester Sarah commented that the students did not “get clinical hours for their prep.” The laboratory teaching schedule and preparation went back to the way it was prior to the COVID-19 pandemic. The students were still expected to prepare for the clinical laboratory, but those hours did not count towards the overall clinical hours for the semester like they had during the Fall 2020 semester. Sarah was in the laboratory from 8:00 a.m. to 5:00 p.m. Tuesday through Thursday but did not have Thursday afternoon off like she had during the Fall 2019.

The current semester, Spring 2022 has required the use of virtual simulation to replace clinical hours for student or clinical faculty absences. Sarah had to miss a clinical day when she had the COVID-19 virus. To replace the hours missed, her students had to complete two virtual simulations. Sarah commented “We have had weather and tons of

people missing because being sick.” She mentioned that there have been so many absences that there has only been one clinical group so far that has not missed an entire clinical shift.

Communication from the Department and University

Initially in March 2020, Sarah thought the communication was okay. She continued in general, “everybody was giving everybody grace. And I knew I needed grace.” Sarah remarked by August everything had changed, not just at Davis University but society in general.

Sarah compared Davis University to the University where her husband teaches. Her husband’s University would share with the faculty any changes in policies and procedures related to COVID-19, such as how many cases were on campus, and kept the faculty well informed about what was going on campus wide. Sarah mentioned that at Davis University there was minimal communication on these matters. The administrators seemed to want to

perpetuate this whole community and [Davis University] culture. It's like the pandemic, isn't going on here. And that's also been hard because I am a nurse. I know this has killed people. I feel like I work for the organization that has caused a lot of deaths societally, you know, allowing students to not wear masks, and not supporting us and our society, to mandate vaccines for nursing students that's frustrating for me.

Sarah described the communication that she received from the nursing program director as inconsistent. “I think the communication I received in particular from my boss” was not consistent with the communication received from the former director. She admitted “I have not been as available to the department is what it comes down to. And that's the communication issue.”

Sarah asserted that she has not received the communication that she needs to be successful. She expanded that “I felt like anything I did, just simple questions or whatever,

it's been perceived as being vindictive." She confessed, she never tried to do "anything intentionally bad" but it was her impression that specific issues she was having "were never viewed as just the challenge or challenges of COVID and parenthood."

Sarah admitted "I definitely haven't communicated some things like I probably should have." Sarah explained that she never wanted to bother her colleagues with any of her work. "I felt like if people told me I need to do this stuff. I need to do it." Sarah acknowledged "maybe I should have done a better job of explaining all the challenges I have." She mentioned how at one point she thought she did this. Sarah added "I was told that I was making excuses. I was like well I guess they are excuses, but they are just my outlook. I was just explaining why." Sarah explained that when she tried to explain things or ask questions, "I just felt like that was not okay." Sarah commented that she is trying to not take the things she hears from the Davis University nursing leadership as a personal attack, but as constructive criticism.

Workload During the COVID-19 Pandemic

Sarah was at Davis University for one semester prior to the onset of the COVID-19 pandemic. Although she had been a nurse educator at another university for two years prior to this transition she was learning her new role. In March 2020, the Interim Director of Nursing asked Sarah to develop a case study for the senior nursing students.

Which I did. I tried to do, and I thought I did it. I thought I did what was asked but I don't know. She doesn't mention me or my contribution. Maybe she didn't use my work. I don't know but that was the one that they did to help supplement their hours.

When Sarah took the position at Davis University, she was not aware that she was expected to work from 9:00 a.m. to 5:00 p.m. Monday through Friday. She has since

realized that the demands of the job are more than she can do. The clinical laboratory requirements have increased, and she had to adjust the face-to-face time spent with students. In August of 2020 Sarah commented “I think what was helpful for me during that time was that I used a program that I was familiar with . . . this past fall was harder.” Sarah mentioned she was using a different educational program in the Foundations of Nursing Clinical Laboratory but a “better program.” In the Fall of 2020 “I was able to adjust things with my actual face to face time with the students” and as the semester progressed with some additional help from other nursing faculty the workload was decreased.

Sarah admitted she is behind on her grading. She explained “If you don't count driving time, which is an extra two hours I worked from 6:00 a.m. to 2:30 a.m. last night.” This is her clinical day in the practice-based setting and the time spent once she is at home grading.

I'm trying meet the department's demands and maybe sometimes I'm doing the wrong thing. I helped today with a simulation. I'm super happy to do that but at the same time trying to juggle everything. I just can't put the time in afterwards because I need to be there for my family.

Physical and Emotional Wellbeing

Friday, March 13, 2020, Sarah moved into her new home and out of her parent’s basement just as the COVID-19 pandemic was announced in the United States.

I wasn't intending to move into the house until that summer. I'm glad I did. I had to get out of my parents. My dad especially. As wonderful and loving as he is he needed us to get out of this house.

Sarah was struggling to find her “place” in the Davis University Nursing Program. She has had three different nursing administrators, all with different philosophies and expectations. She realized she couldn’t keep up with the demands of the nursing faculty role and was struggling to meet deadlines. She became uncomfortable asking questions. It

seemed to her that she was not allowed to ask questions and when she did her questions were viewed as “vindictive.”

In addition to her struggles at work she was having marriage issues. She thinks the marriage issues were a result of the work stress she was experiencing. In April 2021 she describes a series of events between her and her husband. She explained “we got in a really bad fight. He never left the house . . . [but] we were separated.” She said we almost got divorced but we are good now. In August 2021, they “had a long talk . . . [and] made up.” She has since shifted her focus to family first. She mentioned this has resulted in “my job be[ing] sacrificed which . . . my performance did go down.”

Physically she was “getting no sleep to less than 2-3 hours of sleep for a while and its coffee.” She commented that she would be exhausted and fall asleep after spending the evening with her children, but “what I really needed to do it's just put in a power phase and get stuff done.” Sarah also has dealt with a lot of illness lately herself and with her children.

To deal with some of the emotional struggles Sarah began seeing a counselor. She is taking antidepressants which has required three dose increases. She also is learning how to manage her attention deficit hyperactivity disorder (ADHD). Counseling has helped her with some of the challenges she experienced in her marriage, family life, and job.

Overall Reflections

What Could Have Been Done Differently

Sarah has had three different nursing administrators during her time at Davis University. Although this may not have been related directly to the COVID-19 pandemic, the administrator who hired her left in December 2020; the interim administrator was

contracted from January 2020 to May 2021; and the current administrator began her transition in January 2021.

I've had three bosses since I've been here. One I started off with him, and I had kind of this idea of how my job would sort of look. Then another leader and I guess she had a different approach and different expectations that I was unaware of. . . now [the current nursing administrator] she's implemented all these policies and those are needed and good. It's just she hit the ground running when she started.

Sarah wishes more nursing faculty would have been hired. This would have decreased the workload and allowed for the areas of expertise to be divided up among the nursing faculty. She also wishes that there had been a better vision for the future of the nursing program and better policies and procedures would have already been established. Sarah exclaimed that the program has been in operation for 12-years, "I feel like there's some things that probably should have been established by now."

What Makes You Proud

Sarah is most proud of what she has accomplished in her last three years at Davis University. Sarah commented "I just I feel like I've done the best with what I understood and I'm giving myself grace." Sarah is leaving at the end of the 2021-2022 academic year to have a better work-life balance. She was going to resign in June 2021 but learned that another Davies University nurse educator had retired and did not want to leave the program two nursing faculty short with little time to find replacements. Sarah concluded "I know that I've have done the best I could do. I gave it my all." She prides herself in being a pleasant person and trying to be the teammate others would want to work with. She is also proud of the relationships she has built with the students. Sarah commented that she does not think she has always been the best nurse educator. She explained "There are other ways to support and love the students and that is what I have done. I acknowledge that. I like

giving them feedback on a timely basis.” She mentioned the students have thanked her for her kindness.

I know that just being a nurse faculty in a department that was already strapped it just threw everything over the edge for me personally, as well as I feel like almost everybody else. Everybody's been stretched way to thin. . . . I at least feel like I've tried to be there for the people around me as much as I could.

Chapter Summary

The beginning of each case presented the unique experiences of the nurse educator’s transition from clinical practice to education, their professional development activities, and their workload prior to the COVID-19 pandemic. The case continued with the nurse educator’s experiences after March 2020. Each case provides the pedagogical challenges experienced by nurse educators teaching didactic, laboratory, simulation, or practice-based clinicals and the impact these changes had on their emotional and physical wellbeing. Each case concluded with an overall reflection of the nurse educator’s experience during the COVID-19 pandemic with a section focusing on what made each educator proud. In chapter five I will explore the findings from the individual cases, provide the cross-case analysis, and apply the findings to the study propositions which are based on the theoretical framework used to guide this study.

CHAPTER 5

FINDINGS

The present study examined the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and academic nursing in the future. Nurse educators were invited to share the pedagogical challenges they experienced and how these changes affected their personal and professional well-being. The nurse educators were additionally asked to share how they believe the future of nursing education will change due to the resultant challenges of the COVID-19 pandemic. The study's goal was to provide detailed information about the experiences of each nurse educator, as individual cases, and then provide similarities and differences across the cases.

This chapter presents the findings based on my analysis of the interviews and documents received from the nurse educators. I first present the study participant's descriptions, including their pseudonym, demographic information, the courses each nurse educator teaches, and their years of clinical nursing experience. Next, the study results are presented by identifying themes that answer each research question (Table 5.1). In interpreting the study results, I considered my propositions¹¹ two guiding theoretical frameworks: Hardy and Conway's Role Theory (1998) and Schoening's Nurse Educator Transition (NET) model (2013). The concepts from the theoretical frameworks are used to

¹¹ Appendix K includes a reflection on the use of the study propositions in the research design. To avoid repetition the full propositions are not included but the conceptual findings from the interviews are including in the Application of the Theory to Findings section in this chapter.

organize the study results. I conclude the chapter with an application of the findings within the theoretical frameworks and a summary of the thematic analysis.

Table 5.1

Research Questions for the Present Study

Research Questions	
1	How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic?
2	How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing?
3	How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward?

Description of the Study Participants

The study participants were nurse educators who had experience teaching prior to the COVID-19 pandemic and were responsible for coordinating or teaching clinical in the laboratory or practice-based setting. The nurse educators were employed by prelicensure nursing programs at three different midwestern universities that offer a Bachelor of Science degree. Each nurse educator had at least two years of teaching experience prior to the COVID-19 pandemic (inclusion criteria) and were teaching in March 2020 to the time of the study. The nurse educator's clinical teaching included the practice-based clinical setting, simulation, laboratory, and/or clinical coordination including capstone experiences. The overall demographic description of the nurse educators is described next followed by

the individual descriptions of each nurse educator who participated in the study. Participant characteristics are summarized in Table 5.2.

Age Range

The age range of the nurse educators that participated in the study was 37-46 years, with a mean age of about 42 years old.

Gender

All the nurse educators that participated in the study were female ($n = 5$).

Years in Academia

Three of the nurse educators (60%) had 4-5 years of experience in academia. The other two educators had 7 years and 12 years of experience respectively. When the nurse educator was asked to provide their years of experience, they were not asked to differentiate their years of experience as a full-time nurse educator from their years as a part-time or clinical adjunct nurse educator employed in academia.

Highest Degree Attainment

Four of the nurse educators (80%) had completed a master's degree in nursing. Three of those nurse educators (75%) that held a master's degree had a concentration of study in nursing education. The other nurse educator with a master's degree had a study concentration in adult care advanced practice as a nurse practitioner. One nurse educator had a Doctor of Nursing Practice with a focus in adult care advanced practice as a nurse practitioner (see Table 5.2).

Employment Status and Rank

All the nurse educators that participated in the study were employed full-time ($N=5$). The nurse educators that participated held different academic ranks at their respective university; instructor ($n = 1$), assistant professor ($n = 3$), and associate professor ($n = 1$).

Nursing Didactic and Clinical Courses Taught

Each of the nurse educators in the study ($N = 5$) taught didactic courses in the first semester of their respective nursing program. One nurse educator additionally taught a didactic course in the third and fourth semester of their respective nursing program. The nurse educators all taught clinical or laboratory courses in the first year of the nursing program. For example, in first semester the nurse educators taught in the clinical or laboratory courses, Foundations of Nursing or Health Assessment and/or taught in Adult Care during the second semester. Some of the nurse educators taught the same course each semester, while other nurse educators taught a different course each semester based on when new students were accepted into and started the nursing program. One nurse educator taught a first semester and fourth semester clinical course, and another nurse educator taught in the clinical laboratory during first and second semester and taught students during their final Capstone clinical course.

Participant Profiles

The profiles of the individual participants are below.

- Georgia is a DNP prepared, full-time associate professor, who has been teaching for twelve years. She teaches the didactic courses Pharmacology I and II, Health Assessment, Populations Health, and Synthesis. She teaches clinical and laboratory

courses in Capstone and Adult Health. She has 20 years' experience as an RN and as an Adult Nurse Practitioner.

- Grace is an MSN prepared, full-time assistant professor, who has been teaching for five years. She teaches the didactic course Pharmacology II. She teaches clinical and laboratory courses in Adult Health Nursing I. She has twenty-two years of clinical experience as an RN and as an Adult Nurse Practitioner.
- Mindy is an MSN prepared, full-time assistant professor who has been teaching for seven years. She teaches the didactic courses Health Assessment, and Strategies for Support in Nursing. She teaches the clinical and laboratory course in Fundamentals of Nursing. She has fifteen years of clinical experience in perioperative nursing.
- Rebecca is an MSN prepared, full-time instructor who has been teaching for four years. She teaches the didactic course Foundations of Nursing. She teaches the clinical and laboratory courses Foundations of Nursing Practice-Lab, Medical-Surgical I, II & III simulation, and Health Assessment Clinical. She has thirteen years of clinical experience in medical-surgical nursing and case management.
- Sarah is an MSN prepared, full-time assistant professor who has been teaching for five years. She teaches the didactic courses Introduction to Health Care Environment, and Health Assessment. She teaches the clinical and laboratory courses Foundations of Nursing Clinical (Skills Laboratory); Health Assessment; Adult Health laboratory, clinical, and simulation; and Critical Care laboratory, clinical, and simulation. She has eleven years of clinical experience in medical-surgical nursing, step-down, and float pool.

Table 5.2*Description of Study Participants and Didactic and Clinical Teaching*

Pseudonym	Years as a Nurse Educator	Degree	Rank	Didactic	Clinical/ Laboratory/ Simulation
<i>Georgia</i>	12	DNP	Associate Professor	Health Assessment Pharmacology I & II Populations Health Synthesis	Health Assessment Adult Health Capstone
<i>Grace</i>	5	MSN	Assistant Professor	Pharmacology I	Adult Health
<i>Mindy</i>	7	MSN	Assistant Professor	Fundamentals	Fundamentals
<i>Rebecca</i>	4	MSN	Instructor	Foundations	Foundations Adult Health I, II, III Health Assessment
<i>Sarah</i>	5	MSN	Assistant Professor	Health Assessment Introduction to Health Care Environment	Adult Health Foundations Critical Care

Themes

An examination of the data collected from the five case studies was cross analyzed for commonalities and differences among the individual cases. From this analysis seven primary themes and seven sub-themes were developed to answer the research questions. The themes and sub-themes are presented by research question. The primary theme and each subtheme will be described. Then I will explain my analysis of why or how this theme or sub-theme answers the research question. I conclude with a cross case analysis summary.

Themes for Research Question One

The first research question is: how do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic? The primary theme to answer this research question is: *The COVID-19 pandemic resulted in pedagogical changes by the nurse educator to meet the course and student learning objectives*. Three subthemes (1.1) learning and administering unfamiliar technology; (1.2) teaching an increased course load; and (1.3) difficulty engaging students in coursework, further answered the research question.

Theme One: The COVID 19 Pandemic Resulted in Pedagogical Changes by the Nurse to Meet the Course and Student Learning Objectives

This theme describes the general pedagogical changes that the nurse educators in the present study made to ensure that the nursing students received an educational instruction that aligned with the requirements for successful completion of a course. The nurse educators were concerned that they may not be able to meet the learning needs of the

students due to the changes. The pedagogical changes made by the nurse educators that participated in the present study were teaching in an online, remote or hybrid format; adding additional sections of clinical laboratory courses; replacing clinical in the practice-based setting with virtual or in person simulation; and trying a variety of new active group teaching and learning strategies. The pedagogical challenges the nurse educators in the present study experienced were often related to using technology that the nurse educator was unfamiliar with. Additionally, the nurse educators in the present study were not aware of what resources the students had available to them at home or wherever they were to be successful with remote education. These resources included course textbooks, computers, and an adequate internet service among others. A comment by Georgia that exemplified this theme was her uncertainty of how to make the change from teaching in-person to online, remote format. Georgia questioned “then [I’m] trying to figure out how am I going to change the way that I teach? What do my students need to know? And then realizing my students had a lot of stress themselves.” Mindy also had uncertainty, she commented “you can imagine what was going through my mind. How am I going to teach these students virtually? First, I thought are we going to be able to even have class.” A comment by Mindy about the student’s concerns and the changes made by her nursing administrators the following semester mirrored the concerns Georgia had.

We saw how the students were struggling so bad with the online [classes] and they were telling us ‘Hey, this is not working for us either, like how we can’t learn very well this way.’ . . . the only way we can mitigate that and also follow the restrictions was to have half of them in the classroom [and] half of them on Zoom.

Rebecca described pedagogical challenges in the clinical laboratory. There were restrictions regarding students who were in practice-based clinical settings being on

campus, in addition to the general campus restriction. This restriction resulted in the students needing to prepare for and learn clinical nursing skills outside of the laboratory. Rebecca would make videos to replace her in-person clinical laboratory sessions and send emails to the students instructing the students to “watch these [videos] and come to lab ready and do the best you can.” Rebecca explained “there was a lot of that ‘do the best you can’ stuff that year and then the next couple of sessions.”

Virtual simulation was used to replace clinical in the practice-based setting by all the nurse educators who participated in the present study. Mindy found that this pedagogical change made meeting the clinical course objectives difficult for certain courses. She worried about the student’s mental health since they were completing the virtual simulations independently and would not have the emotional support of the nursing faculty.

First of all, they’re [students] so critical of themselves. So, if they click the wrong thing, they’re like, ‘Oh, I did horrible.’ So, I think it wasn’t great for their self-confidence. But sometimes regular simulation . . . they can have the same reaction. But at least we’re there to support them. If they’re just doing [virtual simulation on] their own it’s so different. . . . The majority of our Fundamentals clinical is about communication. So, communicating with a computer screen is not really meeting that objective.

Grace described the changes that she made when a student needed clinical replacement hours from the practice-based setting.

If a student misses the 12-hour clinical shift we had a virtual simulation, plus we use Nurse Think¹² case study assignments, and then I will do a virtual Zoom meeting with the student. . . Then I will do a clinical evaluation.

¹² The NurseThink product includes conceptual clinical case studies that use the Next Gen NCLEX clinical judgement model. The unfolding case studies are current practice-based scenarios that include electronic health records, medication reconciliation, and discharge

Sub-theme 1.1: learning and administering unfamiliar technology. This sub-theme was developed to describe the need to learn and administer unfamiliar technology. The use of unfamiliar technology required the nurse educators to not only learn the new technology but also adapt or learn new pedagogical approaches that best aligned with the technology. The nurse educators in the present study expressed being unfamiliar with one or more of the technologies that they were using, which included virtual simulation, remote teaching platforms, hybrid teaching platforms, Learning Management Systems, and remote testing platforms. The nurse educators additionally addressed the lack of training and formal support available to them for navigating the challenges they experienced with these unfamiliar technologies.

All the nurse educators in the present study were required to pivot their courses to a remote, online platform in March 2020 when their respective universities closed their physical campuses to faculty and students, however none had previous experience teaching in an online, remote format therefore this was a change to an unfamiliar pedagogy and technology. Georgia admitted she is not comfortable with technology and her university did not have a lot of resources available to the faculty.

Just that big switch overnight to having, oh my gosh, to go online and figure things out, and where are the students? Testing was another thing. . . That was an issue during the semester when we were not in person. We have no support. Our college is not at all an online college.

Sarah described learning to use a new web-based program for the clinical laboratory in for the Fall 2021 semester. She compared this to using a program that she

instruction among others to engage the students as if they are the nurse making the bedside clinical decisions (Nurse Think, 2022).

was familiar with in the previous two fall semesters. [In August of 2020] “I think what was helpful for me during that time was that I used a program that I was familiar with. . . this past Fall [2021] was harder.”

Virtual simulation. Virtual simulation was used by the nurse educators. In March 2020 virtual simulation was used to replace direct clinical experiences in the practice-based setting and meet the clinical course objectives. I asked the nurse educators in the present study how comfortable they were with simulation including virtual simulation. Georgia’s comment supports this subtheme. “Again, it’s another huge learning curve, right? No, I’m not super comfortable with it. I feel like it’s one more thing to learn, one more thing to do, one more thing, one more thing, one more thing!” Mindy did not have any formal training or education on how to use virtual simulation but had to implement a debriefing session with her clinical group, after the students completed their assigned virtual simulation.

With our clinical groups we . . . log on to Zoom. We would do breakout rooms. I would have my small clinical group in a breakout room, and we would discuss the case scenario. Try to do somewhat of a debriefing as much as possible and walk through those things.

Sarah began researching virtual simulation options in March 2020 since she was not familiar with what was available.

I have this whole notebook I filled up with notes and research to figure out what would be the best option for students as far as virtual replacement. I wanted to make sure I had tons of options because I wasn’t quite sure where to go so, I put so much time into finding all these resources.

Grace had received some formal education on simulation in her doctoral program which helped her to implement the change from direct clinical experiences in the practice-based setting to virtual simulations. She described how she led her clinical group through the debriefing process of the virtual simulation.

With our clinical groups, we [were] . . . on Zoom . . . I would have my small clinical group in a breakout room, and we would discuss the [virtual simulation] case scenario. [I would] try to do . . . a debriefing as much as possible and walk through those things.

Rebecca explained that there was some training available to the nurse educators at her university.

We had simulation training. It's just the recommendations that came down. At the time they were a little bit trivial, but it was at the time, and still looking back it was the best that we could do. So, I hate to say trivial like it was negative, but it was sort of superficial.

Hybrid teaching. The challenge of teaching using a hybrid model was expressed by some of the nurse educators in the study. This teaching delivery model required the nurse educator to make pedagogical changes in the way they managed their in-person and virtual classroom. Georgia explained

[We are] trying to do [what] almost seems like a hybrid model. Because we're trying to accommodate our students who have COVID when they can't come into the classroom. We're having to deal with an online platform and having to deal with students who are here.

There were concerns by the nurse educators about the engagement of the students with the other students that were remote and/or in person. Grace described her experience with group activities.

Sometimes we had hybrid classes . . . and we would give them . . . group activities. I received feedback . . . towards the end saying it didn't work, because when the students that are doing work, are doing the work and most of the other students didn't participate [in the activity].

Remote examinations. The nurse educators described concerns about examination security and academic dishonesty when a student did not take their examinations in person

or was not proctored by someone in the nursing department. Mindy explained how examinations were administered remotely and an experience she had.

Exams were the biggest thing we were concerned of, obviously, because protecting exam security. How are we going to test these students remotely? So, ATI¹³ Proctorio was what we chose to use for that. Which was interesting. Um, I did have one exam . . . it being remote, and ATI had a nationwide outage in the middle of my exam. So, you can imagine the phone calls. My students were flipping out, and scared. I'm trying to calm them down and put out the fire. So that was probably one of the worst exams ever given in my life. Oh, boy, but it worked out. Everything worked out fine.

For the students that are not in class to take their examination there are scheduling issues and additional concerns about examination security. Some of nurse educators in the present study were concerned that the information on the examinations may be shared among students in these situations. Georgia described the challenges she experienced related to examinations when a student was not in class.

Exams are another thing. For example, today I have a student who wasn't there for their exam. [We] are trying to figure out when they're going to take their exam [and] where they're going to take their exam. And it just delays everything as far as getting exam results to the students who were in person.

Sub-theme 1.2: teaching an increased course load. This sub-theme developed because the nurse educators all expressed, they had an increase in their course load during at least one semester during the COVID-19 pandemic and most of the nurse educators had an increase in more than one semester. The increase in course load was not evident “on paper” or in the annual contracts of all the nurse educators but was evident in amount of time that they spent with students and the additional sections of courses they were required to teach to adhere to the social distancing guidelines imposed by the pandemic. The change

¹³ ATI Proctorio is a remote proctoring platform that uses machine learning to proctor student's examinations from wherever the student and nurse educator is located.

in course load and/or workload resulted in pedagogical changes by the nurse educators. Rebecca shared that during the summer semester, the students “had a whole semester worth of lab in one week.” Then during the Fall 2020 and spring 2021 semester she had course load changes.

I used to have this amount of workload for this course but now we have six lab groups in the lab instead of four because of social distancing. So, we can only fit so many [students] in [the laboratory] at a time. We have two extra sections.

Sarah was required to make similar changes to her clinical laboratory.

Fall of 2020, we were big on how many people where in the lab. I organized the lab to have only 10 people in the room at a time. So, they [the students] had to do a lot of prep behind the scenes.

Grace experienced a similar increase in her course load during the Fall 2020 semester.

I usually come only one day in the lab and the other day we'll have the adjunct faculty [do the other laboratory day] . . . [but] we have to split them [the student groups] in half and then have certain groups [of students] come in at certain times. So that way this it's not crowded in the lab because we have to have the spacing, so we have to do that. I had to come in both days. . . I was working both Tuesday [and] Wednesdays most of the time, and I'm also coming in on the other Fridays and Thursdays. I didn't tell anybody. . . But towards the end of the semester, I was all burned out.

In addition to social distancing the students who were on quarantine or isolation were not allowed to attend clinical or clinical laboratory but needed to make up those hours and essential nursing skills. Rebecca was required to keep her students in their same clinical laboratory groups for contact tracing, which increased the one-on-one time spent with students. Rebecca explained “sadly, I feel like so much of our energy and resources were spent on just getting [the students] there. That didn’t leave much leftover, for the actual what they needed to get while they were there.” Sarah echoed that “I do remember spending a lot of time double educating my students who had come out of quarantine like, 'oh, I need to teach you these skills.’” Grace had similar experiences, “because some of the

students have COVID they won't be able to come to the clinical site. So, whenever they are off the quarantine they come in and I have to kind of spend time with them.”

Mindy described her Spring 2020 workload.

I think it didn't reflect maybe in the hours of workload on paper, but I think trying to work through those challenges definitely made it a little bit more challenging on my part and things that I had to do to supplement and make sure the students were getting what they needed.

Mindy's change of course load in the Fall 2020 was evident on her contract which she was thankful for, but she worried about the effect of this increase on the students. She taught the same course twice during the same day. Each class session was three hours long.

I think sometimes those students who were at the latter part of the day, maybe didn't get as great experience as it was the first time, I taught the material because you know, sometimes if you're repeating a lot, like maybe [you] don't always say exactly what you said in the first class. So yeah, it did increase in that case with the extra class section.

Sub-theme 1.3: difficulty engaging students in coursework. The nurse educators expressed difficulty engaging the students in coursework while in the online, remote or hybrid setting which led to frustration by the students and nurse educator. Additionally, the nurse educators described a decrease in their connection with the students. Rebecca explained the lack of connection she experienced with online, remote education.

I think the lack of human connection, especially with the students, they just check out via Zoom. I can understand that you know, and it makes me sad for them. That has been the saddest thing. I think that is the biggest challenge to try to get them connected via Zoom.

Mindy described the inability to engage students and the inability to monitor if the students were engaged during online, remote classes was difficult.

Trying to teach students on Zoom where there's no engagement was one of the things where we struggled. . . I remember having that conversation with my chair at that time. Do we make them [the students] turn their cameras on or do we not?

Because if we make them turn their camera on, are we invading their privacy? . . .
.How do we know that they are engaging with us and they're getting this
information that's very vital?

The nurse educators in the study expressed that the lack of engagement by the students has resulted in a decline in the students' academic performance. There is more need for academic assistance now and more students reapplying to their respective nursing program following academic dismissals. Georgia described the changes she has noticed in students.

I feel like some of the students related to COVID issues have really put everything else on the back burner. I feel like the students' attitudes have changed...Some students seem very entitled, and I don't think we would have seen any of that before the pandemic.

Cross Case Analysis: Theme 1 and Sub-Themes 1.1-1.3

Upon a cross-case examination there were several commonalities that resulted in the theme development. All nurse educators in the present study had to implement changes in their pedagogy which made it more difficult to meet the course, nursing program, and student learning outcomes. The addition of virtual simulation as a replacement for clinical in the practice-based setting was used by nurse educators in all three nursing programs. However, only three of the five educators implemented this specific pedagogy as part of the specific course they were teaching, although all five nurse educators were familiar with it or may have assisted with it. All the nurse educators implemented an online, remote, or hybrid teaching format but none of the nurse educators had experience with this educational format prior to the COVID-19 pandemic. Two nurse educators described examination challenges in the remote or hybrid format. Two nurse educators described the need to compromise or find a balance regarding their expectations of nursing students

since the onset of the COVID-19 pandemic in the online, remote, or hybrid setting. Those two educators described the need to be firm but also know when to compromise. It is interesting to note these two nurse educators taught for the same university.

All the nurse educators described challenges with learning new and unfamiliar technology. Two nurse educators who were employed by the same university described technology support and resources available to them that were better, in comparison to the description of technology support of other nurse educators in the study, although all the nurse educators still had challenges. The educators at the other two universities described a lack of support or support that did not meet their needs when trying to learn the new technology.

All nurse educators in the study described increased course loads and/or workloads at some point during the COVID-19 pandemic with the worst semester being during the Fall 2020. The nurse educators at the state university described their course loads and/or workloads returning to the pre-COVID-19 pandemic course load or better while the educators at the private universities were still experiencing an increase in their course load and/or workload. Common reasons three of the nurse educators in the present study expressed increased course loads were social distancing in the classroom and laboratory, and students on isolation or quarantine needing additional laboratory time.

Four nurse educators described issues with student engagement in the online, remote, and or hybrid setting. Three of the educators noted that there were more student academic issues or concerns since the onset of the COVID-19 pandemic. Each theme and subtheme along with the commonalties and the pseudonym of the nurse educator who experienced it are provided in Figure 5.1.

Figure 5.1

Summary of Theme 1 and Sub-Themes 1.1-1.3 with Commonalties

Research Question 1: How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic?	
Theme 1: <i>The COVID 19 Pandemic Resulted in Pedagogical Changes by the Nurse Educator to Meet the Course and Student Learning Objectives</i>	
Commonalties	Nurse Educator
Use of virtual simulation	Grace, Mindy, Sarah
Remote of Hybrid Teaching	Georgia, Grace, Mindy, Rebecca, Sarah
Balance between compromising and rigid student expectations.	Mindy, Grace
Sub-Theme 1.1: Learning and Administering Unfamiliar Technology	
Commonalties	Nurse Educator
Pedagogy challenges (lack of training, training not meeting the needs of educator, and/or lack of knowledge) when teaching remote or hybrid	Georgia, Grace, Mindy, Rebecca, Sarah
Sub-Theme 1.2: Teaching an Increased Course Load	
Commonalties	Nurse Educator
Increased Workload/course load-examples (Social distancing in classroom and lab) (Vaccine exemption)	Georgia, Grace, Mindy, Rebecca, Sarah
Social distancing required more lab sections	Grace, Rebecca, Sarah
Isolation and quarantine required rescheduling individual student clinical or clinical laboratory	Grace, Rebecca, Sarah
Sub-Theme 1.3: Difficulty Engaging Students in Coursework	
Commonalties	Nurse Educator
Difficulty with student engagement in hybrid and remote classes	Georgia, Grace, Mindy, Rebecca
More student academic concerns -Students not passing courses -Students reapplying for admission	Georgia, Mindy, Rebecca

Themes for Research Question Two

The second research question is: how do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing? Four themes were identified in response to this question (themes 2-5). Theme two is: *nurse educators experienced tension over ethical issues*. There are three sub-themes identified within theme two: (2.1) ethical concerns that resulted in disunity; (2.2) tensions surrounding vaccine mandates for students and faculty; (2.3) wanting to do what was right as a nurse was in tension with employee role. Theme three is: *institutional communication plays an important role in nurse educator role satisfaction*. This theme has one sub-theme: (3.1) nurse educators became bearers of bad news to students. Theme four is: *nurse educators struggled to balance educator role and home/life responsibilities*. The final theme for research question two is the: *nurse educators emotional and physical wellbeing declined due to the demands of educator role*. The primary theme and each sub-theme are described below. Additionally, I will explain how or why the theme and sub-theme answers the research question. I conclude each theme with a cross case analysis summary.

Theme 2: Nurse Educators Experience Tension Over Ethical Issues That Resulted in Disunity

This theme describes the multifaceted ethical tensions that emerged throughout the COVID-19 pandemic and how these ethical tensions affected the nurse educator's personal wellbeing. As there were changes or new developments in local, state, and/or federal mandates the nurse educators experienced disagreements or issues that in some instances lead to strained relationships with students, colleagues, and/or university administrators.

Theme two has three sub-themes. The first sub-theme (2.1) is tensions surrounding vaccine mandates for students and faculty. The second sub-theme (2.3) is wanting to do what was right as a nurse was in tension with employee role.

This theme emerged as the majority of nurse educators in the present study expressed disunity that occurred within their university community and among different stakeholders. This included disunity among the students; nurse educators and students; nurse educators and other university faculty; and/or nurse educators and university administrators. This theme is described as the ethical concerns the nurse educators in the present study experienced with students which resulted in disunity followed by the ethical concerns with faculty and administrators that resulted in disunity.

A perceived disunity among students or fear that division may occur and result in incivility over COVID-19 vaccine issues was expressed by Georgia and Mindy. The nurse educators in the present study were concerned that the students who have the COVID-19 vaccine may have or develop animosity toward the students without the vaccine. The students without the COVID-19 vaccine required accommodations for clinical placements in the practice-based setting. Some of the students with the COVID-19 vaccine thought they had to make sacrifices in their education and clinical placements because of the limitations of the unvaccinated students. Georgia expressed that

there's attitude with the students. There's some division with the students. I think there's some marginalization with our students. The college has a COVID vaccine exemption policy, which is caused a lot of headache and hours and division. So, I don't feel as connected to the students. There's been some hard feelings with the students even over this COVID stuff. . . I have this feeling of guilt that I'm not doing enough to help the students that are doing everything they're supposed to be.

Another situation described was the concern that incivility may occur among the students over clinical sites or over lost clinical hours in the practice-based clinical setting. Some practice-based clinical sites, especially long-term care facilities were requiring on-site COVID-19 testing of the students prior to starting their clinical day. Mindy described her experience.

There was one clinical site that was allowing students to have an exemption and it was actually a clinical site that was quite large. So, we have two groups there. So around 14 to 20 students, that one student who was not vaccinated, tested positive that morning and all of them got sent home. So, they all lost out on that clinical experience, unfortunately, and who's to say it could have been somebody who had been vaccinated that tested positive. . .then you hope that there's not incivility between the students because of that as well. But there definitely is more incivility.

The nurse educators in the present study described ethical concerns they experienced that caused disunity with the nursing students. Georgia remarked

I also feel like I'm just really angry and irritable sometimes when students in my mind are unreasonable. An example would be a student who has a COVID-19 vaccine exemption, trying to accommodate them, [and] get them into the right hospital for clinical. Then they have a delay in their testing. They can't go to clinical because they're not following the policy of the hospitals. If they have a vaccine exemption, they have to have a negative test to go to clinical. The students perceive that as being my fault somehow [not being able to attend clinical], and then I get a call from parents or administration at the college. And that prevents me from preparing for my class, for all the students-because I'm putting out all these fires for one student, or small group of students. Then I get pissy (excuse my language) because this is something I don't even agree with. So, I'm having some professional concerns and some ethical, moral concerns on my part. I'm working so hard for something that don't agree with.

The nurse educators in the present study experienced disunity when their values, ideas, and/or views for handling issues related to the COVID-19 pandemic were different than other university faculty or administrators. Georgia and Sarah were faculty members in one of the few departments at Davis University where all the faculty wore masks and required the students to wear masks during class and while in the department. Both

Georgia and Sarah described their greatest challenge during the COVID-19 pandemic was the lack of support and understanding they received from the university administration. An example of the disunity felt as a faculty member was described by Georgia.

[There is a] huge division between those people who are vaccinated and not vaccinated, wear masks and not wear masks. I feel very marginalized, having been a nursing faculty member where we were one of the few departments that were requiring our students to wear masks at the end.

Georgia described the disunity and lack of support she feels from the administrators.

We did have one dad whose daughter did not want to get the COVID vaccine, chose not to get vaccinated, and he threatened to sue the . . . State Board of Nursing to get that changed. The State Board of Nursing basically said, 'Our job is to protect the public, and we will not be changing any legislation and nursing students must take care of real patients. I feel like the administration has not supported us in any of that.

Sarah explained how the lack of unity and support from university administrators has affected the nursing educators.

There're so many things, so many flexibility moments, like we [nursing faculty] want to say 'no, these students need to go' [be dismissed from the program for not meeting academic standards]. Then the leadership in the [nursing] department has to figure out ways to accommodate students who fail their classes, or don't want to get vaccinated. That just trickles down. I think if I were to label it, I really think that there needs to be more faculty support [from the administration]. If I were to do the root cause analysis, that's the problem. There's not nearly enough support for what goes on here for it to be successful, and [lack of support] has played a toll on everybody.

Rebecca described this disunity at her university and among the faculty in the nursing department at Everly University.

[The faculty group] became very divisive. I have felt more isolated professionally because my views about [COVID] are not what generally people have and so that's been very isolating . . . it's made me question things; it's made me feel like I'm going crazy.

Rebecca described another issue related to the loss of nursing classroom assignments that have led to discord with administrators and/or the faculty in other programs who now use the classroom.

The nursing students were not allowed on campus because they go to clinical. . . [during this time] Our classroom spaces were then given away to other programs to use. I think that's why a couple of classes went 100% online.

Sub-theme 2.1: tensions surrounding vaccine mandates for students and faculty. This subtheme describes the dissidence surrounding the COVID-19 vaccine that was experienced by the nurse educators in the present study. The magnitude of tension experienced by the nurse educator over the COVID-19 vaccine mandate was exacerbated when the parties view or belief regarding the vaccine differed. Georgia noticed this tension among the students who were vaccinated and unvaccinated.

The COVID-19 vaccine has resulted in “some marginalization with our students. . . there's some division. We have some students who are very adamant that they don't want to get vaccinated or don't want to wear masks. . . [I wish] I would have not let all this COVID stuff negatively affect my relationships with my students.

Mindy provided the example:

[The COVID-19 vaccine mandate has] put students in a position to where they have tried to get around the system, ‘how can I maybe make it look like I am vaccinated but not really get vaccinated’ Then it becomes an ethical issue. Who are you putting at risk? . . . I'm trying to figure out how to proceed with that when we have students who are being unethical.

Rebecca described a different issue. She chose not to get the COVID-19 vaccine and has felt isolated from the other nurse educators due to this decision. The policies for those not vaccinated for COVID-19 made their vaccine status discriminate and resulted in a violation of privacy.

I chose not to be vaccinated, and so that means I have to test [for COVID] every week. And I'm lucky to be able to keep my job and do that. But for a period of time, I had to wear an N-95 all the time. Not here but at [the site of laboratory

teaching]. So, students, everybody knew I was unvaccinated, and some people knew why, even though I didn't say whether it was a medical or religious reason, but some people knew why, and they shouldn't have.

Rebecca described that her disagreement with the administrators was additionally related to the lack of information on vaccine exemptions that were provided to the nursing students, but she needed to be careful with how and what she became involved with.

They [the students] must be allowed exemptions. I don't know that they're aware that that's an option. To just be frank, they're told they have to have it. There's been some pushback. I don't ask the question because it's not in my lane and it's private. So, I don't want to get too involved in that, but I know that everyone is 100% vaccinated, all the students are.

Sub-theme 2.2: wanting to do what was right as a nurse was in tension with employee role. This sub-theme emerged when analyzing two of the nurse educator's cases in the present study. The nurse educators were torn between doing what was ethically right as a nurse to protect society and the patients they were caring for and to do what was expected of them as an employee of the university. Sarah described her distress and frustration.

The administration seemed to want to perpetuate this whole community and [Davis University] culture. . . It's like the pandemic, isn't going on here. And that's also been hard because I am a nurse. I know this has killed people. I feel like I work for the organization that has caused a lot of deaths societally, you know, allowing students to not wear masks, and not supporting us and our society, to mandate vaccines for nursing students that's frustrating for me.

Georgia described a similar feeling of distress and frustration.

I felt really torn between wanting to do what was right for the community; wanting to do the thing to be the responsible nurse, follow evidence-based practice and yet the college not supporting the science having to do with COVID or the health department authority having to do with COVID recommendations.

Cross Case Analysis: Theme 2 and Sub-Themes 2.1-2.2

Upon a cross-case examination there were several commonalities that resulted in the theme development. The ethical tensions were experienced by four of nurse educators in the present study. Ethical tensions were generally related to how situations related to the COVID-19 pandemic were handled. These situations, although multifaceted, primarily involved the COVID-19 vaccine and the health and safety of the nursing students, other students on campus, faculty, patients, and the general public.

Ethical situations caused disunity when the values and beliefs of the nurse educator was different than the other party involved. These ethical tensions were described by four nurse educators in the present study. The disunity was experienced with university administrators or other faculty by three nurse educators in the present study. Disunity was experienced with or among students by two of the nurse educators in the present study. Disunity was experienced among students which two of the nurse educators had to intervene. These ethical situations varied but included a lack of administrative or faculty support related to COVID-19 issues such as COVID-19 testing; COVID-19 vaccination and exemptions; mask mandates; quarantine and isolation guidelines; student progression; and clinical in the practice-based setting.

The COVID-19 vaccine mandate and vaccine exemptions requirements for clinical in the practice-based setting caused ethical tensions in four of the nurse educators in the present study. Three nurse educators in the study were in support of the vaccine mandate. One nurse educator was not and chose not to get vaccinated herself and received a vaccine exemption. For these four nurse educators, their views were not in harmony with all their

students, fellow nurse educators, and/or colleges administrators. In addition to the nurse educators experiencing disunity with the parties involved, other ethical tensions were experienced which further affected the nurse educator's well-being as well as their personal and professional relationships.

Two nurse educators who were employed for the same university described experiences where they thought they were violating the ethics of the nursing profession for the sake of their university. In this situation the nurse educators teach at a private, Catholic university. The two educators who taught at a state university did not mention this ethical tension. Each theme and subtheme along with the commonalties and the pseudonym of the nurse educator who experienced it are provided in Figure 5.2.

Figure 5.2

Summary of Theme 2 and Sub-Themes 2.1-2.3 with Commonalties

Research Question 2: How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing	
Theme 2: <i>Nurse Educators Experience Tension Over Ethical Issues That Resulted in Disunity</i>	
Commonalties	Nurse Educator
Vaccine mandates	Georgia, Mindy, Rebecca, Sarah
Vaccine Exemptions -students -faculty	Georgia, Mindy, Rebecca, Sarah
General COVID-19 situation -Practice-based clinical -Quarantine and isolation	Georgia, Rebecca, Sarah
Mask Mandates - Lack of administrative support or concerns with university administrative support	Georgia, Rebecca, Sarah
COVID-19 testing - Lack of administrative support or concerns with university administrative support -Unvaccinated Student tested positive for COVID (20-students sent home from clinical)	Georgia, Rebecca, Sarah
Student progression (not passing course) - Lack of administrative support or concerns with university	Georgia, Rebecca, Sarah
Division or perceived division and fear of incivility among students -Vaccinated versus unvaccinated students for clinical sites	Georgia and Mindy
Threatened Legal action against hospitals and state boards of nursing by families and administrators	Georgia
Sub-Theme 2.1: Tensions Surrounding Vaccine Mandates for Students and Faculty	
Commonalties	Nurse Educator
COVID-19 vaccine mandates resulted in ethical issues -Clinical practice-based setting -Required to test, wear N-95 mask	Georgia, Mindy, Rebecca, Sarah
Sub-Theme 2.2: Wanting to Do What Was Right as a Nurse was in Tension with Employee Role	
Commonalties	Nurse Educator
Safety concerns of the campus community and greater community not respected by university administrators	Georgia, Sarah

Theme 3: Institutional Communication Plays an Important Role in Nurse Educator Satisfaction

This theme developed because the nurse educators who participated in the present study expressed satisfaction when they thought they received good communication, whereas the nurse educators who thought they did not receive adequate communication were dissatisfied with their understanding of the current situation and expectations. Georgia expressed this “I feel that the university has not communicated very well with us. I feel like we do not get all the information. . . No one really seemed to know what the heck was going on.” Rebecca described how communication declined from her nursing program administrators as the COVID-19 pandemic progressed. The departmental communication initially was

really great because we talk to each other a lot anyway. . . [but] as the situation unfolded, it became more and more about policies, and this is how we’re going to handle this. . . [The communication] “became a little less frequent . . . I found myself not knowing what’s next more often . . . what was said wasn’t really what we were doing and never seemed to quite match up. . . I feel like at that time, I didn’t have a very good idea of where we were and where we were going to be in the next week or so.

Mindy and Grace thought their nursing program administrators communicated information with the nursing faculty that was needed. Grace described good communication from the BSN coordinator via a text message group, “she always texts regularly to kind of keep us in a little loop. It helps.” Mindy echoed this, “we’ve had a really great leadership person in our chair that is great at communicating . . . and we do have pretty good communication in our meetings and working together.” Although Mindy describes the communication as good, she did express “I think there’s definitely a lot more

ambiguity in the communication . . . we're still trying to figure everything out. I think there's a lot more collaboration and working together t because things are so different.

Communications with the clinical partners has been a challenge of the nurse educators and is concerning to the nurse educators. The nurse educators need to have the most up-to-date information and requirements of the clinical partners, so that they can ensure the students meet the guidelines. Mindy indicated

I think the hardest part . . . we always struggle when communicating with some of our clinical sites, especially with nursing homes that we deal with a lot. There's a lot of change of leadership and sometimes getting that communication established. Then there's a new person in this role and we're trying to re-establish that relationship. That's always been a struggle and now on top of it with COVID.

Georgia expressed concerns with communication she has had with the clinical partners. "I feel like there's been communication but it's really difficult as things are changing as new things happen. Sometimes I feel like when we get information from the clinical partners, it's already outdated."

Sarah expressed communication concerns related to the changes in nursing department administrators experienced since December 2019, and the poor communication of expectations related to nurse educator role throughout the COVID-19 pandemic.

I've had three bosses since I've been here. One, I started off with him, and I had kind of this idea of how my job would sort of look like. Then another leader, and I guess she had, a different approach and different expectations that I was unaware of. . . now [the current nursing administrator], she's implemented all these policies and those are needed and good. It's just she hit the ground running when she started.

Sub-theme 3.1: nurse educators became bearers of bad news to students. Nurse educators are required to communicate clinical expectations to nursing students. This need to communicate is not new, but since the onset of the COVID-19 pandemic the

requirements and expectations of the nursing students and the nurse educators to enter clinical in the practice-based setting has changed. When the nursing students did not want to adhere to the expectations this required the nurse educator to enforce the requirements and explain the consequences of not meeting them to the students. Mindy explained that

we are having to put these rules in place. We kind of have to say, well, we can't budge on this. This is what the clinical sites are telling us. And we can't just create a clinical experience for you. So, it puts us in a hard, hard spot for sure.

Students may have different clinical expectations than a hospital employee. Georgia described what the student role is in the hospital setting to explain why the expectations of the hospital may be different for students than a hospital employee.

We are guests at the hospital. The hospitals do not have to take us [students], we are not essential employees. We are not health care workers. We are not critical. We probably cause the hospital, a lot of times, a lot more work and energy. They don't need us.

The COVID-19 pandemic has required additional safety precautions in the practice based clinical setting. This resulted in the need to fit test students for N-95 masks, ensure students are wearing a surgical mask correctly, maintain the appropriate distancing when not in mask (for example during meals), and ensure students have the COVID-19 vaccine or an approved vaccine exemption. Additionally, COVID-19 testing is required prior to students entering some of the practice-based clinical sites. Georgia had to explain the difference between the student role and employee role to the university administrators. "Even the [university] president said he wanted to contact the hospitals and tell them they were looking at legal action if they were requiring the vaccine." Mindy described how the vaccine mandates of the practice-based clinical facilities have put the nurse educators in a position to be the "bad guy" that has to enforce the rules.

The vaccine mandate definitely has been hard because it puts us in that middle position. We're having to tell the students these are the rules for the clinical sites, but if you don't meet the rules to go get your clinical hours, we cannot do substitutions for you. You have to get your clinical hours to be able to graduate to meet those objectives.

Georgia reinforced this.

I have to be more of a bad guy. Mean guy, tell the students you've got to put them masks on. . . You can't go to clinical because you didn't get your COVID testing done. . . You've got to go get your fit testing. Get your [fit testing] form filled out right.

Cross Case Analysis: Theme 3 and Sub-Theme 3.1

Upon a cross-case examination there were several commonalities that resulted in the theme development. The nurse educators who were employed by a state university were more satisfied with the communication they received compared to the educators who were employed at smaller private colleges. All the nurse educators wanted to be informed of the issues affecting them at the university level but also those issues that were affecting them within their nursing program, and specific courses. The communication satisfaction was not measured by nurse educators in the current study by the amount of communication received but by the quality, relevance, and value of the actual communication.

Nurse educators at two different universities in the present study described the need to communicate “bad news” to the nursing students. This communication was not always directly related to the requirements of the nursing program administrators but was also relaying information about the requirements for clinical from the practice-based clinical administrators. This was described as a “middleman.” Each theme and subtheme along with the commonalties and the pseudonym of the nurse educator who experienced it are provided in Figure 5.3.

Figure 5.3

Summary of Theme 3 and Sub-Theme 3.1 with Commonalties

Research Question 2: How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing	
Theme 3: <i>Institutional Communication Plays an Important Role in Nurse Educator Satisfaction</i>	
Commonalties	Nurse Educator
Poor or ambiguous communication from university administrators	Georgia, Rebecca, Sarah
Good nursing program administrators' communication	Grace and Mindy
Clinical partner communication -outdated when received -constantly changing -changing administrators	Georgia and Mindy
Sub-Theme 3.1: Nurse Educators Became Bearers of Bad News to Students	
Commonalties	Nurse Educator
Must enforce the clinical requirements -N-95 mask fit testing -COVID-19 vaccine exemption requirements -Vaccine exemption requirements -Masks	Georgia, Mindy

Theme 4: Nurse Educators Struggled to Balance Educator Role and Home/Life Responsibilities

This theme emerged in analysis of the interviews completed with all the nurse educators in the study. March 2020 through the Fall 2020 semester resulted in the most challenges for all nurse educators, but those challenges have continued for some of nurse educators. During March 2020, the nurse educators with school age children struggled to balance their online, remote teaching and their children's online, remote educational needs. Georgia described her situation. "My kids were not in school. My husband was also working from home. It just felt very chaotic, and uncertain, and stressful." Georgia was not

real comfortable with technology and her struggles left her with “this feeling of guilt that I'm not doing enough to help the students . . . of not being a good mom or wife.”

Mindy discussed the struggles of the students who were trying to manage online courses and their children who were learning remote. “I was trying . . . [to] juggle that as well. Like my kids were virtual and getting them on Zoom meetings while I was teaching a Zoom meeting, so that was really hard.” Rebecca was experiencing the same challenge with her daughter who had recently transitioned to remote learning. “I have three children. One I homeschooled before the pandemic and then the other one, of course, was homeschooling remotely. She was eight years old at the time, and so that was hard to teach class via Zoom and be there for whatever she needed on the iPad for school.”

Sarah was also struggling to manage her home and life responsibilities with her educator role. Sarah moved into her home on March 13. The COVID-19 pandemic resulted in a lack of childcare support from her parents and the closure of the childcare center. Sarah explained one of her struggles as “dealing with moving into a new house, with two kids, [and] not having anybody to help watch the kids while we were trying to work” Adding to Sarah’s struggle was a lot of the items Sarah needed for her home office were packed away in boxes, resulting in her not having everything she needed to be able to effectively manage her educator role. Sarah further explained that

I'm trying meet the department's demands and maybe sometimes I'm doing the wrong thing. I helped today with a simulation. I'm super happy to do that but at the same time, trying to juggle everything. I just can't put the time in afterwards because I need to be there for my family.

The increase in course load/workload resulted in Grace spending more time at the university to complete her work and still struggling to manage the expectations of her

educator role. “I don’t have kids, but my husband . . . he’s very helpful. But even there, I can see some strain coming out because I’m taking all the work home.” Grace admitted that she was not able to successfully manage her educator role and her doctoral program courses. “I’m taking nine [credit hours], there was one point I couldn’t submit an assignment for my PhD program. I’m usually . . . an A student, but then I” . . . was almost like a B- [student].”

Cross Case Analysis: Theme 4

Upon a cross-case examination there were several commonalities that resulted in the theme development. All the nurse educators had challenges balancing their nurse educator role with their home or other life responsibilities. Four of the nurse educators had children at home who required additional assistance during the COVID-19 pandemic. Three of the nurse educators had school age children who were learning in a remote format while they were teaching remote. Two nurse educator’s husbands were college educators who were teaching remote during this time.

Figure 5.4

Summary of Theme 4 with Commonalties

Research Question 2: How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing	
Theme 4: <i>Nurse Educators Struggled to Balance Educator Role and Home/Life Responsibilities</i>	
Commonalties	Nurse Educator
Difficulty balancing nurse educator role with home/life/family/own education -Working more hours	Georgia, Grace, Mindy, Rebecca, Sarah
School age children learning remote while teaching remote	Georgia, Mindy, Rebecca
Husband a college educator	Georgia Sarah

Theme 5: Emotional and Physical Wellbeing Declined Due to Educator Role Demands

The majority of the nurse educators expressed that they experienced a change in the physical or emotional wellbeing during the COVID-19 pandemic. Georgia exemplified this theme with a significant decline in her physical and emotional health.

I've had a huge decline. . . I feel like I'm irritable and angry and just that has taken a huge toll on my physical and emotional health. . . I feel like I'm stressing eating all day long, crappy food . . . I've gained 15 pounds . . . I'm having trouble sleeping. . . I'm exhausted, I'm overwhelmed. I feel very stressed . . . I feel like in nursing education had so many things going on before this, this is just almost too much.

Grace affirmed “I’m doing everything and trying to not compromise my quality of education, not compromising what we do, [and] thinking about the students . . . I kind of felt more burned out because of the hours.” Sarah emphasized “I’ve been getting no sleep to less than 2-3 hours of sleep for a while and its coffee.”

Mindy expressed that her change in physical wellbeing improved. “I had more time in the mornings, and I actually started exercising more. So that was probably something

that helped me. . . to feel better. I really started my exercise routine and I've been able to keep that up.”

Most of the nurse educators expressed marriage struggles. Mindy explained “I was also having some personal issues. And so that was an extra struggle. . . I actually ended up getting a divorce in 2020 too.” Sarah described the problems she was having during the Spring of 2021. She explained “we got in a really bad fight. He never left the house . . . [but] we were separated.” Two of the other nurse educators in the study described how the extra hours away from home, the work they were completing at home, and the emotional stress that were experiencing in relation to their role as a nurse educator affected their home life and put a strain on their marriage. Grace affirmed “my husband he's very helpful, but even there, I can see some strain coming out because I'm taking all the work home, and that was kind of too challenging.” Georgia reflected on the challenges of the past few years and how it had affected her marriage. “No wonder why I'm tired and cranky and why my husband wants me to quit my job.”

I asked Rebecca about her physical and emotional wellbeing. She exclaimed “It's been a mess. Not very good at all.” In addition to the challenges, she was experiencing at her university and within the nursing program Rebecca shared “my dad passed away this past summer so that was kind of a lot.”

During the interview, I also asked the nurse educators about where their teaching and emotional support came from throughout the COVID-19 pandemic. Although, the nurse educators in the study mentioned specific people, overall, there was a sense that it was the support itself that was important to the nurse educators' well-being not necessarily who provided the support. Rebecca mentioned “I think just the couple of relationships I

have with folks here was probably the most helpful.” Georgia echoed this “I’m very fortunate. I have one colleague that I’m really close to and I’ve learned a lot from her and I’m very comfortable going to her talking things through.”

Mindy described a multifaceted support system that she relied on.

I feel for people who didn't have a lot of family support, friendship support, work colleagues, or work family because without that it would have been a lot harder. Fortunately, I had a lot of support during that [time]. I actually started seeing a counselor. It was interesting right before COVID hits, I was doing some marriage counseling and then she kind of just took me on as counseling, just one on one with her eventually as things didn't work out [with my marriage].

Cross Case Analysis: Theme 5

Upon a cross-case examination there were several commonalities that resulted in the theme development. All nurse educators in the present study expressed in their changes personal physical or emotional wellbeing. Two nurse educators described a decline in physical health, while one had an improvement. All the nurse educators had a decline in their emotional well-being. Four nurse educators described marriage issues. One nurse educator divorced during the COVID-19 pandemic, one separated, and two nurse educators expressed marriage struggles.

I asked nurse educators where their teaching and emotional support came from during the COVID-19 pandemic. I asked this question to learn where the nurse educators in the present study received their support from. I did achieve this, but what I really learned was emotional support is important to the educator’s well-being and it came from multiple sources not just one or a select few as I was expecting. There were three nurse educators who mentioned they were seeing a counselor or spiritual advisor for emotional support. Additionally, emotional support from other nurse educators was important as they seemed

to understand and emphasize with the situations experienced by four nurse educators in the present study. All the nurse educators mentioned church or religious groups as key areas for emotional support. Four nurse educators mentioned family as essential for emotional support. I expected a theme to develop for teaching support, but the emotional support from other nurse educators was what the nurse educators in the present study were seeking. Each theme and subtheme along with the commonalties and the pseudonym of the nurse educator who experienced it are provided in figure 5.5.

Figure 5.5

Summary of Theme 5 and Subtheme 5.1 with Commonalties

Research Question 2: How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing	
<i>Theme 5:</i> <i>Emotional and Physical Wellbeing Declined Due to Educator Role Demands</i>	
Commonalties	Nurse Educator
Changes in personal physical and emotional health and well-being (Weight gain, sleep issues, diet changes)	Georgia, Grace, Mindy, Rebecca, Sarah
Marriage issues	Georgia, Grace, Mindy (Divorced), Sarah (Separated)
Needed support	Georgia, Grace, Mindy, Rebecca, Sarah
Most teaching support from other nurse educators (key emotional support related to teaching)	Georgia, Grace, Mindy, Rebecca
Seeing counselor/spiritual advisor	Georgia, Mindy, Sarah
Family	Georgia, Grace, Mindy
Church or Religious or community group	Georgia, Grace, Mindy, Sarah, Rebecca

Themes for Research Question Three

The third research question is: how do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward? Two themes were identified in response to this research (Themes 6-8). Theme six is: *the nurse educators are proud their own and their student's resiliency during the COVID-19 pandemic*. Theme seven is: *student success became the nurse educator's responsibility*. Theme eight is: *future academic nursing will change*. The themes are described below. Additionally, I will explain how or why the themes answers the research question. I conclude each theme with a cross case analysis summary.

Theme 6: Nurse Educators are Proud of Their Own and Their Student's Resiliency

I wanted to end the interview with the nurse educators in the present study by focusing on what they were proud of and what they did well since the onset of the pandemic. The COVID-19 pandemic has been challenging for nurse educators and has resulted in some of the educators in the present study leaving their current positions or considering leaving.

The theme that emerged from the analysis of the final interview questions with the nurse educators in the study was resiliency by the educators themselves. This theme answers the research question since the nurse educator's resilience to the challenges means there will be academic nursing education in the future and this education will be stronger based on the experiences and challenges these nurse educators endured. True to sacrificing nature of the nurse educators in this study they expressed they were proud of their

student's resiliency. This was evident in Georgia's comment. "I think I'm proud that I am resilient [and] that I'm still here. We have graduated some awesome nurses; we've educated some awesome nurses." Mindy also related the resilience of the faculty to the effects on students and patients.

I think our resiliency as faculty to work through such a difficult change of how we had to ensure that we had positive outcomes for our students and their patients. Because we always think about how we're affecting those patients through our students.

Additionally, Mindy emphasized the achievement of the students.

[The nursing students] were proud of achieving the goal of making it through nursing school in a pandemic. I was very proud of them and their outlook and their perspective. A large portion of them are now nurses and they're taking care of patients and that's exciting. So that makes me proud.

Grace related her resiliency to knowing she was meant to be a nurse educator. "I think I feel myself proud for still standing. You know, having the same passion to help students. Yeah, I'm proud of myself for surviving the storm."

Rebecca was proud of her resilience in maintaining communications and connections with the students. She described how she did not like to send a lot of emails but that she has worked hard to ensure that she was available to students. "I think I was a calming presence for [the] students. And that I was available to them as much as I possibly could have been. . . I'm proud of my ability to kind of keep the connections with the students building up."

Sarah's resilience was evident when she was going to resign during the summer of 2021 but decided to remain in her position for an additional academic year when she learned one of her colleagues had decided to retire. She knew if she resigned there would be two faculty vacancies in her nursing program. Although she is leaving at the end of this

academic year she said “I know that I’ve have done the best I could do. I gave it my all. . . I at least feel like I’ve tried to be there for the people around me as much as I could.”

Cross Case Analysis: Theme 6

Upon a cross-case examination there were several commonalities that resulted in the theme development. All nurse educators in the present study described how they were proud of their resilience. Two nurse educators expressed that they considered leaving nursing education and mentioned that there were other areas within nursing they could do that paid them better. Both nurse educators are also nurse practitioners. Two other nurse educators in the study did resign from their current position at the end of the current academic year at their respective institutions.

Three nurse educators described resilience of the nursing students with two of the nurse educators additionally describing the students NCLEX-RN pass rate. The resilience of the nurse educators and the students mentioned by the nurse educators in the study helped to answer research question three indirectly. Without nurse educators and without positive student outcomes such as good attrition rates and NCLEX-RN pass rates academic nursing will not continue. Each theme and subtheme along with the commonalties and the pseudonym of the nurse educator who experienced it are provided in Figure 5.6.

Figure 5.6

Summary of Theme 6 with Commonalties

Research Question 3: How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward	
Theme 6: <i>Nurse Educators are Proud of Their Own and Their Student's Resiliency</i>	
Commonalties	Nurse Educator
Proud of resilience in self	Georgia, Grace, Mindy, Rebecca, Sarah
Proud of resilience in students	Georgia, Mindy,
Proud of NCLEX-RN pass rate	Georgia, Mindy

Theme 7: Student Success Became the Nurse Educators Responsibility

The nurse educators in the present study expressed how they felt responsible for the students and ensuring that they provided the students with the educational content and supplies they needed to be successful. A comment by Rebecca exemplified the changing role of the nurse educator since the onset of the COVID-19 pandemic related to nursing student success. Rebecca shared “I feel that [the students] success is more my responsibility now than it was before because they have it so much harder.” When asked to explain how things are harder for students Rebecca explained that

The lack of interaction with faculty, I think it's hard to do Zoom classes. If I was a student, I would hate it. The fluid ability to work from home now is way more acceptable, and that's great. I hate to say it like I criticize that because it's really great in many ways, not just for faculty but for students. But I think we're not as accessible to them as we were before. Because we can work from home now and the distance what's good on paper, but I don't think it's good for our student population that way. I think we take more at-risk students who are in need a lot of extra interaction.

Georgia expressed concerns with lack of motivation.

You feel like we have to motivate them [students] even more, and then we have the students that struggle and have poor study skills. I gave a test one day this last semester, [Fall 2021] and the students did poorly on my pharm test, terrible, poorly, like over half the class failed. And I said, 'what happened you guys, what happened?' And they said, 'well, it was after fall break. You gave the test the day after fall break, and we just didn't study. We were out having fun.' I feel like the work ethic of the students has made it so much harder.

Georgia mentioned that some of the nurse educators at her university have changed their examination dates to accommodate the students in hopes they will be more successful.

Grace wanted to ensure that her students were successful and had a good experience and she justified the additional hours she was working as what was best for the students.

I never thought about pay . . . I always wanted to give a good experience for the students. . . . So, I never . . . thought about how many hours I'm here I'll come in early and then I'm the one that sometimes . . . is going to be the last person to leave. . . I was like okay; I am helping the students right. I want to do the best. What can I do to kind of give them the same experience that they had before?

In March 2020 Georgia described how she made sure the senior nursing students had access to the supplies they needed to be able to complete their final Capstone clinical course.

We were not really allowed on campus, but some of the students still stayed in the area. I remember getting N-95 masks and putting them on my front porch and the students would come and pick them up and go to clinicals.

Georgia explained there were some senior nursing students who did not want to enter the practice-based clinical sites during March 2020, so the nurse educators provided alternate clinical experiences for these students to ensure they could successfully complete the nursing program and graduate on time.

We had a handful of students that said 'I don't want to go to clinical. I don't want to get COVID.' So, we honored that and didn't require them to go to clinical then. We did some case studies. We did some virtual simulations.

Cross Case Analysis: Theme 7

Upon a cross-case examination there were several commonalities that resulted in the theme development. Four nurse educators described how they felt responsible for the nursing students learning more since the COVID-19 pandemic than before. This was expressed by the need to do more for the students or provide additional resources or make accommodations for their success. One nurse educator described the difficulty in learning on Zoom and need for more faculty interaction for students especially those that were at-risk. One nurse educator described providing masks to the students that they picked up at her house so the students could complete their clinical in the practice-based setting. The theme along with the commonalties and the pseudonym of the nurse educators who experienced it are provided in Figure 5.7.

Figure 5.7

Summary of Theme 7 with Commonalties

Research Question 3: How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward	
Theme 7: <i>Student Success became the nurse educator's responsibility</i>	
Commonalities	Nurse Educator
-Make sure students have a good experience. -Have clinical supplies needed to be successful -Resilience training (tools to be successful) -Accommodate students to meet learning needs	Georgia, Grace, Mindy, Rebecca

Theme 8: Future Academic Nursing Will Change

I asked the nurse educators what they thought the future of academic nursing education would be like following the COVID-19 pandemic. I did not have a consistent

pattern in responses but what emerged with this question and throughout my analysis of the five cases is that moving forward academic nursing must change.

The increased use of technology during the past few years has changed how nursing programs are offering courses. Rebecca predicts

I think we're going to all go online. Maybe not 100%. It wouldn't be very effective. But I think the growth of technology is going to be humongous. . . I think we're going to notice more and more sim. I know we talk about it all the time because it's so difficult to get them into the facilities now.

Grace stressed if the COVID-19 pandemic continues “we need to do something different.” I know . . . some of the students . . . didn't have the actual clinical experience and I think they struggle a little bit; you can see some difference.” Grace expressed that the students must “have some hands-on experiences with the real patients.”

Georgia expressed that the flexibility and work-life balance that nurses transitioned into education for needs to return. Additionally, bring more nurses into education and to prevent nurse educators from leaving the profession pay needs to be more competitive. Georgia explained that “I think people are not going to want to go into nursing education because nurses can make a lot more money outside [of education] or they're just burned out and want to leave [the profession].” Rebecca does not oppose the flexibility but fears that technology may have resulted in too much flexibility and there needs to be a balance so the students who need additional support do not suffer. Mindy added that she hopes that nursing students “understand the gravity of it, [the COVID-19 pandemic] and they are willing to accept that as part of the challenge of nursing.”

Cross Case Analysis: Theme 8

Upon a cross-case examination there were several commonalities that resulted in the theme development. All the nurse educators in the present study admitted to challenges they experienced and the changes they had to make to provide the nursing students the educational content they needed. They each described successes they had but provided more examples of struggles, challenges, and some even what they considered as failures. Not one nurse educator in this present study described the past few years as easy or fun. One nurse educator mentioned that she hopes it will get better in the next week, next month, next semester or next year. The theme along with the commonalities and the pseudonym of the nurse educator who experienced it are provided in Figure 5.8.

Figure 5.8

Summary of Theme 8 with Commonalities

Research Question 3: How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward	
Theme 8: <i>Future Academic Nursing Will Change</i>	
Commonalities	Nurse Educator
More remote, online courses	Georgia, Grace, Mindy, Rebecca
Virtual Simulation to replace practice based clinical	
Actual clinical experiences with patients	Grace
Improved Flexibility and work-life balance	Georgia, Sarah
Better recruitment and retention	Georgia
Nursing students understand COVID-19 impact	Mindy

A brief description of themes and subthemes developed from the five case studies is presented in Figure 5.9.

Figure 5.9

Summary of all the Themes and Sub-Themes for Present Study

<p>Research Question 1: How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic?</p>
<p>Theme 1: <i>The COVID 19 Pandemic Resulted in Pedagogical Changes by the Nurse Educator to Meet the Course and Student Learning Objectives</i></p>
<p>Sub-Theme 1.1: Learning and Administering Unfamiliar Technology</p>
<p>Sub-Theme 1.2: Teaching an Increased Course Load</p>
<p>Sub-Theme 1.3: Difficulty Engaging Students in Coursework</p>
<p>Research Question 2: How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing</p>
<p>Theme 2: <i>Nurse Educators Experienced Tension Over Ethical Issues That resulted in Disunity</i></p>
<p>Sub-Theme 2.1: Tensions Surrounding Vaccine Mandates for Students and Faculty</p>
<p>Sub-Theme 2.2: Wanting to Do What Was Right as a Nurse was in Tension with Employee Role</p>
<p>Theme 3: <i>Institutional Communication Plays an Important Role in Nurse Educator Satisfaction</i></p>
<p>Sub-Theme 3.1: Nurse Educators became Bearers of Bad News to Students</p>
<p>Theme 4: <i>Nurse Educators Struggled to Balance Educator Role and Home/Life Responsibilities</i></p>
<p>Theme 5: <i>Nurse Educators Emotional and Physical Wellbeing Declined Due to Educator Role Demands</i></p>
<p>Research Question 3: How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward</p>
<p>Theme 6: <i>Nurse Educators are Proud of Their Own and Their Student's Resiliency</i></p>
<p>Theme 7: <i>Student Success Became the Nurse Educator's Responsibility</i></p>
<p>Theme 8: <i>Future Academic Nursing Will Change</i></p>

Application of Theory to Findings

Hardy and Conway's Role Theory (1988) and Schoening's NET model (2013) were used to guide the present study. The (situational and role) transition investigated were the personal and professional challenges experienced by nurse educators when making pedagogical changes. The overall transition process occurred over time and resulted in the nurse educators making multiple changes in their pedagogical practices which impacted their professional, and personal wellbeing. The study findings support a level of change occurring at the individual (nurse educator) level, which caused changes to the nurse educators' identity, role, relationships, abilities, or patterns of behavior. These findings are consistent with the theoretical framework of middle-range transition theories (Meleis, 2009).

Role Theory

Katz and Kahn (1966) open systems theory applied to organizations was used by Hardy and Conway and applied to situational role theory. In the present study open systems theory needs to be described to situate the nurse educators in the larger social system, which in the present study is education. Within the system are subsystems that include the university, other academic programs, and nursing program. All systems have input which is "any information, matter, or energy entering the system across the boundary from the environment" (Hardy & Conway, 1988, p. 112). Input in the present study includes the multiple positions such as the administrators, faculty, staff, and nurse educators. Other inputs include the students and the COVID-19 pandemic among others. Output is "any information, matter, or energy leaving the system across the boundary to the environment" (Hardy & Conway, 1988, p. 112). In the present study some examples of

output specific to the nursing programs include nurse educators involved in educational committees with other nursing programs where information is shared; nurse educators who are members of professional organizations; and nurse educators who are teaching in a practice-based clinical setting or working in a practice-based clinical setting. Additionally, the graduates from the university are outputs.

Feedback is when information is returned as an input after a series of interactions occurs as the system deviates from its preset state. Negative feedback is when the system returns to its preset state (Hardy & Conway, 1988). An example of feedback is when clinical in the practice-based setting must be cancelled after a nursing student tests positive for a COVID-19 viral infection, resulting in the quarantine of their peers and the nurse educator. This results in nursing students missing clinical, requiring an alternate assignment, or rescheduling all the students in that clinical group to a different day, including the nurse educator. The practice-based setting will also be affected by the changes. An example of negative feedback is communication that flows back and forth within the positions (i.e., administrators, faculty, nurse educators, and staff) of the larger social system and sub-systems maintaining a set operating state. Finally, the equilibrium of a system is the state that all the components of a system continue to interact with at least one variable in the specified range. I developed Figure 5.10 based on the open system model applied to situational role theory from the findings of the present study.

Figure 5.10

Education as a System, the University and Nursing Program as a Social Sub-System.



Note: A formal organization is represented in the figure. In the biggest circle is the larger institutional system of education. The second circle represents a sub-system of education the university. The smallest circle represents another sub-system of education represented in the present study, the nursing program. The arrows pointing into the system and sub-systems represent inputs. Inputs are any information, matter, or energy that enter the system across the boundary from the environment (Hardy & Conway, 1988). The arrows pointing out of the system and sub-systems represent outputs. Outputs are any information, matter, or energy that leave the system across the boundary to the environment (Hardy & Conway, 1988). The curved arrows at the bottom of the system represent feedback which is the return of information as input, “after a series of interactions the system have deviated from its preset internal state” (Hardy & Conway, 1988, p. 112). White arrows between sub-system nursing program and sub-system university, then again between sub-system university and system education represent the need for open communication. The curved arrows between the input and output arrows represent the system and sub-system’s organizational structure which affects the nurse educator’s role identity and role behavior.

In the following sections, I apply the findings from this study to the concepts of role stress and its four dimensions and role strain are briefly defined and applied to the experiences of the nurse educators in this study. Next, the findings are applied to NET model. Finally, how the present study further supported Wenner et al.'s. (2020) findings that nurse educators may return to phase one or two of the NET when beginning a new semester or teaching a new course are discussed.

Role transition is a dynamic process of change that happens over time as a new role is acquired (Hardy & Conway, 1988; Meleis, 2009). The nurse educators in this study experienced a transition in their educator role. The nurse educators all taught in-person courses but had to pivot to online, remote format during the Spring of 2020. In following semesters: Summer 2020, Fall 2020, Spring 2021, Fall 2021, the nurse educators were teaching in various formats depending on the needs of the students and the requirements of their university and program administrators. Some nurse educators were teaching in a fully online, remote format; others were teaching by a hybrid format; and some were teaching additional sections of their assigned courses to allow some students to be in sections that were in person and some students to be in other formats. These required pedagogies and technologies were new to the nurse educator and resulted in a transition in their educator role.

Role Stress

Hardy and Conway (1988) defined role stress as when a “social structure creates very difficult, conflicting, or impossible demands for occupants of positions within it” (p. 159). Role stress originates in the social structure that is external to the person. In the present study the social structure is the university. Role stress includes four dimensions:

role ambiguity, role conflict, role overload, and role incongruity. Each dimension is discussed in relation to the experiences of the nurse educators in the present study, beginning with a brief overview of the concept.

Role Ambiguity

Role ambiguity occurs when the roles are unclear, not well defined, or vague (Hardy & Conway, 1988). This means as the nurse educator tries to manage the challenges of teaching during the COVID-19 pandemic, or teaching using a new technology. This may result in the nurse educator feeling overwhelmed and unsure of what to do. Role ambiguity occurs when there is disagreement in the nurse educator's role expectations or when accountability standards are inconsistent.

The nurse educators in the present study described the frequent changes they experienced throughout the COVID-19 pandemic. The feelings of uncertainty and poor communication caused the nurse educators to experience role ambiguity. For example, Georgia described receiving communication from the university administrators, but the information did not provide clear expectations or guidelines. Rebecca described communication that came less often and the information that was received did not align with what the nurse educators were actually doing. This resulted in her feeling like she didn't know what was going on.

The addition of new technology resulted in the nurse educators employing new and different pedagogies in addition to navigating a period full of uncertainties further increasing role ambiguity. The nurse educators in the present study did not have experience teaching in an online, remote setting which caused the nurse educator to have difficulty fulfilling their role obligations. The online, remote teaching format pivot was required with

minimal time for professional development or training and continued in subsequent semesters.

Role Conflict

Role conflict occurs when meeting one set of expectations inhibits the person's ability to complete another expectation (Hardy & Conway, 1988). The nurse educator may become conflicted when trying to manage their role as a nurse educator and their other roles, such as being a parent, spouse, or friend. Additionally, role conflict occurs when a nurse educator is conflicted by their role as a nurse and their role as a university employee. Role conflict results when there are conflicting or inconsistent role demands, disagreement over role expectations, competing values, incompatible values or disparity between the role norms and behaviors (Hardy & Conway).

In general, the nurse educators in the present study struggled to balance their nurse educator role and their other roles. The nurse educators in this study expressed they experienced conflict between their role as a nurse educator and a wife. The majority of nurse educators in the present study expressed they experienced marital problems. Mindy began going through a divorce during COVID-19, and Sarah and husband became separated during this time. Two other nurse educators described the marital strain they were experiencing due to the conflicts with their nurse educator's workloads. Several of the nurse educators described role conflict between their nurse educator and mother role while their children were learning in a remote format.

Role conflict was also experienced by the nurse educators in the present study when there were differences in their views or values related to the COVID-19 pandemic compared to other members of the university community. This was expressed by the nurse

educators in the study related to mask mandates, COVID-19 vaccinations, and COVID-19 exemptions. The lack of established policies or adhering to policies was mentioned by two of the educators and resulted in role conflict.

Role Overload

Role overload occurs when the demands of the role are more excessive than the time a person must complete them (Hardy & Conway, 1988). The nurse educator knows the demands of their role and can complete the demands individually. However, when the individual demands multiply the nurse educator cannot complete the additional demands of the role in the time available. Another example of role overload is when the demands of the nurse educator's role exceed the resources that are available.

The nurse educators in the present study experienced role overload when they were teaching more sections of students (higher course load) than before to maintain the social distancing requirements of the college. Rebecca explained she was not teaching more students, she was actually teaching less, but she was teaching more sections of the clinical laboratory course to keep the students socially distanced in the clinical laboratory. Mindy taught two sections of the same course twice a day to maintain social distance in the didactic classroom.

The nurse educators in the present study described extra work related to the COVID-19 vaccine requirements resulted in overload. This included the time spent accommodating students with COVID-19 vaccine exemptions. Georgia explained vaccine exemptions required additional time ensuring the students completed the required weekly testing, the information was documented, and verified prior to the student's clinical in the practice-based setting. The vaccine exemption required additional time developing policies

and in communication with university administrators, clinical partners, and other stakeholders.

Teaching in a hybrid format was described by some of the nurse educators in the study as overwhelming. Especially when there was a lack of physical and technical resources available to effectively execute this teaching pedagogy. The nurse educators expressed frustration trying to engage the students in content when teaching in the remote or hybrid setting. This resulted in the educator spending additional time learning new techniques to ensure students learned the essential material. Mindy, Rebecca, and Georgia expressed that nursing students lack engagement in the remote or hybrid format. The nurse educators spent additional time learning how to use the technology and learning strategies to facilitate active learning in this teaching format.

Role Incongruity

Role incongruity is an intrarole conflict developing from two sources and occurs when there is incompatibility with the skills and ability of the person and the requirements of the role (Hardy & Conway, 1988). The nurse educator experiences role congruity when they do not have the skills to teach in an online, remote or hybrid format, but it was an expectation of the nurse educator due to the COVID-19 pandemic. Another example is when the nurse educator uses virtual simulation as a clinical replacement but has not received training on the product or profession development related to the best practices.

There was ethical conflict experienced by the nurse educators in the present study between professional obligations as a nurse and their obligations as a university employee. The several nurse educators in the present study were conflicted by The Code of Ethics and the lack of adherence they felt towards the ethical conduct as a university employee. This

led to role incongruity which further led to role strain for the nurse educators in the present study.

Role Strain

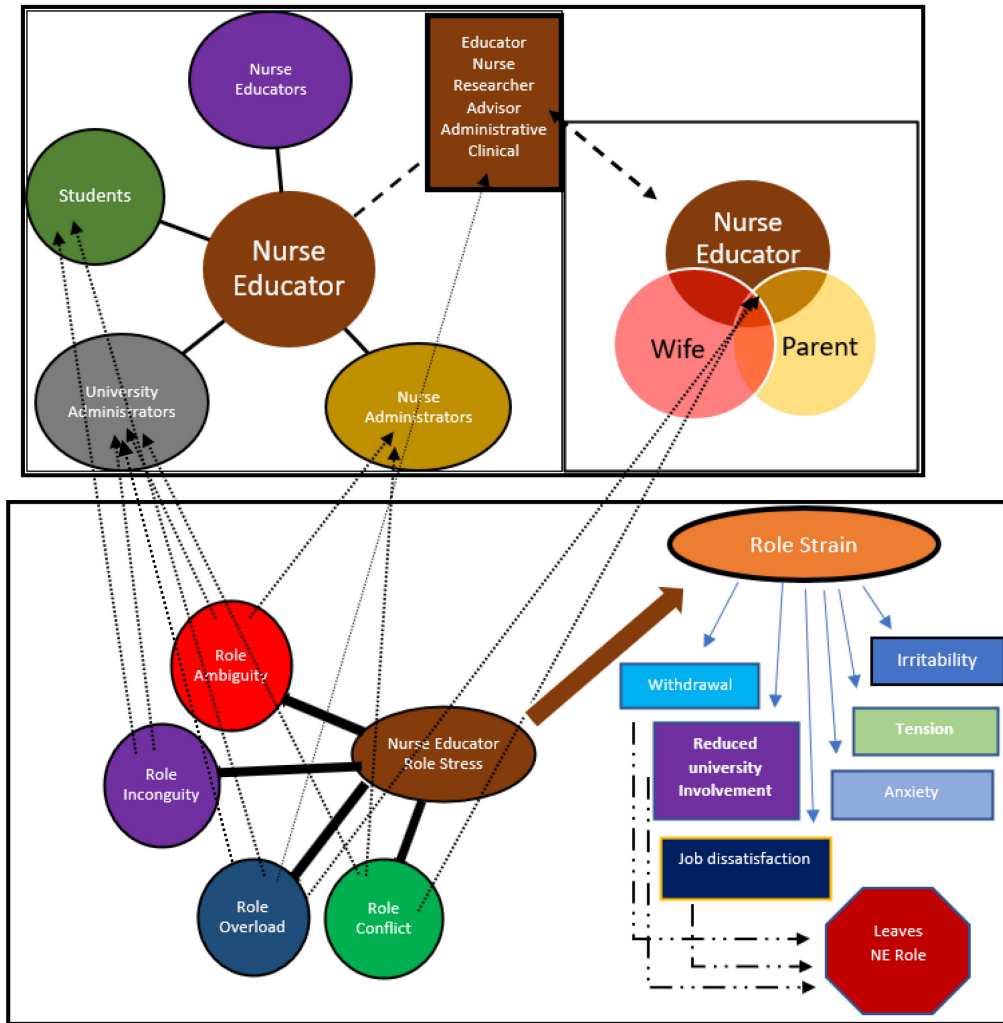
Role strain occurs when the external factors become internalized by the person and present as subjective feelings of frustration, anxiety, and tension regarding the responsibilities of position in addition to one or more of the role stressors (Hardy & Conway 1988). Role strain occurs when the nurse educator has difficulty managing their time and becomes dissatisfied, drained of energy, commitment, and the professional values of their role (Clark et al., 2010).

All the educators in the present study experienced some level of role strain. The nurse educators described frustrations over poor communication, ethical issues, student challenges, and personal issues among others as contributing to the stress they experienced and affected their role as a nurse educator. Two of the nurse educators are leaving their positions at the end of the 2021-2022 academic year. Another nurse educator mentioned she was considering leaving, and yet another mentioned she had considered leaving based on the workload and lack of pay.

One of the educators in the present described her frustration with the students particularly with vaccine exemptions and how this affected her relationship with them. Another described refocusing her role on her family and how this change decreased her productivity and ability to complete assignments by specific deadlines. Figure 5.11 is a model to that illustrates the interrole and intrarole causes of role stressors and role strain identified by the nurse educators in the present study.

Figure 5.11

Interrole and Intrarole Causes of Role Stressors and Role Strain



Note: Reference group: the role occupant is the nurse educator in the center. The role partners are the other nurse educators, the nursing administrators, university administrators, and the students. Conflicting role expectations may occur from the multiple role partners. To the right are potential multiple roles of the nurse educator from the present study, including wife, and parent which resulted in role conflict. In the center connected by a long-dashed line are the some of the multiple role expectations of the nurse educators. Below, the model on the left are the causes of nurse educator role stress: role conflict, role overload, role incongruity, and role ambiguity. The thin dotted lines connect the type of role stressor to the cause of the role stress from the study. Role stressors led to role stain with the listed psychological and psychosocial outcomes.

Nurse Educator Transition (NET) Model

The NET model was developed to describe the phases of transition from a nurse to a nurse educator. There are four phases that are key to the NET model: anticipation/expectation, disorientation, information seeking, and identity formation (Schoening, 2013). Wenner et al.'s (2020) study to validate the NET model in part-time clinical nurse educators found that educators often returned to the anticipation/expectation and disorientation phase of transition at the beginning of each semester or when the educator was assigned a new course or clinical teaching assignment. These findings were congruent with the nurse educators in the present study, who all had 5 or more years of experience when transitioning to online, remote or hybrid teaching using unfamiliar technology during the COVID-19 pandemic.

The anticipation/expectation phase is the first phase of the NET model. During this phase nurse educators anticipate making a positive influence on future nurses (Schoening, 2013) and may anticipate teaching a new didactic or clinical course, teaching a new cohort of students, or teaching at a new practice based clinical site (Wenner et al., 2020). The nurse educators in the present study anticipated or had expectations of a “better” semester than the one before. They anticipated returning to the practice-based clinical sites that had not be available. The nurse educators in the present study anticipated their educator role would return back to its “more normal” responsibilities and expectations.

Disorientation is the second phase of the transition model and has been characterized by nurse educators as an absence of structure and mentorship (Schoening, 2013). The nurse educator (generally) does not have adequate orientation and socialization to their new role and fears failing as an educator (Schoening, 2013). The nurse educators in

this study did not receive adequate orientation to online, remote, or hybrid education, and effective pedagogical strategies to implement these changes. Several of the nurse educators in the present study expressed they were not sure of their expectations for teaching in an online, remote, or hybrid format, or how to teach in this format. This uncertainty resulted from a lack of communications or the ambiguous communication they received from their university administrators. The disorientation phase is associated with role ambiguity.

Information seeking is the third phase. This is a time of self-directed formal and informal activities by the nurse educator (Schoening, 2013; Wenner et al., 2020). The nurse educators in the present study were seeking support from their peers in nursing education and taking an active role in learning how to teach in an online, remote, or hybrid format. The nurse educators in the present study were completing professional development and educational activities that provided them with the additional knowledge needed to promote student learning using new, unfamiliar technology. Several of the nurse educators in the present study expressed they were using virtual simulation to replace practice based clinical hours but lacked knowledge on implementation best practices.

The final phase is identity formation. The nurse educator integrates their nurse and educator identity. The nurse educator develops their own teaching style and begins to facilitate their way of teaching in the clinical and classroom (Schoening, 2013; Wenner et al., 2020). The nurse educators in this study were not all successful in the integration of a new or expanded nurse educator identity. One nurse educator in the present study is leaving their current position at the end of this academic year. Two nurse educators in the present study have considered leaving their current position based on their challenges.

Finally, two nurse educators in the present study who are employed at a state university seem to have transitioned well into their new nurse educator identity.

Table 5.3

Nurse Educator Transition (NET) model

Phase	Description
Anticipation/Expectation Phase	<p>Begins once a decision is made to enter academia. The nurse educator looks forward to the benefits of a career as an educator and the positive influence they can make on future nurses (Schoening, 2013)</p> <p>This can occur as the nurse educator begins teaching a new clinical or didactic course, as they anticipate a new group of students, a new clinical site, or a new course (Wenner et al., 2020).</p>
Disorientation Phase	<p>Occurs when the new nurse educator begins their job. Often there is a lack of structured orientation, thus the nurse educator is left feeling confused over the expectations of their new role and the lack of clarity about the organizational structure (Schoening, 2013).</p> <p>This can occur as the nurse educator begins teaching a new clinical or didactic course, even if they are confident in their abilities (Wenner et al., 2020)</p>
Information Seeking Phase	<p>The novice educator tries to fill the gaps in information by seeking a formal mentor, informally seeking peer assistance, and applying previous knowledge (Schoening, 2013).</p>
Identity formation Phase	<p>The merging of the nurse identity with the educator identity to form the nurse educator role. The realization that there is a difference in the patient/nurse relationship and the educator/student relationship (Schoening, 2013).</p>

Chapter Summary

In this chapter, I reviewed the findings from the study, examining the cases of the five nurse educators. In the review of the cases I identified eight themes and five sub-themes that answer each research question. The eight themes are: Theme 1: *The COVID 19 Pandemic Resulted in Pedagogical Changes by the Nurse Educator to Meet the Course and Student Learning Objectives*; Theme 2: *Nurse Educators Experienced Tension Over Ethical Issues That resulted in Disunity*; Theme 3: *Institutional Communication Plays an Important Role in Nurse Educator Satisfaction*; Theme 4: *Nurse Educators Struggled to Balance Educator Role and Home/Life Responsibilities*; Theme 5: *Nurse Educators Emotional and Physical Wellbeing Declined Due to Educator Role Demands*; Theme 6: *Nurse Educators are Proud of Their Own and Their Student's Resiliency*; Theme 7: *Student Success Became the Nurse Educator's Responsibility and*; Theme 8: *Future Academic Nursing Will Change*. Understanding these themes illuminates the personal and professional challenges and pedagogical changes that nurse educators experienced during the COVID-19 pandemic and the effects those challenges and changes had on their wellbeing. I considered my two guiding theoretical frameworks: Hardy and Conway's Role Theory (1998) and Schoening's NET model (2013) and the concepts from the theoretical frameworks to organize the results. I concluded the chapter with an application of the findings within the theoretical frameworks. In chapter six, I provide the conclusion of the research study with discussion, the implication of the findings, and recommendations for future research.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

As I conclude this research process and I reflect on the process of being a qualitative researcher, specifically using case study, and a cross-case analysis I will begin by reflecting on my reason for doing this study and the study purpose. In my experience as a nurse educator during the COVID-19 pandemic, the progression of the pandemic did not lead to fewer challenges in nursing education, rather different challenges. The ongoing challenges I experienced prompted me to want to explore the experiences of other nurse educators so that I could provide a narrative of their unique challenges. I knew as a nurse educator who was teaching during the COVID-19 pandemic, I would need to maintain my reflexivity and contain my biases as I engaged with the nurse educators in my study.¹⁴ It was important that the authentic stories of the nurse educators who participated in my study be told. Some of the nurse educator's stories were difficult for me listen to, as their story required me to relive painful parts of my own story. Whereas other stories gave me hope, as their experiences were significantly different than my own story and had more positive outcomes. Those outcomes make me hopeful that their situations were not isolated events and other nurse educators in the United States have had some positive experiences as well.

The purpose of the present study was to explore personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives and the future of academic nursing education. The research questions explored by this study were: (1) How do nurse educators describe the

¹⁴ My own reflexive case is in Appendix L

pedagogical challenges encountered when changing the format of education as a result of the COVID-19 pandemic? (2) How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing? (3) How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward?

Interviewing and listening to the stories of these five nurse educators validates the selection of qualitative case study with cross-case analysis and the guiding theoretical frameworks. Nurses' experience changes throughout their careers. Change and transition, however, are different concepts. Change is a substitute of one thing for another which tends to be abrupt (Meleis, 2009) but during transition, the change is prolonged and results in changes in an individual's identity, role, relationships, abilities, and patterns of behavior (Hardy & Conway, 1988). The COVID-19 pandemic resulted in prolonged changes to the role of the nurse educator in academic nursing. Hardy and Conway's Role Theory (198) and Schoening's Nurse Educator Transition Model (2013) concepts were used guide this study.

Discussion

The National League for Nursing announced that 2022 was the year of the nurse educator in recognition of their essential role during the pandemic. The COVID-19 pandemic highlighted the nursing shortage, and a strategy to alleviating the shortage is to increase the number of nurse educators available to teach nursing students how to become nurses (National League for Nursing (NLN), 2022). This recognition was in part to

celebrate the essential role of nurse educators during the pandemic. Even though not every nurse educator was on the front lines, they were there to ensure qualified nurses were entering the profession, thus making an impact on the nursing student and nursing profession.

In the present study, I found that the pedagogical changes made by the nurse educator participants resulted in challenges with technology, increased course load/workload, and student engagement. These pedagogical challenges and institutional constraints experienced resulted in increased tensions and disunity between the nurse educators and university administrators, other faculty and/or nursing students. These tensions resulted in the majority of the nurse educators experiencing moral distress. The nurse educators in the present study wanted to receive relevant, timely communication and were more satisfied when they felt they were kept informed. They all experienced changes to their personal well-being related to the pedagogical challenges they encountered, some more significant than others. The nurse educators in the present study all thought academic nursing education going forward needs to change but have different ideas on what those changes may be. However, the use of simulation (virtual or in-person) and online, remote course instruction were common themes for the future. These findings are discussed in detail in the following sections.

Pedagogical Changes

Pedagogy is the art and science of teaching methods that impart knowledge and understanding to individuals through constructive learning activities using an educational framework (Bidabadi et al., 2016). All the nurse educators in the present study expressed that student learning was important to them. For some of the nurse educators ensuring the

students received the best education was placed above their own physical and emotional well-being.

A common pedagogical change that presented challenges for the nurse educators in the present study was the change in instructional format. In March 2020, all the nurse educators in the present study made a rapid change in their didactic courses from in-person to online, remote instruction and some of the nurse educators changed their direct clinical experiences in the practice-based settings to virtual simulations. This change was common throughout higher education systems in the United States (Garcia-Morales et al., 2021).

The challenges described by the nurse educators in the present study were consistent with the literature and included redesigning courses to be delivered online (Garcia-Morales et al., 2021; Howe et al., 2021; Keener et al., 2020); finding new technologies and learning to use them to enhance student learning (Garcia-Morales et al., 2021; Keener et al., 2020); and developing virtual clinical experiences (Keener et al., 2020; Petrovic et al., 2020) while supporting the students. The findings from the present study further aligned with the findings from Garcia-Morales et al. (2021) and Nabolsi et al. (2021) that the forced transition from face-to-face to online, remote education with little to no training was stressful for educators. Successful online education is dependent on competence and academic ability of the nurse educator to manage adult learners since remote education requires a different pedagogy than traditional in person education (Howe et al., 2021; Sinacori, 2020). However, the nurse educators in the present study did not have the experience or training to teach in an online, remote format, and were not comfortable with this pedagogy.

Unfamiliar Technology

The nurse educators in the present study described being unfamiliar with the technology they were using for online, remote instruction in didactic courses and for virtual simulation. Additionally, at one of the universities where one of the nurse educators in the study was employed implemented a new Learning Management System during the COVID-19 pandemic. This resulted in the nurse educators primarily focusing on learning how to use new technologies, how to teach online, or use virtual simulations instead of their student teaching and learning goals similar to the literature (Gazza, 2022).

Most nurse educators expressed in the present study a lack of technical assistance and a personal lack of technical skills which aligns with finding from the current literature (Garcia-Morales et al., 2021; Howe et al., 2021; Nabolsi et al., 2021; Veenema, 2020). Virtual simulation use was another technology that was unfamiliar to the nurse educators in the present study. The use of virtual simulation was an obstacle for the nurse educators in the present study, but the greater concern was the loss of practice-based clinical experiences. This resulted in the nursing students' losing the actual human interaction that is an essential aspect of the clinical experience and the making it difficult to meet the student learning outcomes focused on communication, especially when using a 'computer screen' to replace these experiences, which was congruent with the literature (Nabolsi et al., 2021).

The nurse educators in the present study described concerns with examinations when teaching in an online, remote, or hybrid format. Remote examination concerns in the literature expressed by the nurse educators in the present study included students who were unable to access the examination due to technical issues which included the platform used

and internet disruptions; and ethical considerations of the nurse educator to ensure academic integrity was upheld and student rights were not violated (Castano et al., 2020; Howe et al., 2021).

Increased Course Load/Workload

All the nurse educators in the present study expressed experiencing increased workloads. These findings align with the current literature where nurse educators reported concerns about increased workloads, and described spending more hours, adapting courses, teaching, and supporting students (Nabolsi et al., 2021; Sacco & Kelly. 2021). The nurse educators in the present study described online, remote teaching as demanding, and the hours as more than what the nurse educators were used to doing in the traditional face-to-face format which is congruent with the literature (Howe et al., 2021; Nabolsi et al. 2021). Some of the nurse educators in the present study were teaching additional sections of the same course with fewer students at one time like nurse educators in other studies (Powers et al., 2021).

One of the two nurse educators in the present study who is leaving their current position expressed that she resigned due to the workload demands of her role. Two nurse educators in the present study mentioned they considered leaving their current role due to the increased demands since the COVID-19 pandemic with one of those nurse educator's expressing that the workload was a lot before, but the COVID-19 pandemic only increased the workload of the nurse educators. Nurse educator job satisfaction is correlated with the heavy workload, multiple role expectations, insufficient time, lack of mentoring, and lack of collegial support in nursing academia (Ludwig-Beymer et al., 2021). Workload is one of the reasons nurse educators may consider leaving their academic jobs and the work life

balance issues experienced by the nurse educators in the present study aligned with the research (Ludwig-Beymer et al., 2021; Faber et al., 2020).

Student Engagement

The nurse educators in the present study expressed concerns about teaching in a hybrid format while ensuring students in the face-to-face group and the online, remote group(s) received the same high-quality learning experiences (Garcia-Morales et al. 2021) the loss of connection with the students, and the lack of interaction as challenges they experienced that aligned with the literature (Gazza, 2022; Keener et al., 2020; Nabolsi et al., 2021). One of the nurse educators in the present study made a comment that when you are not teaching face-to-face it is hard to judge if the students understand the information, you are providing them. Additionally, concerns addressed by nurse educators in the present study were that peer interactions and discussions were a challenge, especially when students did not have their cameras on their computer to present a live on-screen view of themselves, aligning with the finding from other studies (Howe et al., 2021; Nabolsi et al., 2021).

Tensions Over Ethical Issues

The nurse educators in the present study experienced ethical tensions when their views and values were different than the students, other faculty, and/or the administrators. This aligned with Eby et al.'s (2021) study findings concluding that nurse educators had challenges with moral integrity and conflict when their values and worldviews were different than peers and administrators. The ethical tensions were typically related to the management of issues related to the COVID-19 pandemic. The ethical tensions caused disunity when the nurse educators in the present study had incongruent views with

university administrators, other faculty, and nursing students. Congruent with the literature this resulted in some of nurse educators in the present study feeling isolated (Eby et al., 2021).

The *Code of Ethics for Nurses with Interpretive Statements* (“The Code”) developed by the American Nurses Association (ANA, 2015) provides ethical guidance for nurses regardless of their practice setting or role. The Code serves to inform the nursing profession regardless of their work setting with ethical standards for the profession and serves as a guide for decision making (ANA, 2015). The findings for this section of the present study align with The Code and the primary ethical obligations, values, and ideals of the nursing profession that the nurse educators in the present study experienced which resulted in tensions with university administrators, other faculty, and nursing students.

Tensions and Disunity Resulting from Vaccine Mandates

Most nurse educators in the present study experienced challenges with the COVID-19 vaccine or vaccine exemptions. The ethical tensions surrounding the vaccine mandates were varied based on the nurse educator in the present study. One nurse educator in the present study chose not to get the COVID-19 vaccination and this resulted in her feeling professionally isolated and questioning her own values and beliefs. The other nurse educators in the present study were in support of the COVID-19 vaccination and they struggled with ethical and moral dilemmas related to students not receiving the vaccine. All the nurse educators in support of the COVID-19 vaccine had ethical and/or moral concerns with students who were seeking a COVID-19 vaccine exemption for reasons that the nurse educators in the present study did not believe were reasonable. These ethical and

moral concerns were congruent with the literature finding that political and social climate that was further exacerbated by the COVID-19 pandemic and was addressed by some the nurse educators in the present study (Sacco & Kelly, 2021). A nurse educator in the present study had a student falsify their COVID-19 vaccine card which was potentially a result of this practice occurring in society.

Provision two of The Code (2015) is that a nurse (educator's) primary commitment is to the patient, but conflicts of interest can occur that require the nurse (educator) to address the conflict to ensure safety and promote the patient's best interest while preserving professional integrity. This ethical commitment aligns with the findings from the present study as this provision is twofold, since the student is one patient, and the greater community is another patient (group) of the nurse educator. In this situation the nurse educators in the present study placed an emphasis on the patient as a community (i.e., community, public, patients in the practice-based setting, and other nursing students) and the nursing students' (patient) decision to not obtain the COVID-19 vaccination as a conflict of interest. The Code directs nurse (educators) to "address such conflicts in ways that ensure patient safety and that promote the patients' best interests while preserving the professional integrity of the nurse and supporting interprofessional collaboration" (Fowler, 2015, p. 33).

This ethical situation aligns with Provision one of The Code (2015) requires nurse (educators) to recognize patient rights, specifically the right to self-determination. Self-determination is a patient's [in this case, nursing student's] right to determine what happens to their own body and to be assisted with weighing the benefits and burdens of the available options to them, including the right to refuse treatment. However, this provision

further advises nurse (educators) that this “right to self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly in public health” (ANA, 2015, p. 3). This is congruent with the nurse educators in present study who were experiencing moral distress in relation to the nursing students refusing to receive the COVID-19 vaccine to protect the public and the patients they were caring for in the practice-based setting. The moral distress experienced by the nurse educators in the present study in relation to the vaccine mandate caused disunity between them and some unvaccinated students.

The nurse educators in the present study expressed lack of support from the university administrators, which resulted in disunity between the nurse educators and the administrators. This was congruent with the current literature that there is need for increased support from the university administrators for nurse educators; and that nurse educators want to support the direction of their university but felt it was at times fragmented or contradictory (Sacco & Kelly, 2021).

Moral Distress

Provision five of The Code is that nurses owe the same duties to self that they owe to others, this includes preservation of wholeness of character and personal integrity (ANA, 2015). Two nurse educators in the present study described situations that caused them to experience moral distress. Moral distress is when a person knows the right thing to do but feels powerless to do so (Epstein & Delgado, 2010; Weber & Wocial, 2020). The educators in the present study both felt their integrity as a nurse was compromised by the university’s behavior and eroded their ethical environment and resulted in moral distress, thus violating The Code (ANA, 2015, Provision 5.4). Although both nurse educators in the

present study expressed concerns about the practices they morally objected to, they were told they needed to adhere to the student's conscientious objections first.

Provision six of The Code is to improve the ethical environment of the employment setting and ensure that the setting is conducive to safe, quality care that does not harm (ANA, 2015). This provision of The Code is congruent with the findings from nurse educators in the present study that felt their university did not do what was right as moral agents to protect all people. The nurse educators in the present study described this lack of moral obligation as failure to mandate masks on campus, report positive COVID-19 cases, and mandate the COVID-19 vaccine for nursing students. The nurse educators in the present study felt the university administrators practically encouraged students not to get the COVID-19 vaccine. Further, their university administrators encouraged students not to wear masks because it "broke down the mission of [university] community."

Importance of Communication

All nurse educators in the present study described the importance of effective communication. Three nurse educators in the present study described frustrations with the rapid changes in policies and plans which is congruent with the current literature (Sacco and Kelly, 2021). Aligning with the literature the nurse educators in the present study described personal and professional communication patterns that were off from their normal, such as not being able to interact with other nurse educators in person, and the lack of someone just taking charge of certain projects that would occur when discussing issues face-to-face (Gazza, 2022). Organizational communication challenges experienced by the nurse educators in the present study that are consistent with the literature are the clarity concerns, the amount of information communicated, and the frequent changes in the

communication that needs clearly articulated remotely (Cooke and Riddell, 2021). The nurse educators in the present study often found that the information was not relevant to what they were experiencing. When receiving information about clinical in the practice-based settings the nurse educators described frequent changes and uncertainty with clinical practicum requirements for students which align with the current literature (Sacco & Kelly, 2021)

Nurse Educator Role and Home/Life Responsibilities

Nurse educators in the present study struggled to balance their educator role and their home and family life responsibilities during the COVID-19 pandemic. Consistent with the findings in the literature the struggle to balance the educator role and family life was evident when working and caring for small children; assisting with the home schooling of older children; and setting boundaries between educator responsibilities and family (Faber et al., 2020; Kenner et al., 2020). Furthermore, the nurse educators in the present study expressed the constant, chaotic changes that occurred from one day to the next (Gazza, 2022) and the workspace issues or lack of productive workspaces (Garcia-Morales et al., 2021; Kenner et al., 2020), were a struggle for a nurse educator in the present study who lacked access to office supplies due to a recent move, and several other nurse educators were challenged to have places to work without disruptions.

Emotional and Physical Wellbeing

One of the nurse educators in the present study expressed the guilt they experienced when they were sending new nurses into the practice-based setting. Another nurse educator in the present study commented that nursing was experiencing a greater burden than other professions, such as her husband who teaches in another discipline. Finally, a majority of

the nurse educators from the present study described the physical and emotional exhaustion they were experienced trying to manage the multiple aspects of nurse educator role and their home/family role and wanted to continue all their roles but did not know when their current situations would change, and they would get a reprieve. Aligning with the literature, nurse educators may have stress related to their educator demands and guilt of not practicing in the direct, practice-based setting while others in the nursing profession are (Sacco & Kelly, 2021).

The nurse educators in the present study who instructed undergraduate students and did not have experience teaching in an online, remote format. The lower quality of life expressed by the nurse educators in the present study was sleep disturbance, weight gain, changes in diet, marital problems, and changes in mood. Consistent with the literature nurse educators who taught only in undergraduate nursing education reported lower quality of life because they were not accustomed to teaching online and were less prepared to make the transition (Kenner et al., 2020).

Nurse Educator and Student Resilience

All the nurse educators in the present study persisted through the 2021-2022 academic year, although two nurse educators have resigned, and two nurse educators considered resigning. I, too, decided to leave my nurse educator position after the 2021-2022 academic year due to the challenges of teaching in a prelicensure nursing programs. Literature on resilience reports that nurses are uniquely equipped with resilience and adaptive skills (Sacco & Kelly, 2021); however, just being equipped with these skills does not mean that the nurse educators' resilience was equated to their quality of life. A positive correlation was found between nurse educators and their resilience scores and

physical health, psychological, social relationship, and environment in a recent study (Keener et al, 2020). The nurse educators in the present study did not complete these quantitative tools, but I wonder how high their actual resilience score would have been. Perhaps, the better descriptor for the nurse educators in the present study was their persistence.

Student Learning Became the Nurse Educator's Responsibility

The focus of this study was the nurse educator experience, not the student experience. However, the nursing students' lack of experience, training, and knowledge about the technology used influenced the instruction the nurse educator provided. Congruent with the literature the nurse educators in the present study felt that the increased difficulties that the nursing students were experiencing resulted in a shift in responsibility of to the nurse educators for the student learning (Keener et al., 2020). The concerns expressed by the nurse educators in the present study aligned with Lynn and Ward-Smith's (2021) finding that nursing students were experiencing stressors, frustration, distraction, and irritability, among other psychosocial changes enhanced by the COVID-19 pandemic and the students' stress and Gaffney and colleagues (2021) findings that threats to the students' confidence were based on their availability of resources and support.

Two nurse educators in the present study expressed the need to maintain standards but also be flexible with the students. Consistent with the literature that nurse educators are not known for the flexibility in their course but need to be flexible with students to help them learn, and that this flexibility will improve the nurse educators personal and professional lives (Valiga, 2021).

Role Theory and Nurse Educator Transition Model

The evolving role of nurse educator and the challenges since the onset of the COVID-19 pandemic can be related to role theory and the NET model. Specifically, using Hardy and Conway's Role Theory (1988) and Schoening's NET model (2013) to guide the present study. Below the findings of the present study through the lens of role theory will be described. Next the findings through the lens of the NET model, applying the experiences of an experienced nurse educator to the model will be discussed.

Role Theory

Role stress occurs when nurse educators social structure becomes difficult, conflicting or results in impossible demands (Hardy & Conway, 1988). Role stress is presented in the four dimensions role ambiguity, role conflict, role overload, and role incongruity by the nurse educators in the present study. Role strain is the emotional response to the role stressors. In the present study the four dimensions of role stress were identified (role ambiguity, role conflict, role overload, and role incongruity), as were manifestations of role strain. Each are briefly discussed below.

Role ambiguity. Role ambiguity is when roles are unclear or vague (Hardy and Conway, 1988). The nurse educators in the present study experienced role ambiguity when required to teach in an online, remote or hybrid setting using technology and teaching pedagogies they were unfamiliar with little to no training. Cranford (2013) found that nurse educators experienced role ambiguity when they were not given information they needed for their role, congruent with the nurse educators in the present study who expressed that communication was inconsistent or infrequent and that they lacked the resources and training to use new technology.

Role conflict. Role conflict occurs when meeting one set of expectations inhibits meeting another (Hardy & Conway, 1988). The nurse educators in the present study experienced conflict in their nurse educator role and their other roles such as a wife, mom, friend, and nurse among others. The nurse educators in the present study struggled to balance their work and life responsibilities resulting in role conflict. This is consistent with the literature prior to the COVID-19 pandemic for nurse educators (Haynes-Lewis & Pearson, 2016) but has only increased since (Keener et al., 2020; Sacco & Kelly, 2021).

Hardy and Conway (1988) posit that a structural dilemma that results in an inevitable strain, is the administrative and professional authority (based on their individual knowledge) is different and often incompatible. This is congruent with the findings in the present study related to the lack of support from university administrators that the nurse educators expressed related to vaccine mandates and other functions of the nurse educator role.

Role overload. Role overload is when the demands of the role are more than the time the nurse educator has to complete them or the resources that are available (Hardy & Conway, 1988). The nurse educators in the present study described role overload by the additional didactic courses and clinical laboratory sections they were teaching to maintain the required social distancing; teaching courses in a hybrid format without additional support to help manage the technology; and working additional hours to ensure that the students met the course objectives. The nurse educators in the present study described role overload by the additional time they were spending with individual students who were absent due to isolation and quarantine.

Additionally, role overload is described as having multiple competing roles. The roles may not conflict but the nurse educator role and the role of being a mother and wife among others resulted in several of the nurse educators in the present study feeling like they could not adequately fulfill their multiple roles. An additional role the nurse educators in the present study described was the COVID-19 vaccine, vaccine exemptions, and testing that was required by many of the practice-based clinical sites and resulted in work.

Role incongruity. Role incongruity is an intrarole conflict between two sources and also occurs when there is incompatibility with the skills and ability of the person and the requirements of the role (Hardy & Conway, 1988). In the present study the nurse educators experienced role incongruity with the COVID-19 vaccine mandates. The nurse educators wanted to follow The Code and do what was right as a nurse, but this was not always compatible with the view of their university administrators or the nursing students. One of the nurse educators in the present study expressed that she was not able to meet the needs of her role because the expectations were more than she able to manage.

Role strain. Role Strain presents in the nurse educator as subjective feelings of frustration, anxiety, and tension regarding the responsibilities of position in addition to one or more of the role stressors, role ambiguity, role conflict, role overload, or role incongruity (Hardy & Conway 1988). Cranford's (2013) study findings to determine when role strain was perceived by nursing educators was conducted prior to the COVID-19 pandemic but the issues reported are consistent with the reports of the nurse educators in the present study. Concerns mentioned by Cranford (2013) that align with the present study are feelings of exhaustion; work that never finished; job functions that were not related to teaching; workload; conflicting policies; feeling of being caught between

students and administrators; inadequate time to prepare examinations and prepare for class; and lack of formal mentoring.

Nurse Educator Transition Model

Understanding how the personal and professional challenges during COVID-19 pandemic affected the nurse educator in their role transition experience supported Wenner et al.'s (2020) findings that the experienced educator may return to the first two phases of the NET model. The four phases of the model: anticipation/expectation, disorientation, information seeking, and identity formation are discussed related to the nurse educators in the present study.

Anticipation/expectation phase. The anticipation/expectation phase, the first phase of the NET model, is when nurse educators anticipate making a positive influence on future nurses (Schoening, 2013). The nurse educators in the present study anticipated that each semester would be better than the one before and that the nursing students they were teaching would soon be nurses that were helping to make a difference during the COVID-19 pandemic and beyond.

Disorientation phase. The disorientation phase is explained as an absence of structure and mentoring (Schoening, 2013; Wenner et al., 2020) which was described by the nurse educators in the present study. Consistent with the literature about the NET model, the nurse educators in the present study described negative encounters with the nursing students that were related to the nurse educators' new roles, and the need to provide nursing students consequences for their actions and/or decisions. The nurse educators described the academic structure following the onset of the COVID-19 pandemic as lacking formal orientation to the new technology and online, remote pedagogical

strategies. The disorientation phase results in role ambiguity when the nurse educator becomes a novice when they were previously an expert in their previous role, which aligns with the experiences of the nurse educators in the present study.

Information seeking phase. The information seeking phase is associated with the nurse educators perusing the information that is needed to perform the work on their own (Schoening, 2013). The nurse educators in the study sought out mentors, or a “go to person” who was frequently another nurse educator, to assist them with new technology, pedagogies, or for personal or professional support. Aligning with the NET model the nurse educators in the present study were spending additional time preparing for their courses and taking advantage of professional development activities to learn how to teach using best practices in an online, remote format (Schoening, 2013; Wenner et al., 2020).

Aligning with the experiences of the nurse educators in present study, Stanley and Martin (2021) recommend continuing education and training programs for nurse educators throughout their careers as an essential component of professional development and pedagogical understanding since competence as a nurse educator takes years to achieve and will change as the role of the faculty in department or university change. Gazza (2022) reported that getting and giving help to others to fulfil nurse educator roles and responsibilities in the unfamiliar environment was essential.

Identity formation phase. The identity formation phase occurred once the nurse educators in the present study became more confident in the pedagogical changes and technology; were able to focus more on the students as learners; and were trying new teaching strategies. These findings are consistent with the NET model (Schoening, 2013; Wenner et al., 2020). Further, some of the nurse educators in the present study started

using new strategies they had learned to engage the students in content in their hybrid classrooms. The nurse educators in the present study described establishing boundaries with students by setting limits while still being flexible.

The nurse educators in the present study who teach at a state university have transitioned into their “new” nurse educator identity better than the other nurse educators in the present study. The nurse educators at the state university described a dedicated support system and access to professional development during the COVID-19 pandemic. This finding aligns with the recommendation of Wenner et al. (2020) that all nurse educators should be provided support regardless of their experience.

An additional finding was the differences in the overall experiences of the nurse educators at the state university compared to those at the private, Catholic universities. Although none of the nurse educators in the present study had what could be described as an easy or uneventful transition since March 2020, the nurse educators at the state university described a more supportive environment with more available resources. The nurse educators at the state university had experiences where they felt they had good communication; were provided training and support that was needed; and were able to return to their precovid-19 workload sooner. These finding may be unique to this university; thus, additional studies should be performed to see if this experience persist in other similar university environments.

Recommendations for the Future of Nursing Education

Based on the findings of the present study I recommend several strategies for university and nursing program administrators to improve retention and the personal and professional well-being of nurse educators during times of role transition. University and

nursing program administrators should examine their current policies and the findings of the present study.

Mentoring Programs

- Nursing administrators should continue to have strong mentoring programs for new nursing faculty. (Eby et al., 2021; Farber et al., 2020; Miner, 2019; Stamps et al., 2021; Stanley & Martin, 2021). Experienced nurse educators should be paired with new nurse educators and with a (non-nursing) college/university faculty member to learn the role of a nurse educator and university faculty member. Mentorship is important for successful transition to the academic nurse educator role (Schoening, 2013, Stamps et al., 2021, Wenner et al., 2020).
- University and nursing administrators should develop strategies to foster nurse educator resilience to alleviate stress and burnout, and to improve well-being (Keener et al., 2020; Saunders et al., 2020). Appropriate recognition and support by administrators may contribute to nurse educator's improved well-being and success, thus decrease burnout (Shirey, 2006) and improve retention and recruitment (Hollinger-Smith et al., 2021). In the present study, almost half of the participants have left the nurse educator role, and all have contemplated leaving it, due to burnout and exhaustion. Perhaps having additional support in place prior to the pandemic would have provided the resources these nurse educators needed to help them retain their positions throughout and beyond the pandemic.

Professional Development

- Nursing program administrators should have ongoing professional development and training available to nurse educators (such as Nurse Tim) (Stamps et al., 2021;

Stanley & Martin, 2021). Organizational access to professional development offers a larger variety of course offerings for professional development and many of the offerings are prerecorded and can be viewed on the nurse educator's time. In the present study, the nurse educators who taught at the state university had increased access to professional development and training (pedagogical resources, etc.) at the program and university level felt more capable of offering classes with different pedagogical strategies.

- Professional development for nurse educators not familiar with online, remote, or hybrid formats (Garcia-Morales et al., 2021; Sacco & Kelly, 2021; Sinacori, 2021; Stamps et al). Teaching online differs from traditional classroom and nurse educators need professional development (before, during, and after transition) to learn new pedagogies and learning management systems needed in the online (Sinacori, 2020). The nurse educators in the present study were not familiar with online, remote or hybrid teaching formats before the COVID-19 pandemic. Additionally, the nurse educators thought that with the increase in technology there will be more use of this teaching format in the future. Thus, professional development in online, remote, or hybrid teaching formats for nurse educators will be essential.

Program and Policy Development

- Nursing program administrators should support the development of robust simulation programs (in-person and virtual) (Stamps et al., 2021). Simulation may be used to effectively replace up to 50% of clinical experiences in the practice-based setting (Hayden et al., 2014). The development of simulation programs

should be based on the best practices of simulation and meet the student learning objectives for the course and the nursing program. In the present study, the nurse educators are using simulation, including virtual simulation as a replacement for clinical hours in the practice-based setting. The development of robust evidence-based simulation programs may improve the students clinical reasoning and assist in meeting the student learning objectives.

- Adherence to standards of best practice for online education (Gazza, 2022) and simulation in academic nursing education. Online education should maintain the highest academic standards expected in face-to-face formats. New online examination options explored should include alternative ways to assess student understanding and knowledge (Castano et al., 2021; Head et al., 2022). The remote examination formats used were not well supported by the technology available to some students. Further, remote examination options should provide examination and academic integrity.
- University and nursing program administrators must have existing emergency plans and policies in place. Nurse educators must be prepared for any emergency at any time (Garcia-Morales et al., 2021; Keener et al., 2020). Situational and emergency plans and policies should be reviewed yearly and updated as needed. Plans and policies should be easily assessable to all nursing educators and staff in an online, remote format. Nursing educators should consider alternatives to practice-based clinical for the future including virtual simulations.

University and Nursing Administrator Collaboration

- University administrators, nurse administrators, and nurse educators must improve their collaboration efforts (Saunders et al., 2020). Several nurse educators in the present study did not feel supported by their university administrators. True collaborative efforts may result in the nurse educators feeling more supported by the university administrators. Supportive, healthy work environments may lead to nurse educator recruitment and retention (Hollinger-Smith et al., 2021).
- Strategies for effective communication (Cooke & Riddell, 2021; Farber et al., 2020; Hays et al., 2020; Head et al. 2022; Keener et al., 2020; Saunders et al., 2020). The nurse educators in the present study felt that institutional communication played an important role in their satisfaction, with two of the educators describing how they had become the middle person that had to provide bad news to students about the clinical in the practice-based setting site administrators. Strategies for effective communication must be developed so that all university administrators, faculty, staff, and students receive timely and relevant information. There should be multiple means of relaying the information, for example email, text, social media, and university websites, among others. The information should be succinct and frequent but not so often that it is not ignored or viewed as burdensome. Frequent communication builds trust; improves the function of the team; and may make people less hesitant to ask questions and share concerns (Hays et al., 2020).
- Nurse Educators should host discussions on the American Nurses Association Nursing Code of Ethics with university administrators, other faculty, and nursing

students (Eby et al., 2021). Nurse educators have expressed that their personal values have resulted in challenges of moral integrity in academia, for example when there are conflicts between the worldview and values of university administrators and faculty from their own code of values (Eby et al., 2021). The nurse educators in the present study experienced ethical tensions which resulted in moral distress for two of the nurse educators. Providing this information on the Nursing Code of Ethics with university administrators, faculty, and nursing students may provide nurse educators with a voice to share the values of nursing educators and professional nurses about the vital role in preparing students for ethical practice; based on The Code of Ethics.

- University administrators must have a competitive nurse educator benefit structure and restructure the current workload/course loads to recruit and maintain highly qualified nurse educators (Farber et al., 2020; Saunders et al., 2020; Westphal et al., 2016). Dissatisfaction with and intent to leave current faculty positions are due to the professional obligations of the nurse educators' role, the high workload, and lack of life balance (Farber et al., 2020). The nurse educators in the present study commented that the pay was significantly less in education than in other areas of nursing. Every nurse educator in the present study had an increased workload with one nurse educator leaving their current role because of the increased workload, and the other for pay and personal reasons. Perhaps improving the current benefit structure, improving pay, and restructuring the workload will retain the current nurse educators and recruit qualified nurses who are interested in making the transition.

Recommendations for Future Research

The present study explored the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of this transition on their lives. Valuable information was gained from the nurse educators in the present study. As a researcher, I believe further studies are needed that include a broader inclusion of nurse educators and nurse administrators. The following are recommendations for future research.

- A study focusing on nurse administrator experiences.
- A study with nurse educators teaching BSN students in the final semester or final year. The present study by chance primarily focused on educators who taught students in courses primarily in first semester.
- A study with nurse educators that have more experience in nursing academia.
- A study of nurse educators in associate degree nursing programs.
- A study comparing state university nurse educator challenges and experiences to private university nurse educators.
- A study exploring the positive experiences and changes to nursing education due to the COVID-19 pandemic.
- A larger quantitative or mixed method study which includes a larger geographic area to allow for the potential generalization of findings.
- A follow-up study with the nurse educators in the present study to see how they have managed the COVID-19 pandemic and where they are now.

How the Study Contributed to the Literature

The onset of the COVID-19 pandemic, and its subsequent public health crisis challenged nursing educators in a variety of ways. The ability to maintain high quality nursing education, including clinical education, through clinical and didactic modalities that many nurse educators were unfamiliar with was an urgent need. The necessity to continue to provide direct patient care, as a practicing nurse, was fraught with anxiety and stress. The inability for acute care and other health care facilities to allow students access, limited or cancelled clinical rotations resulted in the loss of valuable student clinical experiences. Colleges and universities were introducing new educational software with little instruction or support for the nurse educator, so that the students could continue their courses remotely. While these initial changes happened suddenly, the COVID-19 pandemic continues to impact academic programs of study. The long-term effects of COVID-19, specific to the changes that occurred in nursing or in the educational delivery of nursing curriculum, along with the effects these changes have had on nurse educators remains unknown.

The present study focused on the personal and professional challenges of being an academic nurse educator during the COVID-19 pandemic and the impact of the resulting transitions on their lives and academic nursing in the future. An analysis of findings from this study provided insight about the physical and emotional wellbeing of five nurse educators which have been impacted by the challenges they have experienced since the onset of the COVID-19 pandemic. Although nursing student success is important, if the nurse educator is not managing their own role transition, their ability to be an adequate educator may also be suffering. Further, interventions may be developed from the study

findings to retain the current nurse educators and recruit qualified nurse educators to further the profession by increasing graduates.

This research gave voice to five academic nurse educators who teach in prelicensure baccalaureate nursing programs. It was important to provide accurate accounts of the nurse educators experiences since the onset of COVID-19 pandemic has resulted in changes in pedagogies and technologies for educating nursing students which affected the nurse educator's well-being. The stories that the individual nurse educators shared provided rich descriptions of their experiences.

Conclusion

Prior to the COVID-19 pandemic there was a shortage of nurse educators, this shortage has increased during and with the ongoing nature of the pandemic. Thus, understanding their personal and professional challenges during the COVID-19 pandemic and the effect of these challenges on nurse educators may help university and nursing administrators to improve the work-life balance of nurse educators even when they are not in a time of crisis. Universities should have strategies in place to retain experienced nurse educators, as well as strategies to recruit new academic nurse educators. It is essential that experienced nurse educators feel empowered, respected, and supported as they are more likely to stay in their educator role (Harris, 2015). Retaining experienced nursing faculty who can mentor new nurse educators will further meet the academic needs of nursing students and grow the nursing profession.

The NET model although developed for new nurse educators may be an effective framework for experienced nurse educators to ease the role transition experienced during significant situations such as the COVID-19 pandemic, but also as they adjust to a new

didactic or clinical course. Understanding what causes role stress and role strain for nurse educators may lead to earlier interventions that can improve their emotional and physical well-being. Additionally, the information gained from this study may lead to changes in academic nursing in a non-pandemic time, and support planning for future emergencies or pandemics. The current challenges in the approaches taken in higher education and specifically nursing education serve as an invitation to university and nursing administrators as well as nurse educators to consider how best to provide learning experiences to undergraduate nursing students (Valiga, 2021).

Nursing education has remained constant in using time tested teaching pedagogies (Morelock, 2016) with a goal of training effective nurses but perhaps without concerning itself with nurse educator well-being or improving the pedagogy of nursing education. The COVID-19 pandemic forced nurse educators to change how nursing education was delivered. University administrators, nursing administrators, and nurse educators should use the information gained from this study and other studies during the COVID-19 pandemic to make changes that will improve the personal and professional wellbeing of nurse educators but will also improve the quality of education provided to future nursing students.

APPENDIX A

INFORMATION SHEET FOR COLLEGE OR UNIVERSITY CONTACT

PURPOSE

The purpose of this study is to explore the academic and personal challenges experienced by nurse educators when changing the format of nursing education through the COVID-19 pandemic, and how these experiences may impact the future of nursing education.

INCLUSION CRITERIA

- Nurse educators who teach didactic and clinical courses in a pre-licensure nursing program that offers a Bachelor of Science in Nursing.
- The nurse educator was teaching for at least two years prior to the COVID-19 pandemic and were teaching a didactic and clinical course in March 2020.
- The nurse educator had clinical teaching responsibilities which included at least one of the following: practice-based setting clinical, simulation, laboratory, or clinical coordination which includes capstone experiences.
- Prior to March 2020, the nurse educator did not have experience teaching online or remotely.
- The nurse educator is not a nursing program administrator such as a department chair, director or nursing or dean of nursing.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

Approximately 2 nurse educators from each college or university.

WHAT IS INVOLVED IN THE STUDY?

The Nurse will be contacted by phone or email to schedule interviews, follow-up interviews, or to confirm my interview analysis.

Initially, you will be asked to complete a demographic form. The demographic form will take 5-10 minutes to complete.

You will be asked to complete 2 interviews, with the potential of a 3rd interview if needed. Each interview may take up to 1 hour to complete. The interview may be completed at your college or university or other location at your request, including online. The interview will take place in a private, informal, comfortable location.

You will be asked to provide documents from March 2020 to present. These documents may include syllabi, emails, reports, evaluations, and other teaching materials or documents related to your academic or personal challenges during this time. You may choose which documents to provide.

This study involves the audio/video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio and video recording or the transcript. You will be asked to give a pseudonym, which is the only one that will be used. Only the researcher and the members of the research team will be able to view and listen to the recording. The audio and video recording will be transcribed by the software program and the researcher.

Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice, video, or picture) will be used in presentations or written products resulting from the study.

HOW LONG WILL I BE IN THIS STUDY?

The length of time you will be in this study will not exceed 6 months.

APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH STUDY

Study Title:

A CROSS-CASE STUDY: THE PERSONAL AND PROFESSIONAL CHALLENGES EXPERIENCED BY NURSE EDUCATORS AT THREE MIDWESTERN COLLEGES AND UNIVERSITIES DURING THE COVID-19 PANDEMIC.

Authorized Study Personnel

Student Investigator: Wendy Woolston, MSN, RN, CMSRN, CNE Office: (913) 360-7643

Principal Investigator/Dissertation Chair: Tiffani Riggers-Piehl, Ph.D. Office (816) 235-2458

KEY INFORMATION

You are being asked to take part in this research study because you are a prelicensure nurse educator who teaches didactic and clinical courses in a pre-licensure nursing program that offers a Bachelor of Science in Nursing. You were teaching for at least two years prior to the COVID-19 pandemic and were teaching a didactic and clinical course in March 2020. Research studies are voluntary and only include people who choose to take part. The purpose of this research is to explore the academic and personal challenges experienced by nurse educators when changing the format of nursing education through the COVID-19 pandemic, and how these experiences may impact the future of nursing education. The total amount of time you would be in this study will not exceed 6 months. During your participation you will be involved in completing a demographic form, completing two-hour long interviews with a third interview if needed, and providing documents such as syllabi, email, and reports. There are no physical risks associated with this study. There is, however, risk of loss of confidentiality, and emotional and/or psychological distress, because the interviews involve sensitive questions about your work environment and how certain events in your work environment have affected your personal and professional wellbeing. You may refuse to answer any of the questions, and you may take a break at any time during the study. You may stop your participation in this study at any time. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. You may not receive any direct benefit from being in this research study. The benefits to nursing and nursing education literature may include better understanding of the academic and personal challenges experienced by nurse educators during the COVID-19 pandemic and how these experiences may impact the future of nursing education.

Please read this consent form carefully and take your time making your decision. As the researcher(s) discusses this consent form with you, please ask him/her to explain any words or information you do not clearly understand. Please talk with your family and friends before you

decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to explore the academic and personal challenges experienced by nurse educators when changing the format of nursing education through the COVID-19 pandemic, and how these experiences may impact the future of nursing education.

You are being asked to be in this study because you are a pre-licensure nurse educator who teaches didactic and clinical courses in a pre-licensure nursing program that offers a Bachelor of Science in Nursing. You were teaching for at least two years prior to the COVID-19 pandemic and were teaching a didactic and clinical course in March 2020. Your clinical teaching included at least one of the following: practice-based setting clinical, simulation, laboratory, or clinical coordination which includes capstone experiences. Prior to March 2020 you did not have experience teaching online or remotely. You are not a nursing program administrator such as a department chair, director or nursing or dean of nursing.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

Approximately 5 people will take part in this study at UMKC.

WHAT IS INVOLVED IN THE STUDY?

You may be contacted by phone or email to schedule interviews, follow-up interviews, or to confirm my interview analysis.

Initially, you will be asked to complete a demographic form. The demographic form will take 5-10 minutes to complete.

You will be asked to complete 2 interviews, with the potential of a 3rd interview if needed. Each interview may take up to 1 hour to complete. The interview may be completed at your college or university or other location at your request, including online. The interview will take place in a private, informal, comfortable location.

You will be asked to provide documents from March 2020 to present. These documents may include syllabi, emails, reports, evaluations, and other teaching materials or documents related to your academic or personal challenges during this time. You may choose which documents to provide.

This study involves the audio/video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio and video recording or the transcript. You will be asked to give a pseudonym, which is the only one that will be used. Only the researcher and the members of the research team will be able to view and listen to the recording. The audio and video recording will be transcribed by the software program and the researcher.

Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice, video, or picture) will be used in presentations or written products resulting from the study.

Immediately following the interview, you will be allowed to have the audio and/or video recording deleted if you wish to withdraw your consent to audio/video recording or participating in this study.

HOW LONG WILL I BE IN THIS STUDY?

The length of time you will be in this study will not exceed 6 months.

Demographic questionnaire should take no more than 10 minutes.

Total interview time should be no more than 3 hours.

Follow-up information may include phone calls or emails to verify analysis of interviews, and requests for additional documents, emails, or reports.

WHAT ARE THE RISKS OF THE STUDY?

Interviews and Documents

There are no physical risks associated with this study. There is, however, risk of loss of confidentiality, and emotional and/or psychological distress because the interviews involve sensitive questions about your work environment and how certain events in your work environment have affected your personal and professional wellbeing.

Every effort will be made to keep your identity and information anonymous; however, this cannot be guaranteed.

Some of the questions I will ask you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions, and you may take a break at any time during the study. You may stop your participation in this study at any time.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

Sharing your story may have some personal benefits.

The benefits to nursing and nursing education literature may include better understanding of the academic and personal challenges experienced by nurse educators during the COVID-19 pandemic and how these experiences may impact the future of nursing education.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

The University of Missouri System, Authorization No. 00-018 requires research data to be retained for 7 years after the final report.

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data.

This consent form will be stored in a locked cabinet in the investigator's office and will only be seen by the research team during the study and for 7 years after the study is complete.

The audio and video recordings, transcription, coding, and analysis of data will be stored electronically on a secure server and will only be seen by the research team during the study and for 7 years after the study is complete.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific

meetings but the data will be reported as group or summarized data and your identity will be kept strictly confidential.

WHAT ARE THE COSTS TO YOU?

There is no cost to you to be in this research study.

WHAT ABOUT COMPENSATION?

No compensation will be provided.

WHAT SHOULD YOU DO IF YOU HAVE A PROBLEM DURING THIS RESEARCH STUDY?

Your well-being is a concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?

You can choose to stop participating at any time without penalty or loss of any benefits to which you are entitled. However, if you decide to stop participating in the study, we encourage you to talk to the researcher first to make sure it is safe to do so.

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the researcher(s) or with the University of Missouri Kansas City (list others as applicable).

You will not lose any benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the researcher(s) listed at the beginning of this form.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to your participation in the research, or to obtain information about research participant’s rights, contact the UMKC Institutional Review Board (IRB) Office

- Phone: (816) 235-5927 Email: umkcirb@umkc.edu

STATEMENT OF CONSENT

The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information. I have read or had read to me this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I will be given a signed copy of this consent form.

By signing this form, you are consenting to:

- having your interview audio recorded.
- having your interview video recorded.
- to having the audio recording transcribed.
- allowing the researcher to use the written transcript in presentations and written products.

Printed Name of Subject

Signature of Subject

Date

Time

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Time

APPENDIX C

LETTER TO PROSPECTIVE PARTICIPANTS

Dear Nurse Educator,

My name is Wendy Woolston. I am a doctoral student at UMKC. I am conducting a research study to explore the academic and personal challenges experienced by nurse educators when changing the format of nursing education through the COVID-19 pandemic, and how these experiences may impact the future of nursing education.

If you choose to be in this study, your length of time in this study will be approximately 6 months.

You will be asked to complete a brief electronic demographic form that would take about 5-10 minutes of your time to complete.

You will be asked to complete 2 interviews, with the potential of a 3rd interview if needed. Each interview may take up to 1 hour to complete. The interview may be completed at your college or university or other location at your request, including online. The interview will take place in a private, informal, comfortable location.

Your participation is entirely voluntary; you may skip any questions that you do not want to answer or choose to stop participating at any time.

You will be asked to provide documents from March 2020 to present. These documents may include syllabi, emails, reports, evaluations, and other teaching materials or documents related to your academic or personal challenges during this time. You may choose which documents to provide.

This study involves the audio/video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio and video recording or the transcript. Any personally identifiable information collected will be anonymous and will only be viewed by the primary and student researcher. You will be asked to give a pseudonym, which is the only one that will be used. Only the primary and student researcher will be able to view and listen to the recording. The audio recording will be transcribed by the software program and the researcher.

Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. You will not be identified in any reports about this research. Your identity and your college/university will remain anonymous. Everything you say can be shared anonymously by your selected pseudonym in publications and reports.

All collected information will be stored in a locked file cabinet or in a password protected internet program or document. If you have any questions about the research study, please contact Wendy Woolston at wmwfkf@umsystem.edu or 913-426-2164. If you have questions or concerns about your rights as a research participant, you can call the UMKC Research Compliance at 816-235-5927.

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

Name:

Age:

Gender:

Ethnicity:

Educational level: BSN MSN DNP EdD PhD Other

Employment Classification: Full-Time Part-Time Adjunct

Rank: Instructor Assistant Professor Associate Professor
 Other _____

Years in Nursing Practice: _____

Clinical Practice Specialty: _____

Years in Nursing Education: _____

Nursing didactic courses taught: _____

Nursing Clinical, lab, and/or simulation courses taught: _____

Clinical Courses Coordinated: _____

Prior to 2020, did you have experience with online or remote education? Yes No

If yes, what courses have you taught online? _____

How many semesters did you teach an online course prior to 2020? _____

APPENDIX E

INTERVIEW PROTOCOL FOR THE INITIAL INTERVIEW

Introduction: My name is Wendy Woolston, I am a doctoral student at the University of Missouri- Kansas City.

- 1) Greet participant
- 2) Give a reminder that they may stop participation/have the recording stopped at any time. Hello.

I am here to learn about the role transition experiences of nurse educators since the onset of the COVID-19 pandemic.

The purpose of this interview is to hear about your personal experiences in nursing education since March 2020, when we experienced the onset of the COVID-19 pandemic. I would like you to share with me what has contributed to your wellbeing or lack of wellbeing while experiencing changes in your personal and professional, life. There are no right or wrong answers. I want you to feel comfortable saying what you really think and how you really feel. As a nurse educator myself, I have also lived through this experience.

I will be audio recording our conversation. This is so that I will be able to correctly record your comments. Only the primary and student researcher (myself) will have access to the audio and video recordings.

Your identity and your college/university will remain anonymous. Everything you say will be shared anonymously by a pseudonym. At this time, please state the pseudonym (name) you would like to go by in this interview, future interviews, and in any research that comes from study.

Your participation is a voluntary and you may stop this interview at any time. Thank you for taking the time to talk with me today.

Interview Questions

General questions: These questions will help me to understand your transition from clinical practice to nursing education, your current professional development activities, and what a typical day was like and your teaching support systems prior to COVID.

1. Tell me about your career in nursing education?
2. What inspired you to become a nurse educator?
3. What professional success or development activities are you currently working on?
4. What type of teaching support is provided to you during non-pandemic times?
(Departmental and university)
5. Prior to COVID what was a “normal” workday like?

For the next question on I want you to Reflect on your overall experiences since March 2020:

6. Describe the overall challenges you have experienced since the onset of the pandemic?
What specific challenges stand out the most?
7. Tell me about your experiences with practice-based clinical (direct clinical)?
 - a. How much virtual or in-person simulation use has been needed to replace practice-based experiences? How comfortable are you with virtual simulation? In-person? What type of training do you have for these teaching modalities?
 - b. How are you meeting your programs required clinical outcomes? Required hours?
8. Describe the communication you have received since the onset of the pandemic.
 - a. Possible probe: How did your program maintain communication? Clinical partners? Professional organizations?
9. How has your role as a nurse educator changed?
10. How would you describe your overall physical and emotional well-being during this time? March 2020 to present.
 - a. Possible Probe---What would you have changed to improve your personal physical and emotional wellbeing? (If applicable)
11. In hindsight, what do you wish you personally would have done differently when providing student education?

- a. Possible Probe----What do you wish your nursing program would have done differently?
12. Where did most of your teaching support come from during this time? Emotional support?
13. How do you think the future of nursing education will change since the COVID-19 Pandemic?
14. How does a normal workday look now?
- a. Possible probe---What are the major differences from your pre-COVID normal?
15. None of us have lived through a pandemic like this. So, we did what we thought was the best. Reflecting on this experience, what went well? What are you especially proud of?
- a. Probe if needed----You can relate this to your clinical teaching, didactic teaching, student success and wellbeing, and/or your success and wellbeing.

APPENDIX F

IRB APPROVAL UMKC

December 13, 2021

To wmwfkf@mail.umkc.edu; riggers-piehl@umkc.edu
Subject IRB Determination Notice Project #2073823 Review #343135

Project #2073823

Project Title: A CROSS-CASE STUDY: THE PERSONAL AND PROFESSIONAL CHALLENGES EXPERIENCED BY NURSE EDUCATORS AT THREE MIDWESTERN COLLEGES AND UNIVERSITIES DURING THE COVID-19 PANDEMIC.

Principal Investigator: Tiffani Riggers-Piehl

Primary Contact: Wendy M. Woolston (UMKC-Student)

Dear Investigator,

A member of the UMKC Research Compliance Office reviewed your application and supportive documents. It has been determined that this project does not constitute human subjects research according to the Department of Health and Human Services regulatory definitions. As such, there are no further IRB requirements.

If you have questions, please feel free to contact the IRB office at 816-235-5927 or umkcirb@umkc.edu.

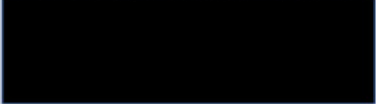
Sincerely,



UMKC Institutional Review Board

APPENDIX G

FULL EMAIL RECEIVED ON MARCH 9, 2020, FROM A DAVIS UNIVERSITY ADMINISTRATOR

FW: coronavirus and classes after break



Reply Reply All Forward  

Wed 3/9/2022 8:53 AM

Phish Alert + Get more add-ins

Importance: High

Dear Faculty: as cases of the coronavirus continue to spread, the danger that one of our students will be exposed over spring break is something that we need to take account of. Although the experts are pretty much unanimous that healthy 18-22 year olds (and, in fact, most healthy adults under 70) are at a very low risk for any significant health impact from this virus, nevertheless if they bring it back to campus it can escape the student population. I am concerned because I do not know the health situation of faculty, staff, and their families. Therefore, I would like to encourage every faculty member to evaluate your and your family's health situation. If you are in regular contact with someone over 70, or if you or any family members have compromised immune systems, respiratory illnesses, or other underlying health conditions that you believe might put you at risk, I encourage you to move your classes to distance education for at least two weeks after break. To support this, I am working with the online meeting platform Zoom. They have a robust, intuitive, well-supported platform that allows for synchronous distance education. Students and faculty use their own computers (students can also download the app and join class from their phones or tablets) so no special equipment is needed.

I have emailed Zoom and spoken to a customer service representative to find out what we need to do to make sure that we have licenses for all of our faculty to have access to all the features we need. As you can imagine, they are pretty busy right now, so I'm in a queue to speak to an account executive to get things set up, but they have promised me that they will call back within 24 hours.

But, if you are planning or thinking about using this option, you probably want to get started as soon as possible figuring out how you're going to make this transition. Here is a site that Zoom provides with several links to information about how to do this. <https://blog.zoom.us/wordpress/2020/03/06/how-to-use-zoom-for-online-learning/>. You can sign up for a free account if you want to work with it before we have licensing in place; that will give you a chance to explore the features and practice using various options that they offer.

There are also youtube videos from other colleges that have used Zoom for distance education that you can find through google.

Of course, there are other options—some of you have used Blackboard to support your distance-based courses in the summer, and if that works better for you, by all means go ahead and use that option. For some of you, it may make sense to provide an independent learning project for the students to do for these two weeks, rather than have any kind of virtual meetings. That is also an option. My only caution is that we do not want to simply cancel classes for two weeks and then try to catch up over the rest of the semester, since students would be crushed under the weight of all that extra work (plus would be bored to the point of danger to the physical integrity of the residence halls during the two weeks they spent without any work to do!).

At the moment, I do believe that it is reasonable for those faculty who do not have any risk factors to decide that they will go ahead and continue to hold in-person class meetings. We are planning on providing disinfectant wipes for all the classrooms; I would ask that if you do hold in-person classes you start and end the class period with you and your students wiping down tables and chairs.

Of course this situation is fluid and rapidly changing (maybe "chaotic" is a better word) and so it is possible that all of this will change.

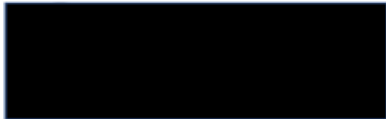
I will probably be sending more emails like this to update you—certainly when I find out more about our Zoom licensing situation—and I would be really interested to hear from you if you have some ideas for other options we could offer. I know this is a difficult situation, and I really do appreciate your patience and flexibility as we try and figure out the best response.

Thanks

APPENDIX H

FULL EMAIL RECEIVED MARCH 11, 2020, FROM A DAVIS UNIVERSITY ADMINISTRATOR

FW: coronavirus update



Wed 3/9/2022 8:56 AM

+ Get more add-ins

Dear Faculty: As you clearly realize, the coronavirus situation has already had a significant impact on our community, and it is going to mean that virtually every aspect of college life will be under some strain as long as this situation lasts. I'm sending you this long email to update you regarding where we are today. I'm sure you realize, everything could change by tomorrow!

As of this moment, based on CDC guidance (as a community without any confirmed infections) we are still planning on keeping campus open after break.. We are going to be asking each student to complete the screening protocol developed by [REDACTED] before they return, and to stay at home and self-isolate if they have indications of the virus. Right now, the recommendation is to remain open unless we have a case emerge on campus. It is also possible that we have some students who are in such a high-risk group that we are going to have to accommodate their need for distance education or some other form of remote learning until the threat of infection has passed. [REDACTED] is helping identify and determine the need for accommodation of our vulnerable students.

What this means, though, is that if a case emerges on campus we will send students home and immediately move to distance-only education, so we need to be prepared for that eventuality. (For those of you planning on transitioning to distance education now: I am working with [REDACTED] to get the infrastructure ready; they are super-helpful and super-busy right now! They are really, really working hard to help us come up with the best possible ways to get your courses ready to be offered via distance learning. A Zoom account representative has said that she will call me this afternoon; if you are interested in using Zoom you can assume we will have a license for you. In the meantime, I strongly encourage you to sign up for a free account and experiment with it if you think you might be using it. I will keep you updated on this aspect)

To prepare for the possibility that we will have to send students home, I am asking the faculty to take several steps.

First, I'm very grateful to [REDACTED], who has started [REDACTED] related to distance education. Please join that channel. Contribute any information you come across, and make use of anything that seems relevant to your situation. I will be checking [REDACTED] frequently to check in on faculty concerns and solutions; it is much more efficient than trying to engage in this kind of discussion via email, so please look to this [REDACTED] as your main forum for discussing issues surrounding this situation.

Second, ***IF YOU HAVE EXPERIENCE WITH DISTANCE EDUCATION*** (synchronous or asynchronous), please contact me. I want to put together a series of working sessions where experienced faculty will talk to those who have never done this; I'm going to try and have these sessions at all different times to fit all different schedules. Our goal is to be as geared up as possible as quickly as possible to move to distance education.

Third, if you teach a class that cannot easily be moved to distance (studio art, science labs, etc.), please think carefully about the most important experiences for your students, and try and front-load those as much as possible. If we have to send everyone home, we might have to end some courses early, or substitute self-directed projects for in-person instruction. You will want to have the students as prepared as possible, with as much of the value of the course as possible, before we have to leave.

Fourth, it is ***IMPERATIVE*** that students who have symptoms that may indicate a coronavirus infection stay in isolation until the underlying cause of their illness can be definitively determined. This is a consistent recommendation from every public health service in the world. Therefore—and believe me, I know that this is a major step, and I don't take it lightly—I'm ***making an emergency decree that faculty cannot penalize students in any way for sickness-related absences, and all students who miss class because they are ill must be allowed to make up their work.*** This means that we will not be processing instructor-initiated withdrawals for excessive absences after break—if you're holding any for students who have already exceeded the limit, please get them in to the registrar's office by Monday morning. [REDACTED] is unlikely to have time to report on all students who contact them with concerns (and we will be asking students NOT to go to the health center if they have these symptoms, but rather to just call in so they can stay isolated), so we are going to have to rely on students' self-reports of their illnesses. I realize, human nature being what it is, that this may lead to some students claiming they missed class because of illness when really they just skipped. Although that is unfortunate, I think in the overall scheme of things it's way better than a student being a hero by coming to class with a 102 fever because they don't want to get their grade docked. We are going to announce this to all students (because the whole point of the policy is to keep them from going to class if they are sick, so they have to know in advance that this will not incur a penalty), so please reinforce this with your students—tell them if they develop a cough or fever, they should stay home and call (not go to, but call on the phone) student health services to get screened, but they should NOT come to class while they are sick.

Finally, we have several academic staff members who have indicated a need for remote work because of personal or family vulnerability. I will be working with the offices involved to formulate plans to keep services accessible while those staff members who need to work remotely are able to do so; please be patient because there may be some interruptions of service or limited hours as we make these transitions. This is something else I will communicate to the faculty as I get a better handle on it.

I know this sounds like boilerplate, but I really, really mean it: I truly appreciate your patience, your flexibility, your willingness to do what it takes to provide our students with the best education possible in the difficult and chaotic circumstances we face. Thank you!



APPENDIX I

FULL EMAIL ON MARCH 15 FROM DAVIS UNIVERSITY DIRECTOR OF NURSING

From: [REDACTED]

Sent: Sunday, March 15, 2020 4:26 PM

To: Senior Nursing Students [REDACTED]

Subject: This coming week [REDACTED]

Dear seniors, this coming week, the faculty will be getting ready to teach on-line. There will be options, like using ZOOM, a video-conferencing platform, and/or Blackboard. We will send out information when we have it. I would recommend that you keep the semester momentum going with a couple of suggestions. This next week is a good opportunity for you to finish the Kaplan NCLEX videos and do more Kaplan/NCLEX questions. Do extra ones if you have time, it will help, of course, with NCLEX but also with your courses.

For the Professional, Legal & Ethical Issues course, I would suggest that you work on your ethics paper—this will save you time later that you can use for studying, etc. I have attached the APA checklist that I promised you. Before you hand in your paper, I want you to go over the checklist one item at a time and ensure that your APA is correct & initial each item. I also included a checklist for the content as well (also read the syllabus). Let me know if you have any questions. Other faculty may also have some suggestions for you.

I know all the changes that have occurred with the Coronavirus has messed up an important time for you, but we will do the very best we can to make sure you graduate on time and are ready for NCLEX. I bet you did not think you would see something like what is happening when you were watching the movie Contagion last fall. Definitely a lesson in population health.

As far as we know at this moment, the capstone clinicals are still on. The faculty will be meeting this week to plan our way forward and we will be communicating with you often, so it is your job to check your email often—we are still and always will be Benedictine Nurses and soon-to-be Benedictine Nurses! Don't forget it!!

APPENDIX J

FULL EMAIL ON MARCH 20 FROM DAVIS UNIVERSITY DIRECTOR OF NURSING

The plan (for now)



Dear juniors, this is the general plan:

1. For the rest of the semester, all lecture classes will be on-line.
2. For the rest of the regular semester, in place of clinicals, we will be using virtual simulations and case studies.
3. We are planning to then bring you all back to school 1 to 1 1/2 weeks early (about the time that student athletes typically return to campus)
 - a. The Dean has approved this and will let Student Life know about your early return
 - b. This time will include lab to practice skills and at least two clinical days for hands-on patient experience (more if we can get it).
 - c. [REDACTED] has a tentative ok for some hours at [REDACTED] and is working on more.
 - d. [REDACTED] is working on Maternal/Child and [REDACTED] has indicated they will try to work with us.
 - e. We are looking at other sites as well.

We don't have everything nailed down at this point but we are working hard on this. Many facilities do not want to promise things at the moment, which is understandable. We hope to know more by April. Just be aware that given we don't know what the situation will be in August, things can change.

I know this is anxiety producing (I am trying hard not to stress eat 😊), but we can make it through. Please be safe and I hope this will allow you to make plans for now.

[REDACTED]

APPENDIX K

REFLECTION ON THE USE OF THE STUDY PROPOSITIONS IN THE RESEARCH DESIGN

My Reflection

When I started my research adventure, I never planned to be a qualitative researcher. I planned to do a large survey, but here I am. Honestly, the learning curve was actually nice. I did not come into my study design with any preconceived ideas, so I learned a lot during this study about qualitative research, specifically case study. I relied heavily on Yin (2017) and Simons (2009) to guide me through the design process. Ultimately, a multi-case study design was appropriate for this study. Yin (2017) posits that case study benefits from the prior development of theoretical propositions to guide the study design, data collection, and analysis. Further, the propositions should direct the researcher's attention to something that should be examined in the scope of the study. Not just the theoretical issue but the other issues that exist or are believed to exist. It is important that a researcher has good researcher questions that link to the propositions, as without these it is tempting to try to cover "everything" related to a case. This was a concern I had since nursing education is an expansive and dynamic area of study.

The **research questions** for the study were:

1. How do nurse educators describe the pedagogical challenges encountered when changing the format of nursing education as a result of the COVID-19 pandemic?
2. How do nurse educators describe the effects of the pedagogical challenges (when changing the format of nursing education) encountered and institutional constraints due to the COVID-19 pandemic on their personal wellbeing?

3. How do nurse educators believe their personal and professional challenges, through experiencing the COVID-19 pandemic, may impact academic nursing education going forward?

The research questions were broad but were developed based on the perceived role transition experiences that the nurse educator experienced. The propositions in this study were used focus the study on the transitions experienced but not take away from the unique experiences of each nurse educator. The propositions were developed based on Hardy & Conway's (1988) role theory and Schoening's (2013) Nurse Educator Transition (NET) model.

The four propositions for the research study are numbered (1-4) and labeled with the research question(s) (RQ) it guided. Below each proposition is the interview questions that were asked based on the proposition and the research questions answered.

1. The role of a nurse educator is challenging during non-pandemic times, but the COVID-19 pandemic caused a general lack of resources and support services that were needed to make successful transitions in the nurse educators didactic and clinical teaching which resulted role Ambiguity and Conflict. (RQ1)
 - Tell me about your career in nursing education?
 - What inspired you to become a nurse educator?
 - What professional success or development activities are you currently working on?
 - What type of teaching support is provided to you during non-pandemic times? (Departmental and university)
 - Prior to COVID what was a "normal" workday like?

- Describe the overall challenges you have experienced since the onset of the pandemic? What specific challenges stand out the most?
2. Nurse educators are experiencing frequent changes in the educational setting resulting in increased challenges and stressors. This resulted in Conflict as role expectations were perceived by the nurse educator as contradictory, and Ambiguity as there was lack of clarity regarding the nurse educator's roles and responsibilities. (RQ1 & RQ2)
- Describe the communication you have received since the onset of the pandemic.
 - a. Possible probe: How did your program maintain communication?
Clinical partners? Professional organizations?
 - How has your role as a nurse educator changed?
 - How does a normal workday look now?
 - a. Possible probe---What are the major differences from your pre-COVID normal?
3. Nurse educators do/did not have the enough practice-based clinical sites to place all students and had to provide alternate clinical education for the students, which the educator was not prepared or competent to provide. This resulted in an Overload as nurse educators were substituting clinical with (virtual) simulation. Virtual simulation required more preparation time by the nurse educator. This further resulted in Ambiguity due to the lack of clarity in the behaviors and responsibility related to the nurse educator role. (RQ2 & RQ3)
- Tell me about your experiences with practice-based clinical (direct clinical)?

- b. How much virtual or in-person simulation use has been needed to replace practice-based experiences? How comfortable are you with virtual simulation? In-person? What type of training do you have for these teaching modalities?
 - c. How are you meeting your programs required clinical outcomes?
Required hours?
 - How do you think the future of nursing education will change since the COVID-19 Pandemic?
 - None of us have lived through a pandemic like this. So, we did what we thought was the best. Reflecting on this experience, what went well? What are you especially proud of?
 - a. Probe if needed---You can relate this to your clinical teaching, didactic teaching, student success and wellbeing, and/or your success and wellbeing.
- 4. Nurse educators are neglecting their own personal and professional well-being, because of the increased educational needs of their students, and work requirements in their departments and colleges or universities. This resulted in Conflict as the nurse educator's role demands were not in harmony with their own needs, and Overload as the demands of the nurse educator role became difficult to meet. (RQ2)
 - How would you describe your overall physical and emotional well-being during this time? March 2020 to present.
 - a. Possible Probe---What would you have changed to improve your personal physical and emotional wellbeing? (If applicable)

- Where did most of your teaching support come from during this time?
Emotional support?
- In hindsight, what do you wish you personally would have done differently when providing student education?
 - a. Possible Probe----What do you wish your nursing program would have done differently?

Although I did not address the propositions specifically in my findings section (Chapter 5), the propositions helped to narrow my study without resulting in too narrow of a study or preventing the emergence of unexpected findings or themes. All the role stress concepts in the propositions emerged in my analysis and are supported by direct quotes from the nurse educators who participated in the study. Although I had anticipated more emergence of the Nurse Educator Transition (NET) model and hoped to modify or further validate the model, more research needs to occur. I was surprised by how well my findings exemplified role theory. These findings did not emerge until I had spent a considerable amount of time in my data. I developed a model to show the unit of analysis, the nature of the problem, and the activity being studied. This solid design, the propositions, and the guiding theoretical frameworks were essential for me to conduct this case study research.

APPENDIX L

HUMAN AS INSTRUMENT-POSITIONALITY, REFLEXIVITY

Human as Instrument-Positionality, Reflexivity

I started my nursing education in practical nursing. I had worked as a licensed practical nurse in the nursing home and doctor's office setting from 1996-2003 when I completed an associate degree nursing program. At that time, I wanted to be a nurse practitioner. Although I did not want to focus specifically on women's health, I wanted to make a difference in the overall care women received. I knew to be a nurse practitioner I needed to complete a BSN. After some investigation I found a program in my home state that met my needs. While I was in my RN-BSN program I was working as a RN at the local rural hospital. In a rural hospital setting, you have a home unit, but you floated to whatever unit you are needed that day. My home unit was the Intensive Care Unit, but my unit manager was also in charge of Emergency Department, so I made sure I had additional training there since that would benefit me in my future goal of being a nurse practitioner. When I was in the final year of my program, I took the Nurse Manager position for the hospital's Home Health and Hospice Department. I was looking for a change from working weekends and holidays, since I had young children and this gave me, what I thought would be the flexibility I needed for my family.

What inspired me to be a nurse educator

My Mom is an RN (now retired). Around 2004, she was teaching a Certified Nurse's Aide Course in the evenings. When students were absent, they would need to make up their "time" or the skills check off that they missed. My Mom was the only person teaching the course and could not be with her class and making up skills with the

individual students. She would “pay” me to do skill check offs with the students. One evening when I was doing this, I must have really impressed the Director of Nursing (for the practical nursing program), because after I finished with the student, she pulled me into her office and asked me if I had considered becoming a nurse educator. She told me about a position she had open, and she thought I would be a great fit. Basically, I told her, I needed to finish my degree, that I had just accepted a new job, and that I wanted to be a nurse practitioner.

That moment was my turning point. I realized what I really loved about nursing was educating my patients and their families. I found that in my nurse management position what I really loved was the staff development training that I was doing. About a year after that conversation, nurse management was not better for my family. I was working more hours than before, I was on call for the department 24/7, and had patient call every other weekend and at least one to two days during the week. I was spending less time with my family and was getting burned out. I called the Director of Nursing and asked if she still had a position available, and that started my career as a nurse educator.

My Transition into Nursing Education

I taught for four years in the practical nursing program. I learned a lot about nursing education there. I really credit the Director of Nursing for being the BEST MENTOR. She was the best balance of soft and firm. She was just what I needed to become the educator I am today.

I left there in at the end of 2010. A local college was starting a BSN program in the Fall 2010. I was almost finished with my MSN in nursing education and the Director of Nursing was able to get a hiring exception from the State Board of Nursing to hire me prior

to completing my degree. My goal at that time was to teach in a BSN program and this was the perfect opportunity for me. Geographically, I am 30-60 miles away from any other nursing programs, so commuting to work was not something that I wanted to do.

I was one of the four “founding” faculty hired to start that fall. Since I did not have a master’s degree I could not coordinate or teach a course on my own. So, I was paired with another faculty member who coordinated everything to do with the Foundations of Nursing Care didactic course and the clinical and laboratory course. She taught most of the didactic content, and we shared the laboratory and clinical content. I taught two out of the three sections of clinical.

The following semester I was paired with the director of nursing for the Care of the Adult didactic and clinical course. We split the didactic material close to 50/50, and I taught clinical and laboratory skills one day a week. A milestone for me was when I made an impression on her [the Director of Nursing] during one of my teaching sessions and she gave me more control over the course that semester. I had to prove that even though I came from a practical nursing program, I could teach at a level appropriate for BSN students. (I think not all practical nursing programs in the United States were taught at the same level, and she has taught in other states.) After my first year and earning my master's degree, I took on the course coordinator role in these courses, and as the years progressed also taught Pathophysiology, Leadership and Management, and Complex Care as needed to fill in the gaps due to faculty vacancies.

Both nurse educators I taught courses with were great mentors and assisted me with the transition from a practical nursing program in a technical education/community college setting to the university setting. Additionally, I had a university mentor from the school of

business that was key to my transition into the general university setting and learning the university policies.

Changes in my Current Position

Over the years I helped with practice-based clinical placements and improving the overall experience for the students and nurse educators. The director of nursing would have me attend meetings with the clinical consortium group in the surrounding areas to ensure we were in compliance with the group and the individual hospitals. This group would meet twice yearly and one additional time a year to discuss changes that were needed in the Clinical Orientation Manual. This is the “guidebook” for clinical, everything from vaccine requirements, dress code, confidentiality, biohazard precautions, exposures, and so forth. Additionally, I attended meetings in our northern and western regions for clinical placements in those areas. I began to help other course coordinators with their student clinical schedules and submitting their required documentation. I learned how to use multiple computer systems that were required for the submission of this documentation. This morphed into my current administrative role as the Director of Clinical Instruction. This role officially started fall 2021.

My COVID-19 Experiences

My initial director of nursing retired in the of Spring 2016 and a new director of nursing was hired in the Fall of 2016 but later resigned at the end of the Fall 2019 semester. The initial Director returned in December 2019 to Fall 2020. Our current director of nursing officially took over the role in Spring 2021 and worked closely with the initial director in the Fall of 2020. I have had four director changes in my current nurse educator role.

During the onset of the COVID-19 pandemic, the initial director or nurse had just returned less than three months before. Then less than a year later the current director assumed the role. The changes in the director of nursing positions have resulted in significant changes to the operation of the program that was further exacerbated by the COVID-19 pandemic.

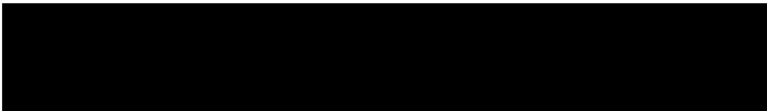
My experience as a nurse educator during the March 2020.

Initially, in March 2020, I think the college administrators at my university was doing the best they could at the time. None of us had prepared for a pandemic and as a residential college we did not have the resources or training at our disposal to become an online college. I personally had some advantages over my colleagues since I had taken many online courses as a student in my BSN, MSN, and doctoral programs and knew what worked and didn't work. Further, I had some educational courses on teaching online, and had developed some pedagogical strategies. I know that having this education was not a substitute for developing good quality online courses and pivoting an in-person course online [in less than two weeks], like what was done in March 2020, but it eased the initial transition for me. I found this early time of transition fun and challenged me in a positive way. I know this was not the case for a lot of nurse educators. I thrived teaching in the remote setting.

The greatest challenges I experienced were related to clinical placements. The hospital settings were closing their units to nursing students, and we chose to move to virtual simulation for our junior nursing students. Another faculty member handled this aspect of the clinical education, so I didn't experience this issue. However, I was focused on the senior students in their final clinical semester. Our senior nursing students needed to

complete their final capstone placement so they could graduate, take the NCLEX-RN, and begin their career. The recommendation from the State Board of Nursing were to complete the capstone experience in the practice-based setting. My clinical challenges were not focused on virtual simulation, as I spent a significant amount of time obtaining Capstone placements and preceptors for the senior students. Since there was a lack of PPE available to the students, I had to ensure the student had PPE prior to starting their Capstone experiences.

Fw: Clinicals at █████ Suspended



Reply Reply All Forward [Share icon] [More options icon]

Tue 3/17/2020 12:36 PM

Phish Alert

+ Get more add-ins

Start your reply all with: [Thanks for sharing!](#) [Thank you!](#) [Thank you so much for sharing!](#) [Feedback](#)

Effective immediately, and out of an abundance of caution during the unprecedented situation created by the coronavirus, █████ is suspending student clinical rotations.

At this time, rotations are cancelled through April 15. We will reassess and provide additional guidance about future rotations before that date.

We are taking this step to ensure the health and safety of our students, patients and staff, and in compliance with guidance from the Centers for Disease Control and Prevention, which establishes protocols to limit the spread of infection.

If you have questions, please contact me.

Sincerely,

RE: Urgent Message



Wed 3/18/2020 11:51 AM



Phish Alert

+ Get more add-ins

Subject: Urgent Message

Dear Seniors, to let you know what is happening; as of a few hours ago, both [REDACTED] have suspended student clinical rotations. [REDACTED] has suspended them until April 15 and [REDACTED] has no specific date at this time. We have suspended junior clinicals for March. We are planning virtual simulations for the juniors for March. If other sites remain open to us in April, we may be able to rearrange the junior clinicals for those at [REDACTED]

Of course, this will also affect synthesis—we are hoping that we may be able to start synthesis later than we planned. But to be honest, I believe it is possible that other hospitals will soon be following [REDACTED] example in trying to deal with this emergency, so it is a real possibility that we will have to cancel clinicals for the semester. It will depend on the number of cases that hit this area and the decisions of the health care facilities.

I know that this will cause anxiety about your education, but at this point I do not have all the answers. We are keeping on top of this as much as possible, although much is out of our control. We are working on preparing our classes for on-line instruction starting next week. I have spoken with the Dean and one possibility is that the spring semester may have to be extended in order for your synthesis experience to occur (we are also thinking through other possibilities).

This situation is changing hour-by-hour, so thank you for your patience and understanding.

In addition to managing the capstone placements, I was teaching two courses that were previously in-person, in a remote, online format. I was also helping my son with his schoolwork remotely on the I-Pad (which is a technology I am not familiar with). These challenges were intensified because I did not have a printer at home, or access to all the information that I would have had if I was in my college office. Further, healthwise, during this time I was in a moderate to occasional severe pain in my neck, back, shoulders, and arms from a herniated disk in my neck. From the nerve impingement, I was experiencing numbness in my fingertips and weakness in both hands that affected my grip. I had to halt treatment because the physical therapy office had closed due to COVID-19 concerns, and my only option for treatment was medication until I could see the surgeon. The Spring 2020 semester, however, was the calm before the storm for me.

My Experience as a Nurse Educator During the Ongoing COVID-19 Pandemic

The Fall 2020 semester we were back on campus and teaching our courses in person. However, we were required to maintain social distancing and had to make significant changes in our classroom to accommodate the students. Further, we had to clean the surfaces following each class which required the chemical agent to stay on the surface for 10 minutes, often resulting in the tables still being wet when the next class arrived.

The social distancing and cleaning were a minimal challenge. The greater challenge was the number of students that were placed on quarantine for exposure or isolation for a positive COVID-19 virus infection. This required me to teach in a hybrid format. What I learned about myself was I was a good in-person or online, remote nurse educator, but I struggled to manage a hybrid classroom. I often forgot about the students that were in the online, remote setting and when they would interact with me, they would startle me, as I would forget they were there. When I did focus on including them there was a lag in response time, approximately 10 seconds. This resulted in the students that were in-person losing focus or answering the questions I was asking the online, remote setting students. I really could have used an assistant to manage the technology and monitor the chat setting for me, but we simply did not have those resources available.

I found that having the technology was sometimes abused. The students would leave to go home early for the weekend and would ask to attend class in the online, remote setting. Some of the faculty were recording the classes, so the students started to request recordings of the classes and we started to see a decrease in attendance. During this time, we could not count attendance against the students, so we could not enforce these issues.

My Experience as a Nurse Administrator During the Ongoing COVID-19 Pandemic

The challenges I personally experienced in role as a nurse administrator required me to set my personal experiences aside and objectively collect and interpret the data. I have not felt supported by my administrators. My perception was that the university administrators did not take the health-related issues of COVID-19 pandemic seriously, by under reporting the significance of the impact the virus was having on the campus. This was evidenced in the Fall of 2021 by the administrators fighting a mandate from the County Health Department to cease in-person operations at the university. The administrators sought legal counsel and encouraged students to protest the mandate. They encouraged the students to go to the courthouse steps and protest. DURING A PANDEMIC!

The faculty were not informed about cases that resulted in hospitalization of students due to the COVID-19 virus. Student athletes expressed concerns to me about being told “not to report their symptoms so they would not have to test for COVID-19 and potentially not be allowed to play or forfeit a game.” As a nurse first and educator second my duty is to the health and safety of the public. This caused me a lot of moral distress. I felt I had to be careful who I expressed my concerns to, because the campus community was divided on this issue.

Then in the summer of 2021 the challenges I was experiencing as a nursing administrator further increased. The COVID-19 vaccine became available to the nursing students and nursing faculty early in the Spring 2021 semester. At that time most of the current nursing students obtained the COVID-19 vaccine. Later that semester the COVID-19 vaccine became available to the public. By summer 2021, the COVID-19 vaccine had

become politicized. As the Director of Clinical Instruction, I was receiving notification from the practice-based clinical sites that the vaccine would be required to enter the facility. At this point, those that were requiring the vaccine were either not allowing exemptions or the exemption process was difficult to obtain. Once the students heard about this, I started to get emails demanding that I find the students an alternative or allow them to complete all their clinical as simulation (which is not allowed by the state board of nursing). The emails were not only from students but friends, family members, and attorneys of the students. I began forwarding the emails to the Director of Nursing and Dean of Academics to address.

The university administrators pushed against vaccine mandates from our clinical partners. To be clear, I am not opposed to vaccine exemptions. I think everyone has a right to self-determination, however, I think the reasons should be based on science, religious beliefs, or moral conscious, not politics or misinformation. This was not always the case. This particular challenge made me feel that I had to violate my own ethical and moral values as a nurse for the sake of my job. The nurse educators and I that were accommodating these particular students were basically told that our “values, beliefs, and moral conscious did not matter.” This resulted in increased workload and affected my wellbeing. Therefore, going into my study I needed to push my biases and assumptions about the COVID-19 vaccine aside and listen to my nurse educator’s personal stories and challenges about the COVID-19 vaccine and exemptions without influencing them.

How has my role changed?

My role as a nurse educator is still about the students, as I believe it should be. However, I am doing more work now than ever before. My contracted hours have not changed but the workload formulas have. I am doing more administrative duties. I am working 50-70 hours every week and still cannot get caught up. Just when I think I can catch my breath, the next wave hits me, and I am under water again. I still try to keep my focus on the students, but my other duties are pulling me away from them, and I am losing my connections with them. The COVID-19 vaccine and the requirements for testing if not vaccinated or if a student has symptoms has made me the “bad guy” that makes them do something they do not want to do. I have to relay information from the practice-based clinical sites about when they are allowed to return. If the student does not like my answer, they have their parents call me or go to the university administrators to complain. I feel like I am constantly scrutinized for following the rules.

Nursing In the Future

I think nursing in the future will be more flexible for the student. The prediction is there will be less students entering post-secondary education by (I believe 2026) so colleges and universities are going to do whatever it takes to get the students there. I see more hybrid courses in those that do not require a practice-based clinical component of lab. With the changes from the AACN moving towards competency-based learning, I see a change in how and what is emphasized in the nursing curriculum. The skills taught will be those that are truly needed in practice. There will be more use of simulation and virtual simulation as the practice based clinical setting become more limited and it is more difficult to get clinical instructors.

Whatever changes are made, a focus needs to be on retaining and recruiting nurse educators who are there for the students and want to expand the profession of nursing.

REFERENCES

- Aiken, L.H, Sloan, D., Griffiths, P., Rafferty, A.M., Bruyneel, L., McHugh, M., Maier, C.B., Moreno-Casas, T., Ball, J.E. Ausserhofer, D., Sermeus, W. (2017). Nursing skill mix in European hospitals: Association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety*, 26(7), 559-568.
<http://dx.doi.org/10.1136/bmjqs-2016-005567>
- Alderman, J., Kastelein, C., Feo, R., Frensham, L., Salamon, Y., & Kitson, A. (2018). Prioritizing the fundamentals of care within the prelicensure nursing curriculum. *The Journal of Nursing Education*, 57(8), 498–501.
<http://dx.doi.org/10.3928/01484834-20180720-09>
- Alexander, M. (Ed.). (2021). NCSBN’s environmental scan COVID-19 and its impact on nursing and regulation. *Journal of Nursing Regulation*, 11(4), S1 - S36. DOI:
[https://doi.org/10.1016/S2155-8256\(21\)00002-8](https://doi.org/10.1016/S2155-8256(21)00002-8)
- Alpi, K.M. & Evans, J.J. (2019). Distinguishing case study as a research method from case reports as a publication type. *Journal of the Medical Library Association*, 107, 1-5.
<http://dx.doi.org/10.5195/jmla.2019.615>
- Altman, S.H., Butler, A.S., & Shern, L. (Eds.). (2016). *Assessing progress on the Institute of Medicine report: The future of nursing*. The National Academies Press.
- American Journal of Managed Care Staff. (2021). A timeline of COVID-19 developments in 2020. <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*.
<https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- American Association of Colleges of Nursing. (2019). *AACN’s vision for academic nursing*. White paper. <https://www.aacnnursing.org/Portals/42/News/White-Papers/Vision-Academic-Nursing.pdf>.
- American Association of Colleges of Nursing. (2020a,). *Curriculum guidelines*.
<https://www.aacnnursing.org/Education-Resources/Curriculum-Guidelines>
- American Association of Colleges of Nursing. (2020b, March 20). *Considerations for COVID-19 preparedness and response in the US schools of nursing*.
<https://www.aacnnursing.org/News-Information/COVID-19/AACN-Recommendations>

- American Association of Colleges of Nursing. (2020c, September). Faculty shortage factsheet. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet.pdf>
- American Association of Colleges of Nursing. (2021a, March 21). Competency-based education. <https://www.aacnnursing.org/Portals/42/Downloads/Essentials/CBE-Draft.pdf>
- American Association of Colleges of Nursing. (2021b, April 6). *The essentials: Core competencies for professional nursing education*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Nurses Association (2015). Code of ethics for nurses with interpretive statements. Silver Spring, MD: American Nurses Association
- Armstrong, G. (2019). QSEN safety competency: The key ingredient is just culture. *Journal of Continuing Education in Nursing, 50*(10), 444-447. <http://dx.doi.org/10.3928/00220124-20190917-05>
- Assessment Technologies Incorporated (ATI). (2022). Remote proctoring. <https://atinursing.com/remote-proctoring/>
- Atkinson, J. (2002). Four steps to analyse data for a case study method. *Association for Information Systems*. AIS Electronic Library. <http://aisel.aisnet.org/acis2002/38>
- Atmiller, G. & Hopkins-Pepe, L. (2019). Why quality and safety education for nurses (QSEN) matters in practice. *The Journal of Continuing Education in Nursing, 50*(5), 198-199.
- Başkarada, S. (2014). Qualitative case study guidelines. *The Qualitative Report, 19*(40), 1-18. <http://dx.doi.org/10.46743/2160-3715/2014.1008>
- Benner, P. (2020, March). Finding online clinical replacement solutions during the COVID-19 pandemic. <https://www.educatingnurses.com/finding-online-clinical-replacement-solutions-during-the-covid-19-pandemic/>
- Bentz, V. M., Shapiro, J. J. (1998). *Mindful enquiry in social research*. Sage.
- Beroz, S. (2020). COVID-19: Essentials of simulation evaluation. *NLN Nursing EDGE*. <https://nlnteq.org/2020/08/11/covid-19-essentials-of-simulation-evaluation/>
- Bidabadi, N. S., Isfahani, A. N., Rouhollahi, A. & Khalili, R. (2016). Effective teaching methods in higher education: Requirements and barriers. *Journal of Advances in Medical Education & Professionalism, 4*(4), 170-178.

- Billings, D.M. & Halstead, J.A. (2016). *Teaching in nursing: A Guide for Faculty*. (4th ed). Elsevier.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. <http://dx.doi.org/10.1177/1049732316654870>
- Bitton, J.R., & Buck, D.K. (2020). The impact of the pandemic on Oregon nursing education. *Oregon State Board of Nursing Sentinel*, 39(4), 20-21.
- Blankenberger, B., Williams, A. (2020). COVID and the impact on higher education: The essential role of integrity and accountability. *Administrative Theory & Praxis*, 42(3), 404-423. <http://dx.doi.org/10.1080/10841806.2020.1771907>
- Blevins, S. (2021). The impact of COVID-19 on nursing education. *MEDSURG Nursing*, 30(2), 145–146.
- Booth, T.L., Emerson, C.J., Hackney, M.G., Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice*, 19, 54-57. <http://dx.doi.org/10.1016/j.nepr.2016.04.006>
- Bradley, C., Johnson, B., Dreifuerst, K., White, P., Conde, S., Meakim, C., Curry-Lourenco, K., & Childress, R. (2019). Regulation of simulation use in United States prelicensure nursing programs. *Clinical Simulation in Nursing*, 33, 17-25. <http://dx.doi.org/10.1016/j.ecns.2019.04.004>
- Breymier, T.L., Rutherford-Hemming, T., Horsley, T.L., Atz, T., Smith, L.G., Badowski, D. & Connor, K. (2015). Substitution of clinical experiences with simulation in prelicensure nursing programs: A national survey in the United States. *Clinical Simulation in Nursing*, 11, 472-478. <http://dx.doi.org/10.1016/j.ecns.2019.04.004>
- Brunsworth, J. (2020, May). Teaching nursing students in the COVID-unknown. <https://www.elsevier.com/connect/teaching-nursing-students-in-the-covid-unknown>
- Burns, N. & Grove, S.K. (2005). *The practice of nursing research: Conduct, critique, and utilization*. (5th ed.). Elsevier.
- Candela, A.G. (2019). Exploring the function of member checking. *The Qualitative Report*, 24(3), 619-628. <http://dx.doi.org/10.46743/2160-3715/2019.3726>
- Cantamessa, P. (2018). Nurse faculty knowledge of best practices in online pedagogy. *Journal of Leadership and Instruction*, Spring, 8-12

- Castano, M., Noeller, C., & Sharma, R. (2021). Implementing remotely proctored testing in nursing education. *Teaching and Learning in Nursing, 16*(2), 156-161. <http://dx.doi.org/10.1016/j.teln.2020.10.008>
- Centers for Disease Control and Prevention. (2020). Coronavirus (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Centers for Disease Control and Prevention. (2022). CDC museum COVID-19 timeline. <https://www.cdc.gov/museum/timeline/covid19.html>
- Chenot, T.M.& Christopher, R. (2019). A statewide initiative integrating Quality and Safety Education for Nurses (QSEN) through academic-clinical partnerships to improve health outcomes. *Journal of Professional Nursing, 35*, 282-292. <http://dx.doi.org/10.1016/j.profnurs.2019.01.005>
- Clark, N.J., Alcalá-Van Houten, L., Perea-Ryan, M. (2010). Transitioning from clinical practice to academia: University expectations on the tenure track. *Nurse Educator: 35*(3), 105-109. <http://dx.doi.org/10.1097/NNE.0b013e3181d95069>
- Commission on Collegiate Nursing Education (CCNE). (2021). Information regarding coronavirus impact on CCNE-accredited baccalaureate and graduate nursing programs. <https://www.aacnnursing.org/Portals/42/CCNE/News/CCNE-Statement-on-Coronavirus-Bacc-and-Grad.pdf>
- Cooke, M. & Riddell, D.J. (2021). Facilitating communication in the academic environment during the pandemic using TeamSTEPPS tools. *Nurse Educator, 46*(4), 198-199. <http://dx.doi.org/10.1097/NNE.000000000000001000>
- Cranford, J.S. (2013). Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship, 10*(1), 99-105. <http://dx.doi.org/10.1515/ijnes-2012-0018>
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed method approaches*. (4th Ed.). Sage Publications, Inc.
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Mitchell, P., Sullivan, D.T., & Warren, J. (2007). Quality and Safety Education for Nurses. *Quality and Safety Education, 55*(3), 122-131. <http://dx.doi.org/10.1016/j.outlook.2007.02.006>
- Cypress, B.C. (2017). Rigor or reliability and validity in qualitative research: perspective, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing, 36*(4), 253-236. <http://dx.doi.org/10.1097/DCC.0000000000000253>
- De Chesnay, M. (2015). *Nursing research using case studies: Qualitative designs and methods in nursing*. Springer Publishing Company.

- Dewart, G., Corcoran, L., Thirsk, L., Petrovic, K. (2020). Nursing education in a pandemic: Academic challenges in response to COVID-19. *Nursing Education Today*, 92, 1-2. <http://dx.doi.org/10.1016/j.nedt.2020.104471>
- Dowling, J.S. & Melillo, K.D. (2015). Transitioning from departments to schools of nursing: A qualitative analysis of journeys by ten deans, *Journal of Professional Nursing*, 31(6), 464-474. <http://dx.doi.org/10.1016/j.profnurs.2015.04.008>
- Djukic, M., Stimpfel, A.W., & Kovner, C. (2019, March). Bachelor's degree nurse graduates report better quality and safety educational preparedness than associate degree graduates. *Joint Commission Journal on Quality and Patient Safety*, 45(3), 180-186. <http://dx.doi.org/10.1016/j.jcjq.2018.08.008>
- Durham, C.F. & Baker, D.E. (2018). Learning laboratories as a foundation for nursing excellence. In M.H. Oermann, J.C. De Gagne, & B.C. Phillips (Eds.), *Teaching in nursing and role of the educator, Second Edition: The complete guide to best practice in teaching, evaluation, and curriculum development* (2nd ed., pp 155-177). Springer Publishing Company.
- Ebneyamini, S. & Moghadam, M.R.S. (2018). Toward developing a framework for conducting case study research. *International Journal of Qualitative Methods*, 17, 1-11. <http://dx.doi.org/10.1177/1609406918817954>
- Eby, R.A., Hartley, P.L., Hodges, P.J., & Baldwin-Hoffpauir, R. (2021). Fostering ethical integrity in nursing: An ongoing examination of diverse perceptions. *Teaching and Learning in Nursing*, 16, 36-42. <http://dx.doi.org/10.1010/j.teln.2020.07.001>
- Farber, J.E., Payton, C., & Dorney, P. (2020). Life balance and professional quality of life among baccalaureate nurse faculty. *Journal of Professional Nursing*, 36, 587-594. <http://dx.doi.org/10.1016/j.profnurs.2020.08.010>
- Fey, M.K. & Jenkins, L.S. (2015). Debriefing practices in nursing education programs: Results from a National study. *Nursing Education Perspectives*, 36(6), 361-366. <http://dx.doi.org/10.5480/14-1520>
- Forneris, S. G., Neal, D. O., Tiffany, J., Kuehn, M. B., Meyer, H. M., Blazovich, L. M., Holland, A. E., & Smerillo, M. (2015). Enhancing clinical reasoning through simulation debriefing: A multisite study. *Nursing Education Perspectives*, 36(5), 304–310. <https://dx.doi.org/10.5480/15-1672>
- Foronda, C. (2020). Evidence to support virtual simulation as an effective pedagogy during the pandemic: Research and policy implications. <https://www.inacsl.org/INACSL/document-server/?cfp=INACSL/assets/file/public/covid-19/COVID-Presentation-Foronda.pdf>

- Foronda, C., Swoboda, S.M., Henry, M.N., Kamau, E, Sullivan, N., Hudson, K.W. (2018). Student preference and perceptions of learning from vSIM for Nursing™ *Nurse Education in Practice*, 33, 27-32. <http://dx.doi.org/10.1016/j.nepr.2018.08.003>
- Fowler, M. (2015). *Guide to the code of ethics for nurses with interpretive statements* (2nd ed.). American Nurses Publishing.
- Gaffney, M.K., Chargualaf, K., Ghosh, S. (2021). COVID-19 disruption of nursing education and the effects on students' academic and professional confidence. *Nurse Educator*, 46(2), 76-81. <http://dx.doi.org/10.1097/NNE.0000000000000986>
- Gaines, K. (2020). Why nursing school accreditation matters. <https://nurse.org/education/nursing-school-accreditation/>
- Garcia-Morales, V.J., Garrido-Mareno, A., & Martin-Rojas, R. (2021). The transformation of higher education after the COVID disruption: Emerging challenges in an online learning scenario. *Frontiers in Psychology*, 12, 1-6. <http://dx.doi.org/10.3389/fpsyg.2021.616059>
- Gazza, E.A. (2022). The experience of being a full-time nurse educator during the COVID-19 pandemic. *Nursing Education Perspectives*, 43(2), 74-79. <http://dx.doi.org/10.1097/01.NEP.0000000000000933>
- Gerring, J. (2007). *Case study research: Principles and practices*. Cambridge University Press
- Gordon, K.L. & Foss, K. (2018). Partnerships with clinical settings: Roles and responsibilities of nurse educators. In M.H. Oermann, J.C. De Gagne, & B.C. Phillips (Eds.), *Teaching in nursing and role of the educator, Second Edition: The complete guide to best practice in teaching, evaluation, and curriculum Development* (2nd ed., pp 155-177). Springer Publishing Company.
- Graf, A.C., Jacob, E., Twigg, D., & Nattabi, B. (2019). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing*, 29, 3097-3107. <http://dx.doi.org/10.1111/jocn.15234>
- Grossenbacher, M. & Kappel, D. (Eds.). The NCLEX® & COVID-19. *IN FOCUS: A Publication of the National Council of State Boards of Nursing*. <https://www.ncsbn.org/14946.htm>
- Guba, E. G. (Ed.). (1990). *The paradigm dialog*. Sage Publications, Inc.
- Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Sage.
- Gustafsson, J. (2017). Single case studies vs. multiple case studies: A comparative study.

- Hardy, M.E., & Conway, M.E. (1988). *Role Theory: Perspectives for health professionals*. Appleton & Lange.
- Harling-Stalker, L. (2009). A tale of two narratives: Ontological and epistemological narratives. *Narrative Inquiry*, 19, 2. <http://dx.doi.org/10.1075/ni.19.2.02har>
- Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. *Forum: Qualitative Social Research*, 18(1), Art. 19, <http://nbn-resolving.de/urn:nbn:de:0114-fqs1701195>.
- Hayden, J.K., Smiley, R.A., Alexander, M., Kardong-Edgren, S., & Jeffries, P.R. (2014). The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), Supplement, S1-S64. [http://dx.doi.org/10.1016/S2155-8256\(15\)30062-4](http://dx.doi.org/10.1016/S2155-8256(15)30062-4)
- Hayes, R., & McCauley, L. (2020). A guide to academic crisis response: Strategies for nursing schools during COVID-19 and beyond. *Nurse Educator*, 46(1), 23-28. <http://dx.doi.org/10.1097/NNE.0000000000000941>
- Haynes-Lewis, H., & Pearson, T. (2016). Transitioning from clinical nursing to nursing faculty tool kit. <http://www.aacn.nche.edu/students/resources/transitioning-tool-kit>
- Hoang, S. (2020). Covid-19 necessitates changes to nursing education. <https://www.healthleadersmedia.com/nursing/covid-19-necessitates-changes-nursing-education>
- Holmes, A.G.D. (2020). Researcher positionality-A consideration of its influence and place in qualitative research-A new researcher guide. *Shanlax International Journal of Education*, 8(4), 1-10.
- Houghton, C., Casey, D., & Smyth, S. (2017). Selection, collection, and analysis as sources of evidence in case study research. *Nurse Researcher*, 24(6), 36-41. <http://dx.doi.org/10.7748/nr.2017.e1482>
- Hovancsek, M.T. (2007). Using simulations in nursing education. In P. Jeffries (Ed.), *Simulation in nursing education: From conceptualization to evaluation* (pp. 105-102). National League for Nursing. <http://www.diva-portal.org/smash/get/diva2:1064378/FULLTEXT01.pdf>
- INACSL Standards Committee (2017, December). INASCL Standards of Best Practice: Simulation[®]: Operations. *Clinical simulation in nursing*, Volume 13, 681-687.

- Institute of Medicine (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
<https://www.academicprogression.org/about/future-of-nursing>
- Institute of Medicine (US) Committee on the Health Professions Education Summit. (2003). *Health Professions Education: A Bridge to Quality*. Washington (DC): National Academies Press
- Ironside, P.M., McNelis, A.M., & Ebright, P. (2014). Clinical education in nursing: Rethinking learning in the practice settings. *Nursing Outlook*, 62, 185-191.
<http://dx.doi.org/10.1016/j.outlook.2013.12.004>
- Isaacs, A.N. (2014). An overview of qualitative research methodology for public health researchers. *International Journal of Medicine and Public Health*, 4(4), 318-323.
<http://dx.doi.org/10.4103/2230-8598.144055>
- Jeffries, P.R. (2020). Academic nursing dean's role during COVID-19: Lessons from the frontlines of higher education. *Nurse Educator*, 45(5), 229-230.
<http://dx.doi.org/10.1097/NNE.0000000000000903>
- Jeffries, P.R., Rodgers, B., & Adamson, K. (2015). NLN Jeffries Simulation Theory: Brief narrative description. *Nursing Education Perspectives*, 36(5), 292-293.
<http://dx.doi.org/10.5480/1536-5026-36.5.292>
- Jeffries, P.R., Woolf, S., Linde, B. (2003). Technology-based vs. traditional instruction. A comparison of two teaching methods for teaching the skill of performing a 12 lead ECG. *Nursing Education*, 24(2), 70-74.
- Johnson, C.E., Kimble, L.P., Gumby, S.S., & Davis, A.H. (2019). Using deliberate practice and simulation for psychomotor skill competency and acquisition and retention. *Nurse Educator*, 45(3), 150-154.
<http://dx.doi.org/10.1097/NNE.0000000000000713>
- Kalb K. A., O'Conner-Von, S.K., Brockway, C., Rierson, C.L., Sendelbach, S. (2015) Evidence-based teaching practice in nursing education: Faculty perspectives and practices. *Nursing Education Perspectives*, 36(4), 212-219.
<http://dx.doi.org/10.5480/14-1472>
- Kalisch, B. J. (1978). Outlook on nursing: The promise of power. *Nursing Outlook*, 26(1), 42-46.
- Kalisch, B. J. & Kalisch, P. A. (1975). Slaves, servants, or saints? (An analysis of the system of nurse training in the United States, 1873-1948). *Nursing Forum*, 14(3), 222-263.

- Kalisch, B. J. & Kalisch, P. A. (1976). Nurses in American history. The cadet nurse corps in World War II. *American Journal of Nursing*, 76(2), 240-242.
- Kalisch, B. J. & Kalisch, P. A. (1985). Dressing for success. *American Journal of Nursing*, 85(8), 887-893.
- Katz, D., & Kahn, R. (1966). *The social psychology of organizations*. Hoboken: John Wiley and Sons Inc.
- Kanter, L. & Alexander, R. (2012). Integration of clinical judgement in the nursing curriculum: Challenges and perspectives. *Journal of Nursing Education*, 51(8), 444-453. <http://dx.doi.org/10.3928/01484834-20010615-03>
- Keeling, A. W., Hehman, M. C., & Kirchgessner, J. C. (2018). *History of professional nursing in the United States: Toward a culture of health*. Springer Publishing Company, LLC
- Keener, T. A., Hall, K., Wang, K., Hulse, T., & Piamjariyakul, U. (2021). Quality of life, resilience, and related factors of nursing students during the COVID-19 pandemic. *Nurse Educator*, 46(3), 143–148. <http://dx.doi.org/10.1097/NNE.0000000000000969>
- Kozlowski-Gibson, M. (2018). Online nursing education: Reform from within our humanity. *Nursing Education Today*, 68, 75-77. <http://dx.doi.org/10.1016/j.nedt.2018.05.031>
- Leighton, K. (2015). Development of the clinical environment comparison survey. *Clinical Simulation in Nursing*, 11, 44-51. <http://dx.doi.org/10.1016/j.ecns.2014.11.002>
- Leighton, K., Kardong-Edgren, S., McNelis, A. M., Foisy-Doll, C., & Sullo, E. (2021). Traditional clinical outcomes in prelicensure nursing education: An empty systematic review. *Journal of Nursing Education*, 60(3), 136-142. <http://dx.doi.org/10.3928/01484834-20210222-03>
- Lewis, K.L., Bohnert, C.A., Gammon, W.L., Holzer, H., Lyman, L., Smith, C., Thompson, T.M., Wallace, A., Gilva-McConvey, G. (2017). The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). *Advances in Simulation*, 2, 10 <http://dx.doi.org/10.1186/s41077-017-0043-4>
- Lewis-Pierre, L. (2020). Transforming nursing education in the midst of the COVID crisis. *ABNF Journal* 31(4), 106-107.

- Lioce, L. (Ed.), Lopreiato, J. (Founding Ed.), Downing, D., Chang, T.P., Robertson, J.M., Anderson, M., Diaz, D.A., Spain, A.E. (Assoc. Eds.) & the Terminology and Concepts Working Group (2020). *Healthcare simulation dictionary*. (2nd Ed). Agency for Healthcare Research and Quality; September 2020. AHRQ Publication No. 20-0019. DOI: <https://doi.org/10.23970/simulationv2>.
- Locasto, L., & Kochanek, D. (1989). Reality shock in the nurse educator. *Journal of Nursing Education*, 28(2), 79-81. <http://dx.doi.org/10.3928/0148-4834-19890201-10>
- Ludwig-Beymer, P., Vottero, B., Coates, A., Blodgett, N., Rogers, J., & McGonigal-Kenney, M. (2021). Nursing faculty workload: Balancing fiscal responsibility and faculty satisfaction. *Nurse Educator*. Advance online publication. <https://doi: 10.1097/NNE.0000000000001121>
- Lynn, J.J. & Ward-Smith, P. (2021). Teaching during COVID-19: Perceptions of nursing faculty. *Journal of Nursing Education and Practice*, 11(6), 43-49. <http://dx.doi.org/10.5430/jnep.v11n6p43>
- Mabry, J., Lee, E., Roberts, T., & Garrett, R. (2020). Virtual simulation to increase self-efficacy through deliberate practice. *Nurse Educator*. 45(4), 202-205. <http://dx.doi.org/10.1097/NNE.0000000000000758>
- Martin, B. (2020). {Proposal} National prelicensure-RN study: Assessing the impact of COVID-19 on nursing education. Sponsoring Institution: National Council of State Boards of Nursing.
- Meleis, A. (2009). *Transition's theory: Middle-range and situation-specific theories in nursing research and practice*: ProQuest Ebook Central <https://ebookcentral.proquest.com>
- Mertens, D.M. (2015). *Research and evaluation in education and psychology*. (4th ed). Sage Publications, Inc.
- Mills, A.J., Durepos, G., & Wieb, E. (2010). *Encyclopedia of case study research*. Sage Publications Inc.
- Morelock, S. (2016). Current and future education challenges for the nurse educator. <https://rn-journal.com/journal-of-nursing/educational-challenges-in-nurse-education>
- Morin, K.H. (2020). Nursing education after COVID-19: Same or different? *Journal of Clinical Nursing*, 29, 3117-3119. <http://dx.doi.org/10.1111/jocn.15322>

- Morse, J.M. & Richards, L. (2002). *Readme First for a user's guide to qualitative methods*. Sage Publications, Inc.
- Nabolsi, M., Abu-Moghil, F., Khalaf, I., Zumot, A., & Suliman, W. (2021). Nursing faculty experience with online distance education during the COVID-19 crisis: A qualitative study. *Journal of Professional Nursing*, 37, 828-835.
<http://dx.doi.org/10.1016/01j.profnurs.2021.06.002>
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.
- National Council of State Boards of Nursing. (2011). What you need to know about nursing licensure and boards of nursing.
https://www.ncsbn.org/Nursing_Licensure.pdf
- National Council of State Boards of Nursing (NCSBN). (2012). NCSBN Model Act.
https://www.ncsbn.org/14_Model_Act_0914.pdf
- National Council of State Boards of Nursing. (2014). A review of entry-level characteristics and the NCLEX examination department.
https://www.ncsbn.org/Review_EntryLevel_Characteristics_and_NCLEX.pdf
- National Council of State Boards of Nursing (NCSBN). (2017). NCSBN Model rules.
https://www.ncsbn.org/17_Model_Rules_0917.pdf
- National Council of State Boards of Nursing (NCSBN). (2019). NCLEX-RN® examination test plan for the national council licensure examination for registered nurses. https://www.ncsbn.org/2019_RN_TestPlan-English.pdf
- National Council of State Boards of Nursing (NCSBN). (2021). 2021 NCLEX candidate bulletin. https://www.ncsbn.org/NCLEX_Candidate_Bulletin_2021.pdf
- National League for Nursing. (2020a). Simulation. <http://www.nln.org/professional-development-programs/simulation>
- National League for Nursing. (2020b). Standards of accreditation.
<http://www.nln.org/accreditation-services/standards-for-accreditation>
- National League for Nursing. (2021). Nurse educator core competencies.
<http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency>
- Nurses for a Healthier Tomorrow. (2021). Nurse educator.
https://www.nursesource.org/nurse_educator.html

- NurseThink: A NurseTim Brand. (2022). NurseThink for students: Conceptual clinical cases. <https://nursethink.com/conceptual-clinical-cases>
- Oermann, M.H. & Frank. B. (2018). The process of becoming a nurse educator. In M.H. Oermann, J.C. De Gagne, & B.C. Phillips (Eds.), *Teaching in nursing and role of the educator, Second Edition: The complete guide to best practice in teaching, evaluation, and curriculum development* (2nd ed., pp 155-177). Springer Publishing Company.
- Oermann, M.H. & Gaberson, K.B. (2017). *Evaluation and testing in nursing education* (5th ed.). Springer Publishing Company.
- Otter ai. (2021). Otter for education. <https://otter.ai/edu>
- Pauly-O'Neill, S. & Sabatini, L. (2019). Simulation basics: Getting ready for the real thing. <https://resources.nurse.com/lets-get-real-about-human-patient-simulators>
- Piotrowski, C.& King, C. (2020). COVID-19 pandemic: Challenges and implications for higher education. *Education, 114*(2), 61-66.
- Polit, D.F. & Beck, C.T. (2021). *Nursing research: Generating and assessing evidence for nursing research*. (11th Ed.). Wolters Kluwer/Lippincott, Williams, & Watkins.
- Powers, K., Montegrigo, J., Pate, K., & Pagel, J. (2021). Nurse faculty perceptions of readiness of practice among new nurses graduating during the pandemic. *Journal of Professional Nursing, 37*, 1132-1139.
<http://dx.doi.org/10.1016/01j.profnurs.2021.09.003>
- Quality and Safety for Nurses. (2021). QSEN Competencies. <https://qsen.org/competencies/pre-licensure-ksas/>
- Rasmussen, N., & Jacob, E. (2021). Covid-19 pandemic and effects on nursing education. *Nebraska Nurse, 54*(2), 13–14.
- Rowe, W. E. (2014). *Positionality*. In Coghlan, D., Brydon-Miller, M. (Eds). *The Sage Encyclopedia of Action Research*: Sage
- Russell, K.A. (2017). Nurse practice acts guide and govern: Update 2017. *Journal of Nursing Regulation, 8*(3), 18-25. [http://dx.doi.org/10.1016/S2155-8256\(17\)30156-4](http://dx.doi.org/10.1016/S2155-8256(17)30156-4)
- Sacco, T. L. & Kelly, M.M. (2021). Nursing faculty experiences during the COVID-19 pandemic response. *Nursing Education Perspectives, 42*(6), 285-289.
<http://dx.doi.org/10.1097/01.NEP.0000000000000843>
- Sanko, J.S. (2017). Simulation as a teaching technology: A brief history of its use in nursing education. *The Quarterly Review of Distance Education, 18* (2), 77-85.

- Sauer, L.M. (2021). What is Coronavirus?
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>
- Schoening, A.M. (2013). From bedside to classroom: The nurse educator transition model. *Nurse Education Research*, 34(3), 167-172. <http://dx.doi.org/10.1097/00024776-201305000-00007>
- Schwartz, J.A. (2020). The NCLEX & COVID-19: NCSBN and Pearson VUE address the challenges of delivering a valid and secure exam in a safe testing environment. *IN FOCUS: A publication of the NCSBN*.
https://www.ncsbn.org/InFocus_Summer_2020.pdf
- Schweitzer, A. (2021). NCSBN's CEO David Benton reflects on 2020 and beyond. *IN FOCUS: A publication of the NCSBN*.
https://www.ncsbn.org/InFocus_Spring_2021.pdf
- Serembus, J. (2016). Improving NCLEX first-time pass rates: A comprehensive program approach. *Journal of Nursing Regulation*. 6. 38-44.
[http://dx.doi.org/10.1016/S2155-8256\(16\)31002-X](http://dx.doi.org/10.1016/S2155-8256(16)31002-X)
- Shirey, M.R. (2006). Stress and burnout in nursing faculty. *Nurse Educator*, 31(3), 95-97.
<http://dx.doi.org/10.1097/00006223-200605000-00002>
- Simons, H. (2009). *Case study research in practice*. Sage Publications, Inc.
- Sinacori, B. (2020). How nurse educators perceive the transition from the traditional classroom to the online environment: A qualitative inquiry. *Nursing Education Perspectives*, 41(1), 16-19. <http://dx.doi.org/10.1097/01.NEP.0000000000000490>
- Singleton, M. (2020). Flashback Friday-practice makes perfect: The history of simulation.
<https://www.nursing.virginia.edu/news/flashback-history-of-simulation/>
- Spector, N., Silvestre, J., Alexander, M., Martin, B., Hooper, J. I., Squires, A., & Ojemeni, M. (2020). NCSBN regulatory guidelines and evidence-based quality indicators for nursing education programs. *Journal of Nursing Regulation*, 11(2), 1–66.
[http://dx.doi.org/10.1016/S2155-8256\(20\)30075-2](http://dx.doi.org/10.1016/S2155-8256(20)30075-2)
- Sportsman, S. (2020). White Paper: Nurse educators' response to COVID-19. *Elsevier*.
<https://pages.evolve.elsevier.com/rs/547-FPM-004/images/Nurse%20Educators%20Response%20to%20COVID-19.pdf?aliId=eyJpIjoiNTUrK2UrR0YwbFJQMlFrOSIsInQiOiJYc3ZJaklSZnR6bkdRYUk1UGpsaHh3PT0ifQ%253D%253D>

- Stamps, A., Cockerell, K., Opton, L. (2020). A modern take on facilitating transition into the academic nurse educator role. *Teaching and Learning in Nursing*, 16, 92-94. <http://dx.doi.org/10.1016/j.teln.2020.04.002>
- Stanley, M.J. & Martin, C. (2021). Guiding elements for success in the nurse educator role. *Nursing Education Perspectives*, 42(6), E86-E88. <http://dx.doi.org/10.1097/01.NEP.00000000000000741>
- Stoelting-Gettelfinger, W. (2018). Nursing licensure and certification. In Roux, G. (Editor) & Halstead, J.A.(Editor). *Issues and trends in nursing: Practice, policy, and leadership* (pp. 63-83). Jones & Bartlett Learning LLC.
- Sullivan, N., Swoboda, S. M., Breymier, T., Lucas, L., Sarasnick, J., Rutherford-Hemming, T., Budhathoki, C., & Kardong-Edgren, S. (S.) (2019). Emerging evidence toward a 2:1 clinical to simulation ratio: A study comparing the traditional clinical and simulation settings. *Clinical Simulation in Nursing*, 30(C), 34-41. <https://doi.org/10.1016/j.ecns.2019.03.003>.
- Takahashi, A.R.W. & Araujo, L. (2019). Case study research: opening up research opportunities. *RAUSP Management Journal*, 55(1), 100–111. <http://dx.doi.org/10.1108/RAUSP-05-2019-0109>
- The American Journal of Managed Care [AJMC] Staff. (2020). A timeline of COVID-19 developments in 2020. <https://www.ajmc.com/view/risk-of-ruxolitinib-associated-infection-generally-lower-for-pv-than-mf>
- Valiga, T.M. (2021). Postpandemic nursing education: Moving forward with new ideas. *Journal of Nursing Education*, 60(12), 680-685. <http://dx.doi.org/10.3928/01484834-20211004-04>
- Van der Horst, M. (2016). *Role Theory*. Sociology: Oxford Bibliographies
- Veenema, T.G. (2020). Lessons learned from COVID-19: Shaping the future of academic nursing. <https://www.playbackaacn.com/aacn2000-02>
- Weberg, D., Chan, G. K., & Dickow, M. (2021). Disrupting nursing education in light of COVID-19. *Online Journal of Issues in Nursing*, 26(1), N.PAG. <https://dx.doi-org./10.3912/OJIN.Vol26No01Man04>
- Wenner, T.A., Hakim, A.C., & Schoening, A.M. (2020). The work-role transition of part-time clinical faculty: Seeking to validate the nurse educator transition model. *Nurse Educator*, 45(2), 102-105. <http://dx.doi.org/10.1097/NNE.0000000000000704>
- Williamson, E. (2019). The BSN by 2020 push: How close are we to achieving this milestone? <https://www.nurse.com/blog/2019/11/20/bsn-by-2020-push-how-close-achieving-milestone/>

- Wolcott, H. F. (1994). *Transforming qualitative data: Descriptive, analysis, and interpretation*. Sage
- Woodley, L.K. (2018). Clinical teaching in nursing. In M.H. Oermann, J.C. De Gagne, & B.C. Phillips (Eds.), *Teaching in nursing and role of the educator, Second Edition: The complete guide to best practice in teaching, evaluation, and curriculum development* (2nd ed., pp 155-177). Springer Publishing Company.
- World Health Organization. (2021). Timeline: WHO's COVID-19 response.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>
- Yakusheva, O., Lindrooth, R. & Weiss, M. (2014, October). Economic evaluation of the 80% baccalaureate nurse workforce recommendation: A patient-level analysis. *Medical Care*, 52(10), 864-869.
<http://dx.doi.org/10.1097/MLR.0000000000000189>
- Yin, R. K. (2011). *Applications of case study research*. (3rd Ed.) Sage Publications, Inc.
- Yin, R.K. (2017). *Case study research and applications: Design and methods*. (6th Ed.). Sage Publications, Inc.
- Zach, L. (2006). Using multiple-case studies design to investigate the information seeking behavior of arts administrators. *Library Trends*, 55(1), 4-21.
<http://dx.doi.org/10.1353/lib.2006.0055>
- Zerwic, J.J., Montgomery, L.A., Dawson, C., Dolter, K.J., & Stineman, A. (2021). Planning and implementing a practice/academic partnership during COVID-19. *Journal of Professional Nursing*, 37, 24-28.
<http://dx.doi.org/10.1016/j.profnurs.2020.11.007>

VITA

Wendy Michelle Woolston was born in Saint Joseph, Missouri. She was educated in the Troy Public Schools, where she graduated from Troy High School in 1993. She began her nursing education as a practical nurse graduating from Northeast Kansas Technical School in 1996. She worked as a Licensed Practical Nurse in long-term-care and in a family practice clinic until she returned to college. She earned her associate degree in nursing from Kansas City Kansas Community College in 2003. She passed her NCLEX-RN and began working as a registered nurse in the intensive care unit.

She returned to school in 2004 to begin an RN-BSN completion program. She completed her Bachelor of Science in Nursing (BSN) in 2006 and her Master of Science in Nursing (MSN) with a focus in nursing education in 2011 from Fort Hays State University. In 2016 she earned a certificate in College Teaching and Career Preparation from the University of Missouri-Kansas City.

Ms. Woolston was an instructor for four years at Highland Community College in the practical nursing program. She was one of four founding nursing faculty at Benedictine College where she has taught for 12 years. She is currently an assistant professor in the nursing department and the Director of Clinical Instruction.

She has published research related to Felty's Syndrome (2017) and Randomized Controlled Trials (2016) with colleague L. Connelly in *MEDSURG Nursing*, and presented her work at two conferences, one regional, Midwest Nursing Research Society (MNRS; 2016), one national, *Academy of Medical Surgical Nursing* (2013).

Following completion of her EdD, Ms. Woolston plans to pursue a role in faculty development or a faculty role teaching graduate nursing education course. Additionally, she plans to continue contract work in content development.

Ms. Woolston is a Certified Nurse Educator (CNE) and Certified Medical Surgical Registered Nurse (CMSRN).