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Research article

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

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ABSTRACT

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

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

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

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

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

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

1. Introduction

The COVID-19 global pandemic was declared in March 2020 (WHO, 2020) with alarming mortality rates as high as 13% in some countries (Abdelghany et al., 2021) with total deaths worldwide attributed to COVID-19 by June 2022 >6 million (John Hopkins University of Medicine, 2022). Global public health responses were varied and included mandatory social distancing and 'stay at home' directives. For the
university healthcare academics in some countries, the impact of these directives demanded a ‘work from home’ approach, to ensure that teaching and learning expectations were met. Academics were required to quickly develop virtual and hybridised curricula (Ford, 2020), while providing support to anxious and distressed students in an uncertain environment. This rapid transition posed challenges to the academics’ personal and professional life, that many had never before experienced. As well as grappling with the swift changes to teaching approaches and the integration of new digital technologies, academics sought to maintain research activities and stay engaged with colleagues and students (Al-Taweel et al., 2020). These challenges have been noted to have disproportionately impacted female academics’ professional development and reportedly exacerbated gender inequality issues (Utoft, 2020; Yildirim and Eslen-Ziya, 2021). Academics with childcare responsibilities faced a dilemma in their ability to advance their career while caring for and homeschooling children (Minello, 2020). Others were managing their time due to COVID-19-related reasons (undergraduate or post-graduate) to nursing and/or midwifery and/or paramedic programs (Sohrabi et al., 2021). Financial implications due to budget constraints for universities from student enrolment reductions have also been significant and led to a job insecurity and an increase in employment churn (Doidge and Doyle, 2020; Tjia et al., 2020).

2. Literature review

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

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

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

3. Research design

3.1. Aim

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

3.2. Research questions

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

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

4. Methods

4.1. Sampling and recruitment

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

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

Table 1

| Interviewed participant university (and interviewing university) | Participants teaching in Registered Nurse program | Participants teaching in Midwifery program | Participants teaching in Paramedicine program |
|----------------------|-----------------------------|----------------------------------|-------------------------------------|
| Australian-based universities | | | |
| University A (interviewed by University B) | 4 | N/A | N/A |
| University B (interviewed by University A) | 5 | | |
| University C (interviewed by University E) | 3 | | |
| University D (interviewed by University C) | 5 | N/A | 1 |
| University E (interviewed by University D) | 3 | | |
| University F (interviewed by University G) | 1 | | |
| UK-based universities | | | |
| University G (interviewed by University H) | 2 | 1 | 1 |
| University H (interviewed by University F) | 8 | | |
| Totals | 31 | 1 | 2 |
| Grand total | 34 | | |
themes and sub-themes were written in a cohesive narrative form, with reciprocal approval obtained from all participating universities.

6. Ethical considerations

Avoiding investigators interviewing their own university colleagues was used to achieve credibility. Confirmability is demonstrated through participant universities, support structures, and students. Being closer to family was beneficial when, “relying on quite a lot of support from your family ... work[ing] with each other to facilitate everyone’s needs” (Phoebe, UG), but homeschooling and an intensified workload brought challenges, “my boys were ... homeschooling... I had to help them as well... [yet] I was overwhelmed with my work ... they were not happy saying that ‘you're always on your laptop’” (Lisa, UB).

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

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

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

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

(Marie, UD)

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

Online delivery was new for some who, “really had to upskill very quickly in the use of technology” (Phoebe, UC) and found themselves assuming unfamiliar roles because, “the loss of student admin[istration] staff ... [it] all fell back onto academics” (Fred, UD). As student support was diminishing, needs were increasing with students, “continuously panicking and emailing me [asking] ‘how they’re going to cope with online learning’” (Anne, UB).
Tell me about your experiences during the COVID-19 pandemic and in what way they changed your normal work pattern.

How did you feel about these changes?

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

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

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

What strategies did you/have you put into place?

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

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

7.2. Perceptions of organisational responses

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

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

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

7.3. Professional and personal impacts

Participants described the effect of these changes. Professionally, the greatest impact was increased workload. Most recalled working long hours to accommodate tasks involved with converting materials for
online delivery and supporting students; more online classes with fewer students; frequent meetings to manage the flow of information; and extra time to navigate unfamiliar modes of teaching and technology. One participant described, “finding myself in a position of advising and supporting others and running the (committee) meetings, making decisions … you know I think my workload pretty much tripled” (Cathy, UB).

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

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

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

7.4. Strategies to support wellbeing

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

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

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

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

(Julie, UA)

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

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

(Sarah, UH)

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

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

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

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

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

8. Discussion

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

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

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

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

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

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

CRediT authorship contribution statement

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

Declaration of competing interest

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

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