Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information website.

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Nurses have been identified as the professionals most often cited as front-line heroes in the novel coronavirus pandemic. Women represent a high of 86% of nurses in the Americas and a low of 65% of nurses in the African region (Boniol et al., 2019). Nurse educators, of whom 93.2% are women, are crucial to expanding the nursing workforce (National League for Nursing, 2017).

Like our nursing colleagues on the front lines, nurse educators have had to make extreme adaptations in our practice of educating the next generation of nurses. Many of us teaching at the graduate level are bringing advanced nursing education to our students who are now working on the pandemic front lines. Additionally, many nurse educators are also active clinicians and are working on the front lines themselves. I wonder: What does this mean for nursing education in the United States and beyond? I bring in the beyond because my nursing education work also involves building nursing workforce capacity in sub-Saharan Africa. There, too, our colleagues are managing the impact of coronavirus disease 2019 (COVID-19) on educating the next generation.

The greatest adaptation to nursing education felt at the university where I teach was the transition to remote learning, as has been the case around the globe. As educators, we were not as acutely aware of the disparities our students were experiencing in relationship to their access to the necessary learning environment tools of high-speed internet and a quiet space in which to learn. Many more students than we...
We have been working overtime to bring our high-quality teaching to a new or renewed pedagogy of remote learning

appreciated accessed these tools primarily at the university. Once those doors were locked, access was greatly decreased.

Our leadership has done yeoman’s work of creating greater access to electronic devices and offering suggestions for expanded internet access. The quiet space access has been more of a dilemma. Faculty have mentioned that many students do not want to have their cameras on during synchronous classes. Students who were willing to share have said that they are embarrassed by the home environment from which they are attending class. I, too, can attest to this, as the only quiet space to lead a real-time class in the evening was in my bedroom closet. After the first experience of having the closet door bang open, I added a photo background to my remote platform settings. Students with limited bandwidth do not have this option, as I learned. This conversation about a quiet space to learn reminds me of Virginia Woolf’s *A Room of One’s Own.*

Teaching during a global pandemic has elevated our understanding and appreciation of necessary quiet space to learn and reflect.

Nursing faculty have voiced another dimension of quiet space. We have been working overtime to bring our high-quality teaching to a new or renewed pedagogy of remote learning. For a university like ours, where most teaching is conducted face to face—often in large amphitheaters—this has pushed our cognitive bandwidth. The midsemester shift allowed only spring break for us to move everything to remote teaching. Personally, I made this shift during spring break experiencing a 6-day crushing headache that never went away. Like many women, nurses, and faculty members, I rolled along thinking that my seasonal allergies were flaring at a most inopportune time. But, you guessed it: I discovered after my spouse was diagnosed and admitted for coronavirus-related pneumonia that I tested positive for COVID-19.

I bring this up to emphasize that nursing faculty, primarily a group of women, serve as professional and lay care providers to multiple communities at the same time. Although we are not the clinician to our student populations, we hear their anxieties and direct them to appropriate university services. During the pandemic, our college of nursing has provided multiple venues for students to hear and be heard. A COVID-19 task force that our dean created in early March has served as an excellent communication venue. Twice a week, we bring our findings from our various boots on the ground perspectives to the task force. It is here that we have enlisted the contrasting domains of Volatility/Vision, Uncertainty/Understanding, Complexity/Clarity, and Ambiguity/Agility (VUCA; Bennett & Lemoine, 2014) to develop collaborative solutions to support our stakeholders. Undergraduate, graduate, and doctoral student issues have been presented by their representative leaders and at town halls that have been especially important for that two-way communication.

Two-way communication is equally important for nursing faculty. One important remote teaching mitigation action has been the creation of our Virtual Teaching Conversations, led by the university’s Teaching and Learning With Technology team. These weekly sessions proved to be an important gathering place, a room of our own, to share frustrations, ideas, and accomplishments with one another in the seismic shift to remote teaching.

Participants in these sessions noticed that the first 5 minutes of each meeting was unofficially devoted to the human caring aspects of how everyone was doing. It was during one of the virtual teaching conversations that faculty mentioned the concept of having no time to unplug before developing remote courses for the summer. Our assistant dean for clinical and adjunct faculty affairs, who leads the conversations, and I discussed the need for an informal room of our own for faculty to care for one another through listening. We have titled this weekly session the “Water Cooler Station,” symbolizing the informal conversations we have around the water cooler when we are on campus. Our first session was attended by approximately 10 full-time faculty. We are fortunate that one of our faculty members also teaches Pilates and conducted a restorative sitting stretching meditation session at the end of this Friday event.

Nursing education during this pandemic has provided another opportunity for nurses to demonstrate our agility. There
has been a plethora of webinars presented on this pandemic to and for a multitude of audiences. During a webinar about COVID-19 in Africa sponsored by the International Council of Nurses and Jhpiego (2020), many attendees lamented that 2020 is the International Year of the Nurse and Midwife and that we will not celebrate together. For me, the most inspiring response to this lament came from midwife Peter Johnson, Senior Director of Jhpiego, who said, “This is still our year. Let’s use it to show the world why.”

Teaching during a global pandemic has elevated our understanding and appreciation of necessary quiet space to learn and reflect

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