

**ACADEMIC NURSING ADMINISTRATORS' EXPERIENCES WITH SOCIAL  
DISTANCING DURING COVID-19: A QUALITATIVE STUDY**

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## **Abstract**

The COVID-19 pandemic brought about many unpredictable challenges requiring flexible and adaptable solutions for higher education, especially in nursing academia. The COVID-19 pandemic challenged nursing academia, including academic nursing administrators (ANAs), to keep staff and students safe while mitigating the spread of the disease. The ongoing outbreak of COVID-19 and the global healthcare crisis of this generation led to the need for social distancing. As the number of deaths increased from the coronavirus, radical changes were adopted in the United States, including social distancing. The COVID-19 pandemic complicated the practical aspects of the practicum in nursing education as they questioned how to continue educating nurses while facing the need for social distancing. A research study using a basic qualitative research method (BQRM) using Roy's adaptative model (RAM) as the lens was conducted to explore the experiences of ANAs in undergraduate nursing programs (UNPs) with social distancing during the COVID-19 pandemic. The broad problem of interest underlying the study was the experiences of the (ANAs) as they managed both the unique challenges resulting from the coronavirus and the need for social distancing and the broader underlying shortage of nurses present before the COVID-19 pandemic. The academic and clinical realities related to meeting the Center for Disease Control (CDC) requirement for social distancing caused faculty to conduct known roles through unknown mechanisms, including a rapid transition to virtual formats for teaching, COVID testing, counseling, advising, and supporting students. Nursing academia needed to continue educating future nurses in a society facing social distancing while also needing to increase the number of nurses at the frontline. The specific research topic of the research study was the experiences of academic nursing administrators of undergraduate nursing programs (UNPs) with social distancing during the coronavirus (COVID-19) pandemic. The insight gained from the study about the ANAs'

experiences could be shared with policymakers to guide improved nursing practice policies that would help meet the complex challenges of social distancing during the COVID-19 pandemic or that might happen with other public health crises. ANAs were able to recognize and facilitate needed significant changes in training nursing students while maintaining the nursing programs' integrity, especially during the nursing shortage. The findings of this research study provide valuable insight and positive implications for understanding the context of the experiences of the ANAs with social distancing that may lead to preparation for needed adaptations in nursing academia for the future.

## **Dedication**

I want to dedicate this dissertation to my beloved mother, my grandmother, my oldest daughter, Tonya Marie, and my siblings, Helen, Doris, Thomas, and Bernice, who passed away. My mother, Rosa Mae Olford, grandmother, Lovely Boyd, and neighbor educator Helen Tucker were all exceptional, extraordinary African Americans on whose shoulders I stand. My grandmother, Lovely Boyd, was a first-generation enslaved person that grew up in South Carolina and suffered much disenfranchisement. I appreciate and respect them all for instilling the value of education in my life, which has fueled my drive to succeed in my educational pursuits. In addition, I dedicate this dissertation to my dear late husband, Larry, who always believed in me and whom I know if he were here, would give me flowers and say, “job well done.” My oldest son, Thomas Omar, supported and encouraged me until his death on August 27, 2022. To my youngest son, Terrell Amari, for motivating me to keep going. To my daughter, Tameka Clemons, for listening and guiding me in her own way. Tavena Mitchell, my daughter/granddaughter, for her encouragement and inspiration to finish what I started, as that is what I always taught her. To my granddaughters, Ariana Gates, Krisyah Clemons, and Rhegan Clemons, who are my legacy, to always strive for the best educationally. A special thanks to my confidants, John Bradford, Christopher Clemons, Jessie and Louise Petway, Dr. Bevely Roberts, and Margaret Talton-Williams, for listening and encouraging me through the process. Finally, to All women and men who have fought for equal rights and access in post-slavery days in the United States to know that one can persevere with God. Just believe!

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## CHAPTER 1. INTRODUCTION

The unprecedented coronavirus struck Wuhan, China, in late 2019. Afterward, the disease caused by the coronavirus was named COVID-19 and was first identified in a group of patients with pneumonia and eventually spread across the globe (Lyman et al., 2021, p. 4). The novel COVID-19 outbreak as a pandemic caused the world and healthcare provision to be changed for decades, especially in the United States. The rapid spread of COVID-19 posed a severe threat to public health worldwide, including those in academia responsible for educating the healthcare community (Chen et al., 2020). The COVID-19 pandemic challenged academia, including nursing administrators, to keep staff and students safe while mitigating the spread of the disease (Lyman et al., 2021). Empirically, researchers have documented the adaptation of the larger nursing community during the deadly COVID-19 pandemic.

The COVID-19 pandemic brought unpredictable challenges that required adaptable and versatile solutions for higher instruction at all levels (Dumulescu & Mutiu, 2021). Moloney et al. (2020) stressed that nursing leaders were critical in positively affecting nurses' behaviors during the COVID-19 pandemic. As Farsi et al. (2021) stated, the coronavirus pandemic of 2019 (COVID-19) has seriously affected different aspects of human life, especially education. The American Association of Nursing (2020) echoed the significance of adjusting nursing for ongoing teaching and learning. Dunn and Moore (2020) highlighted that prior nurses' experiences during the COVID-19 pandemic could drive the application of acquired knowledge for academic nursing administrators (ANAs) in the future.

Further, the COVID-19 pandemic complicated the practical aspects of the practicum in nursing education. Nursing educators questioned how to continue educating nurses while facing the need for social distancing (Dewart et al., 2020). The experiences of ANAs are increasingly relevant in determining how to address the distinctive provocations triggered by the COVID-19 pandemic and the in-depth broader fundamental deficiency of nurses. According to Cathro and Blackmon (2021), the social distancing resulting from the coronavirus and the underlying nursing shortage have warranted investigating the experiences of ANAs of undergraduate nursing programs (UNPs) on how to meet the many challenges of social distancing during the COVID-19 pandemic. The insight provided by the ANAs could be shared with policymakers for improving nursing practice policies in the future. These assertions supported the underlying research question of the study.

Nursing has adapted to the challenges and opportunities presented during the COVID-19 pandemic (Caress & Vance, 2020, p. 152). Beroz (2020) highlighted that nursing education was adjusting academic plans for online delivery at all levels of nursing education programs. Changing protocols for preventing infection related to the COVID-19 pandemic was needed (Del Rio & Malani, 2020, p. 1340). Nurses have adapted to their critical active role in planning during the COVID-19 pandemic (Fawaz et al., 2020, p. 1). The research literature on the experiences of academic nursing administrators of undergraduate nursing programs during the COVID-19 pandemic has spotlighted the experiences of clinical nurses during the COVID-19 pandemic. Still, we do not know the details related to the experiences of academic nursing administrators at undergraduate nursing programs with social distancing during the COVID-19 pandemic.

Nursing academia continues to be challenged to adapt to a new paradigm, new thinking, and innovativeness (Weberg et al., 2021, p. 1). Lacey et al. (2020) promulgated that those lessons

learned could assist in continuous adaptation and preparation in making decisions needed during the COVID-19 pandemic to ensure nursing is prepared for the future. According to Lyman et al. (2020), “lessons learned are especially significant in circumstances of intense, complex, and enduring changes, as with the COVID-19 pandemic” (p. 1). The unprecedented time of the COVID-19 pandemic requires sharing what has been learned thus far to help nursing in the future (Lacey et al., 2020). This chapter will discuss the background, literature review, methodology, data collection, data analysis, and research study conclusion.

### **Background of the Study**

The COVID-19 pandemic sent shock waves worldwide, triggering all dimensions of life to adapt to the social distancing needed during the COVID-19 pandemic (Davidson & Patch, 2021). Farasi et al. (2021) stressed that the COVID-19 pandemic severely influenced various aspects of human life. According to Labrague and Santos (2020), there were over “14,348,858 confirmed deaths as of July 2020” (p. 1). Moreover, Farsi et al. (2021) continued that “students from 194 countries across the world stayed home due to educational centers being closed” (p. 4). In addition, 4,291 people were reported as having lost their lives, and thousands more were fighting for their lives in hospitals (World Health Organization, 2020). As the number of deaths increased, the COVID-19 pandemic resulted in radical changes globally, and the United States had to adopt public health measures, including social distancing (Labrague & Santos, 2020). In addition, Adams and walls (2020) highlighted the transmissibility and mortality caused by the coronavirus and challenged the healthcare community to remain vigilant and prepared to fight against the coronavirus at universities and academic institutions.

Further, Labrague and Santos (2020) spotlighted that the COVID-19 pandemic triggered a substantial health burden and caused many health liabilities to public health across the globe. As

the World Health Organization (WHO) stressed that there was still uncertainty regarding the effect of COVID-19 on individuals, there was a need for social distancing (Goh et al., 2019). Labrague and Santos (2020) also attested that the nursing workforce's well-being was affected and remained a concern. Catania et al. (2020) additionally reported that the COVID-19 pandemic has dramatically affected nursing management worldwide. During the same time, academic workers have been at considerable risk for increased infection by the coronavirus and are concerned about their well-being (Adams & Walls, 2020). Initially, China reported an estimated 3,000 healthcare workers had been infected, and at least twenty-two had died," which would be the start of the worldwide pressure on the healthcare community and workers (Adams & Walls, 2020, p. 1439). As a result, extra challenges in meeting the needs of UNPs related to safety during the COVID-19 pandemic pushed healthcare professionals to their limits. Academic administrators were able to quickly make decisions and prepare to manage the current disaster (Middaugh, 2020). In alignment, Dewart et al. (2020) stressed that those universities and educational institutions had been disrupted while confronting the unprecedented, phenomenal challenges of the widespread COVID-19 pandemic.

The American Association of Colleges of Nursing (2020) highlighted that due to the COVID-19 pandemic, complex decisions related to severe safety concerns had to be executed to continue needed teaching and learning through the pandemic. Weberg et al. (2021) added that adapting to the new paradigm had challenged nursing education's thinking and innovativeness. Bettencourt et al. (2020) also recognized the importance of adapting nursing for teaching and learning. Consistent with Weberg et al. (2021) and AACN (2020) ideas, nursing schools are braced for the unique challenges related to the role of nurses in helping develop the next generation of care providers. Bettencourt et al. (2020) asserted that the COVID-19 pandemic revealed a need for

expert scholars with recent nursing experience to fully partner with health systems now more than ever to mitigate the effects of the COVID-19 pandemic (p. 542). Additionally, Aquilia et al. (2020) highlighted “how nurse leaders from different healthcare sectors, including academic centers, could create quick, innovative, and effective ways to enhance experiences during the COVID-19 pandemic” (p. 136).

The COVID-19 pandemic has complicated the practical dimensions of the practicum in nursing education as the world, including nursing students, were recommended to remain home to be safe from the coronavirus (Ramos-Morcillo et al., 2020). The scholarly and clinical substances of the COVID-19 pandemic have caused faculty to perform known roles through unknown mechanisms, including the quick move to virtual platforms for instructing, testing, advising, and supporting students (Sacco & Kelly, 2021). The question became how to continue educating nurses while facing the need for social distancing while providing emotional support to students (Christopher et al., 2020). In addition, Bettencourt et al. (2020) highlighted that “the COVID-19 pandemic forced the healthcare arena to look at the current systems and infrastructures” (Bettencourt et al., 2020, p. 1). Aquila et al. (2020) highlighted how nurse leaders from different healthcare sectors, including academic centers, created quick, innovative, and effective ways to enhance nursing experiences during the COVID-19 pandemic (p. 136).

Dewart et al. (2020) stressed that universities and academic institutions were disrupted while facing unprecedented challenges in the face of the COVID-19 pandemic. In support, the Centers for Disease Control (2021) reported that the novel coronavirus was contagious and caused serious safety concerns. To halt the spread of the coronavirus, the CDC (2021) prescribed avoiding close contact with individuals and keeping social distance. Additionally, Bettencourt et al. (2020) added academia needed to play down the effect of the COVID-19 pandemic by making an all-effort.



More than ever, the COVID-19 pandemic has quickened the need to grasp a modern vision for academic nursing (Bettencourt et al., 2020). Shun (2021) added professional identity was a fundamental concern for nurses due to the close affiliation with such themes as nursing roles, commitments, values, and ethical benchmarks, which are unique to the nursing profession. In alignment, Thies and Serratt (2018) stressed that professional identity was also important, given the ongoing nursing shortage. Fawaz et al. (2020) indicated that nurses have adapted to their critical active planning role during the COVID-19 pandemic. Bettencourt et al. (2020) concluded that building on the AACN's unique vision within the setting of a public healthcare crisis, a modern-day era of health systems partnering with academic nurses to assist equity and improve the population's health is needed.

Before the COVID-19 pandemic, a known threat to nursing education was the faculty shortage, with faculty workload and an inability to meet role expectations as one factor contributing to the shortage (Yedidia et al., 2014). Yet, nursing needs to continue educating nurses in a society facing social distancing while also increasing the number of nurses at the frontline (Dewart et al., 2020). Meanwhile, Hassmiller (2021) highlighted the need to include lessons learned from the COVID-19 pandemic as the means to inform policymakers for the future (p. S7). The experiences of ANAs are increasingly relevant in determining how to address both the unique challenges caused by COVID-19 and the broader underlying shortage of nurses.

The specific topic of the research study was the experiences of academic nursing administrators (ANAs) of undergraduate nursing programs (UNPs) with social distancing during the coronavirus (COVID-19) pandemic. The research study used a basic qualitative research method (BQRM) approach. The plan was to investigate the experiences of ANAs with social distancing during the COVID-19 pandemic. The broad problem of interest underlying this study was the

ongoing outbreak of the coronavirus and the global healthcare crisis of this generation that required social distancing (Courtemanche et al., 2020; Sanders et al., 2019). The “COVID-19 pandemic continues as a substantial health burden that has been added to public health globally” (Labrague & Santos, 2020, p. 1653). In addition, Cathro and Blackmon (2021) suggested that it was warranted to investigate the experiences of ANAs of UNPs on how they could meet the complex challenges of social distancing during the COVID-19 pandemic due to previously mentioned drivers. Also, Cathro and Blackmon (2021) highlighted that the experiences of ANAs of UNPs experiences might be made available and shared with policymakers to improve nursing practice in the future. Further, Lacey et al. (2020) stressed that those lessons learned or experiences could assist in continued adapting and preparing to make decisions needed during the COVID-19 pandemic to ensure that nursing would be ready for the future.

### **Need for the Study**

The American Association of Colleges of Nursing (2020) highlighted that nursing is one of the top occupations nationwide, with 3.3 million registered nurses practicing in the United States. The COVID-19 pandemic has placed nursing at a crossroads (Weberg et al., 2021, p. 2). The need for more nurses has been increasing, especially since the COVID-19 pandemic. Caresse and Vance (2020) further related how nursing abounded and adapted to the many challenges and opportunities presented by the COVID-19 pandemic. The increased need for nurses and not enough new graduates to fill all the nursing positions has created a crisis in the nursing profession, including education (Diab & Elgahsh, 2020), requiring nursing education programs to adopt e-learning quickly. Therefore, the AACN (2020) has called for further research into how nursing adapts to social distancing during the pandemic. Although studies by researchers have been conducted on the experiences in nursing during the COVID-19 pandemic, the documented experiences of ANAs

with social distancing during the COVID-19 pandemic have been sparse (Hofmeyer & Taylor, 2020). Adaptation occurs in clinical and academic settings when a crisis presents, like the COVID-19 pandemic (Bettencourt et al., 2020). Ultimately, Higbea et al. (2020) reported that numerous adaptive changes were needed in the classroom setting related to the COVID-19 pandemic.

The experiences of the ANAs may provide an increased positive understanding of the challenges with social distancing during the COVID-19 pandemic, which may lead to new insights for planning and preparing nursing for needed changes in the future. The COVID-19 pandemic has resulted in changing workloads, increased demand for nurses, faculty shortages, and difficulty placing nursing students (Chan et al., 2020; Esterhuizen, 2020). The topic is also essential given the ongoing significant nursing shortage before the COVID-19 pandemic and the resultant disturbance of education at universities and academic institutions, which caused frustration for university educators and students (Chan et al., 2020; Thies & Serratt, 2018). The present study and the collected data could expand upon the knowledge of ANAs of UNPs with social distancing during the COVID-19 pandemic and the insights into pandemic adaptations.

### **Purpose of the Study**

The exploration of the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic was the purpose of this basic qualitative study in order to gain insight that policymakers could share to improve nursing practice in crisis situations in the future. The data obtained during the study provided insight into the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic. The topic n was studied through the lens of Roy's adaptation model (Roy, 1988). The results from this study may add to the nursing literature on the experiences of ANAs of UNPs during the COVID-19 pandemic.

## **Significance of the Study**

The study was designed to assist policymakers and nursing administrators with real-time data on the challenges encountered with social distancing during the COVID-19 pandemic (Park et al., 2020). The significance of this study is the provision of greater insight into the experiences of ANAs with social distancing and recommendations on preparing nurses to move forward (Caroselli, 2020). The study specifically targeted the ANAs of UNPs who served in pivotal positions to ensure that the education of student nurses continued while adhering to the CDC guidelines and keeping students, families, and communities safe. Empirically, the study highlighted the outcome of adaptation that happens as continuing the education of nursing students was a priority during a time when there was an already high demand for nurses that were in short supply. The study helps provide more in-depth insights to policymakers and the ANAs on adapting during a crisis like the COVID-19 pandemic and preparing to advance with educating new nurses. The study's significance was also to provide additional empirical insights related to the needed preparation of ANAs before a crisis such as the COVID-19 pandemic. As Moloney et al. (2020) stressed that nursing leaders played a critical role in positively affecting nurses' behaviors (p. 13), the experiences acquired during the unprecedented deadly coronavirus time required sharing learned lessons to assist nursing in the future (Lacey et al., 2020, p. 259). However, the essential insights from the experiences of the ANAs were lacking in the literature.

## **Research Question**

How do academic nursing administrators of undergraduate nursing programs describe their experiences with social distancing during the COVID-19 pandemic?

## **Definition of Terms**

In this research study, terms must be defined to clarify the language used and help readers understand specific significant terms. According to Merriam and Tisdell (2016), describing the terms noted in the research study is an essential component of the topic of academic nursing administrators' experiences with social distancing during the COVID-19 pandemic. It is significant for conceptualizing the overall study. Defining key terms helps reduce ambiguity risks (Merriam & Tisdell, 2016). The essential terms of this study include *administrator*, *COVID-19*, and *social distancing*.

### ***Academic Nursing Administrator***

An academic administrator is a leader responsible for managing and operating nursing practice in nursing programs. According to Cathro and Blackmon (2021), administrators are nurse leaders who advocate for staff and the practice environment as various challenges arise, especially during unpredicted emergencies like the deadly COVID-19 pandemic.

### ***COVID-19***

Boulton (2020) highlighted that COVID-19 is a disease caused by the coronavirus. COVID-19 results in severe acute respiratory syndrome. The coronavirus has been renamed SARS-CoV-2 by WHO (2020).***Social Distancing***

Social distancing is the space needed to be kept between individuals to prevent the spread of COVID-19 (Kwon et al., 2020).

## **Research Design**

The research methodology and design used was the basic qualitative method. The basic qualitative research method (BQRM) is heavily exploratory and based on the belief that knowledge is constructed (Creswell & Pott, 2018, p. 7). The qualitative research paradigm helped to assess

subjective experiences, perceptions, insights, and descriptions (Merriam & Tisdell, 2016). The basic qualitative paradigm's nature was exploratory. The investigative design allowed an understanding of ANAs' perceptions based on their experiences without generalizations (Lawrence, 2018, p. 1). According to Holloway and Galvin (2016), qualitative research in nursing and healthcare is a vital resource for planning to help professionals and academics in the healthcare field who teach or undertake research in clinical or academic settings (Holloway & Galvin, 2016). BQRM being interpretive and based on individuals constructing reality from their daily interactions, aided the researcher in collecting needed data to answer the research question (Lune & Berg, 2017). In addition, Cruz and Tantia (2017) noted that the BQRM is commonly used by beginning qualitative researchers.

The basic qualitative research design was chosen related to the needed discovery orientation of this method. The qualitative researcher avoided making presumptions about potential participants' responses by asking open-ended questions, thereby exploring a fuller range of possible responses (Merriam & Tisdell, 2016). The participants' responses allowed the gathering of information about their engagement in meaningful activities, experiences, or phenomena in their everyday lives (Creswell & Pott, 2018, p. 126). Knapp (2017) also presented that qualitative interviewing generates a rich documentary base of insights (p. 29). At the same time, Quattrone et al. (2020) submitted that multifaceted interventions are required to secure the safety of all students on campus from the coronavirus while ensuring the progression of research and instructing activities (p. 1354). Lastly, Merriam and Tisdell (2016) highlighted that qualitative research allows in-depth insight into topics that are not well described in words and allows for a better understanding of concepts, thoughts, or experiences related to the topic. Standard qualitative methods include open-ended questions, observations described in thematic words, and literature

reviews exploring the topic concepts, thoughts, and experiences to uncover the meaning (p. 24-25). All these characteristics made the qualitative research method appropriate for this proposed study.

In contrast, according to Goertzen (2017), quantitative research expresses generalizable facts about a topic in numbers and graphs. It evaluates or confirms theories and assumptions and focuses on data that can be measured. Quantitative analysis uses highly orchestrated research instruments to collect numerical or otherwise quantified data regarding variables (p. 12). Standard quantitative methods include experiments, observations recorded as numbers, and surveys with closed-ended questions (Vitale et al., 2008). The present study would not have been well suited to a quantitative research approach because of the study's need for open-ended and exploratory nature. While other studies could later use the results of this study to address the issues quantitatively, at present, those critical issues of ANAs' experiences during the pandemic first need to be explored and documented, given the scarcity of existing research on the topic.

Oliver (2017) depicted that the use of a mixed-method approach would include using qualitative and quantitative methods. The quantitative components would not contribute to answering the research question for this study. The basic qualitative methodology was a good fit for the research and would allow for investigating the experiences of ANAs during the COVID-19 pandemic (Knapp, 2017). According to Oliver (2017), the primary goal of the basic qualitative study method, through its inductive nature, would assist in discovering new knowledge related to ANAs' experiences (p. 1). Given the need to collect unique insight reflecting ANAs' experiences with social distancing during the COVID-19 pandemic, the basic qualitative research design was appropriate (Lawrence, 2018). The research question guiding the study was open-ended and explored the broad issues experienced by ANAs. The basic qualitative study design helped uncover

the ANAs of UNPs' experiences with social distancing during the COVID-19 pandemic (Oliver, 2017). ANAs' sharing their individual experiences with social distancing during the COVID-19 pandemic was significant for new insight for the nursing profession in the future.

### **Assumptions and Limitations**

This study could help the larger nursing community and ANAs better prepare nurses for the remainder of the COVID-19 pandemic and for future crises. Assumptions and limitations of a research study help determine whether the study is deemed trustworthy (Theofanidis & Fountouki, 2019). Assumptions, also known as biases, are present in all research and were accounted for in this qualitative research study where the researcher was the data collection instrument (Merriam & Tisdell, 2016; Theofanidis & Fountouki, 2019). At the same time, limitations explain the research study's scope, boundaries, or time constraints (Park & Johnson, 2019, p. 237). The following section clarifies the assumptions and limitations of the study.

#### **Assumptions**

Challenges in conducting BQRM included identifying the research problem, forming the research question, the aim of the study, and selecting an appropriate methodology and research design (Merriam & Tisdell, 2016, p. 23). The assumptions of the BQRM were understood and aided the researcher in meeting the challenges of the BQRM. Various key assumptions characterized the BQRM. First, the BQRM needed to be used within the social constructivism perspective (Lawrence, 2018). According to Picciano (2017), constructivism is based on the thought that people construct or develop their knowledge from their life encounters and construct new knowledge instead of passively taking in the information. In alignment with Cathro and Blackmon (2021), Creswell and Creswell (2018), Merriam and Tisdell (2016), and Davidson and Patch (2021). the literature was reviewed, indicating a need or a gap in describing the experiences



of the ANAs of UNPs. An assumption of importance was grounding the research problem within previous scholarly research so that the research problem was based on the knowledge gap that existed within the literature.

The social constructivism paradigm emphasized that the reality constructed needed to be based on the ANAs' social experiences regarding the investigated topic (Korstjens & Moser, 2017). As people experience the world around them and engage in life circumstances, they reflect upon those experiences, construct their representations of what those experiences mean, and consolidate the added information into their current knowledge schema (Armstrong, 2019). Further, Creswell and Creswell (2018) highlighted that the constructivist view is based on what the individual has been instructed or has learned. Qualitative research is associated with the constructivist or naturalistic paradigm (Labrague & Santos, 2020, p. 1).

The constructivist view began as a countermovement to the positivistic paradigm of quantitative research. At the same time, positivism assumes an orderly reality that can be objectively studied and can scientifically be proven (Irwan, 2018). In contrast, constructivism holds that there are multiple interpretations of reality (Creswell & Creswell, 2018). The study aimed to understand how individuals constructed reality within their natural context (Korstjens & Moser, 2017; Park & Johnson, 2019). This study conceptualized how the ANAs of UNPs constructed their experiences based on their own perspectives, opinions, and experiences with social distancing during the COVID-19 pandemic.

The research problem was deemed appropriate from a basic qualitative research method perspective. The literature review was the primary step in identifying the gaps in the existing knowledge base related to the topic (Merriam & Tisdell, 2016). Moreover, to go for the most appropriate research methodology, the researcher identified the knowledge gap for the topic

(Creswell & Creswell, 2018). The reviewed literature indicated a need or a gap in describing the experiences of the ANAs of UNPs (Cathro & Blackmon, 2021; Davidson & Patch, 2021). The BQRM study facilitated filling in the gap in the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic.

Typically, qualitative findings are in themes, categories, concepts, or tentative hypotheses or theories that lead to discovery-oriented research in which findings are not predetermined (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). According to Merriam and Tisdell (2016), through its inductive nature, the primary goal of using the BQRM for the study was to assist with the discovery of new knowledge related to ANAs of UNPs with social distancing during the COVID-19 pandemic experiences. The assumption was that the interpretation of the findings from the BQRM would be considered within a thematic analysis and would be based on investigating the themes connected with the participants' reported experiences (Lawrence, 2018). The BQRM process did involve fieldwork. The researcher had to meet with the participant via Zoom to get the needed data.

An additional assumption was that the researcher would analyze the data using a thematic or interpretive approach. The BQRM required data collection and analysis to be an iterative process that happened simultaneously as the research progressed (Castleberry & Nolen, 2018; Merriam & Tisdell, 2016; Nowell et al., 2017). For this purpose, the data analysis process included using Braun and Clarke's (2006) guide to thematic analysis for researchers. The thematic analysis "is a method for identifying, analyzing, organizing, describing, and reporting themes found within a data set" (Nowell et al., 2017, p. 2). Braun and Clarke's (2006) proposed six-step guideline is the most effective approach in the social sciences because it offers such a clear and usable framework for doing thematic analysis (Maguire & Delahunt, 2017, p. 3353), which stressed the

significance of familiarizing, searching for codes, identifying categories, identifying emergent themes, reviewing, and finalizing themes, and describing the results in the thematic analysis process.

The BQRM allowed for the uncovering and interpreting of the meaning of those experiences described by the ANAs in the study to help create new knowledge needed in nursing (Merriam & Tisdell, 2016). The BQRM was ideal for interpreting the findings and establishing of the research study's trustworthiness utilizing the thematic analysis process (Nowell et al., 2017). In alignment with Korstjens and Moser (2017), conducting and analyzing the data using the BQRM aided in gathering meaningful, rich, and qualitative data that addressed the literature gap and answered the research question. The research study provided additional and valuable data that can improve the field of nursing education and positively contribute to understanding how ANAs dealt with the COVID-19 pandemic.

### **Limitations**

The subjective nature of the BQRM helps the researcher identify the limitations of the research study. As the researcher was the primary data collection instrument, research bias that could cause potential limitations for the research study was mitigated (Merriam & Tisdell, 2016). Even though the researcher's bias could not be totally eliminated, the researcher made earnest efforts to prevent and eradicate subjective opinions (Theofanidis & Fountouki, 2019). The bracketing of the researcher's subjective experiences, assumptions, viewpoints, and perspectives helped not to influence the investigative process. The use of bracketing allowed the researcher to describe the collected data as presented by the participants (Merriam & Tisdell, 2016). According to Merriam and Tisdell (2016), establishing confidence and identifying bias should include member checks, transcribed interviews, and summaries sent to study participants.

The sample size of the BQRM was another limitation of this research study. Data saturation was determined based on the sample size (Lawrence, 2018). In terms of BQRM, “the sample size could be as small as one participant” (Boddy, 2016, p. 246). However, previous researchers recommend at least a minimum of five participants to gain data saturation (Morse, 2020). Data saturation in BQRM refers to gathering information from participants until no new themes would emerge in the data analysis procedure and no additional data, properties, or categories are identified from the data (Morse, 2020). According to Boddy (2016), if more themes emerged after the initial participants shared their experiences with the researcher, the researcher would need to continue sampling from more participants to ensure data saturation. For example, if an initial sample size were five participants, the researcher would need to analyze the data to assess if new themes were emergent from the five participants. Saturation can never be attained by studying one incident or one group.

In alignment with Morse (2020), the sample for this study consisted of five participants who provided essential data concerning their experiences as ANAs during the COVID-19 pandemic (Weiner et al., 2019). For this BQRM study, following the recommendation for sample size, data saturation was met once the final participant’s information was gathered and analyzed using the thematic analysis approach (Nowell et al., 2017). According to Creswell and Creswell (2018), the researcher used the series of steps as delineated by Braun and Clarke (2006) to establish trustworthiness in the BQRM study. Credibility was established after the research study, and some assurance of the reliability of the research study as the researcher examined the collected data, conducted the data analysis, and ensured the correctness or accuracy of the research study.

### **Organization of the Remainder of the Study**

The first chapter began by introducing the problem and the topic for the research study related to the ANA's experiences with social distancing during the COVID-19 pandemic. The introduction outlined that the topic was worthy of further investigation. The following section provides the reader with the background and context of the problem. Roy's adaptation model provided the theoretical framework for understanding the adaptation of ANAs during the COVID-19 pandemic while ensuring the safety of the staff and students. What followed are sections that described the problem and purpose of the study and identified gaps in the research on ANAs' experiences with social distancing during the COVID-19 pandemic. The study's research question, rationale, relevance, significance, terms, assumptions, and limitations were briefly discussed. The remainder of this research study includes Chapter 2, which contains the literature review and a comprehensive discussion of the theoretical framework of the research study. A detailed description of the research methodology will be provided in Chapter 3, with the data collection and plan for analysis being presented in Chapter 4. Chapter 4 will present the findings from the interviews conducted with the study participants. Chapter 5 will summarize the research study's findings, the conclusions drawn from the data, and a discussion, including implications and recommendations for future research.

## CHAPTER 2. LITERATURE REVIEW

This qualitative study aimed to explore the experiences of academic nursing administrators (ANAs) experiences with social distancing during COVID-19 (Farsi et al., 2021). A literature review on ANAs' experiences was performed to provide greater insight into the background surrounding the topic under investigation (Davidson & Patch, 2021; Fernandez et al., 2020; Hofmeyer & Taylor, 2020). However, there was a gap in the literature highlighting the experiences of ANAs (Holzweiss, 2020). Chapter 2 includes the study's literature search methods, theoretical orientation, and a detailed literature review.

### Methods of Searching

Presented in Chapter 2 is a review of the literature related to the theoretical framework. A review of the topic informed the study on current published research related to the experiences of the ANAs with social distancing during the COVID-19 pandemic (Vogler & Lightner, 2020), and a review of the basic qualitative methodology with an analysis of the literature will be presented. Methods of searching included using databases such as Google Scholar, Cumulative Index to Nursing Allied Health Literature (CINHAL), EBSCOhost, ERIC, Pub Med, and ProQuest. The literature searches were performed using the Capella University Library. The keywords or phrases used to conduct the literature search included adaptation, academic nursing administrators, the COVID-19 pandemic, experiences of academic nursing administrators, undergraduate nursing programs, nurse leaders during COVID-19, Roy's adaptation model *theory*, *constructivist theory*, and *nursing education*. Additional searches were conducted on the professional organization's websites for the American Association of Colleges of Nursing and the National League.

## **Theoretical Orientation for the Study**

The theoretical framework was the underlying girding that supported and guided the research study. The components of the research study and the purpose of the research study guided the researcher in the selection of the appropriate theoretical framework lens. The theoretical framework for the study was identified during the planning for the research study (Heale & Noble, 2019). The theoretical framework helped the researcher to maintain the focus of what the research study was trying to achieve. Roy's adaptation model (RAM) (1988) guided the researcher in exploring the experiences of the ANAs of UNPs with social distancing during the COVID-19 pandemic. Although RAM (1988) is recognized for extensive work in the clinical area, the researcher aspired to highlight the relevance of RAM (1988) in exploring the experiences of academic nursing administrators as they were adapting to social distancing during the COVID-19 pandemic.

### **Roy's Adaptation Model**

The theoretical framework as the lens for the proposed study is Roy's adaptation model (RAM) (Roy, 2011). Callista Roy (1939- present) was from Los Angeles, California, and was a part of the Sisters of Saint Joseph (Byrne, 1986). Roy earned a bachelor's and master's degree in nursing. Roy began her sociology education after earning a nursing degree (Roy & Zhan, 2005, p. 149-150). Roy (2009) observed the resiliency of individuals, especially children, and their ability to adapt to significant physical and psychological environmental changes. Roy became impressed by adaptation as an appropriate conceptual framework after working with Dorothy E. Johnson. Roy (1988) became dedicated to developing a model to be aligned with the goal of nursing to promote adaptation.

The RAM (1988) is based on a framework that analyzes how individuals or groups interact and respond to environmental stimuli or crises. The environment includes all conditions, circumstances, and influences that affect an individual's responses and behaviors. The RAM was framed because individuals' conscious awareness allows them to make choices when confronted with environmental stimuli. According to RAM, individuals interact with their environment and the stressors (i.e., the COVID-19 pandemic) as an adaptive holistic system. Roy's adaptation model (1988) discusses human interactions with their environment. According to Roy (2011), adaptation by an individual or a group is needed to meet the ongoing changing global needs. Roy (1988) summarized that adaptation is necessary to sustain a group such as organizations, communities, and society.

In addition, Roy (1988) originated the concept of veritivity (from the Latin word veritas), which innates in human nature a creative and purposeful drive for a common good that supports the dignity of all individuals and groups and the sacredness of their shared humanity. According to RAM (1988), a person is a bio-psycho-social being constantly interacting with stimuli that cause them to adapt using rooted innate and acquired mechanisms to react to the stimuli positively or negatively. Roy (2009, as cited in Phillips, 2017) highlighted scientific assumptions of RAM, which included that

- Systems make that progress to higher levels in terms of matter and energy in complex self-organization
- consciousness and meanings are constitutive of the integration of a person and their environment
- awareness of self and environment rooted in thinking and feeling
- the decisions of humans result in accountability for the integration of creative processes
- Human choices are mediated by thought and feeling
- system relationships incorporate acceptance, protection, and foster interdependence
- individuals and the earth have common patterns and integral relations
- Individual and environmental transformations are created in human consciousness



- Integrating personal and environmental meanings results in adaptation

The Roy Adaptation Model (1988) analyzes how individuals or groups interact and respond to environmental stimuli or crises and highlights that the environment includes all conditions, circumstances, and influences surrounding and affecting individuals' responses and behaviors. Roy (1988) stressed that according to RAM, individuals interact with their environment and the stressors (i.e., the COVID-19 pandemic) as an adaptive holistic system. According to Roy (2018), previous research showed that the common purposefulness of human existence requires the totality of all parts to be unified to work together for a shared purpose.

According to Roy (2011), there are three stimuli or stressors. Focal, which is internal or external, immediately confronts an individual; contextual, which is all stimuli present in the circumstance that contributes to the effect of the focal stimulation; and residual, which affects the current circumstance, but the results are unclear. All conditions, events, and crises influence the environment and affect individuals' development and manifested behaviors (Alkrisat & Dee, 2020). Roy (2011) stressed that as the crisis, stressors, or new experiences are encountered, the individual will try to adapt by placing the new information into schemas. If the individual encounters new information that does not fit into existing schemas, an adaptation coping must happen, with the development of new schemas with resultant change.

In addition, Roy developed a multidimensional and transactional conceptualization of how individuals develop coping strategies as they adapt (Roy, 2011). The process of constructing reality is vested in the adaptive learning process. The individuals' two subsystems help during the copying process: the regulator and the cognator. Individuals respond to environmental stimuli automatically through the regulator subsystem's innate, physiological adaptive processes. Both subsystems happen through cognitive pathways that cause individuals to adapt and react to

environmental stressors through cognitive and emotional channels. The subsystems assist with information processing, learning, judgment, decisions, actions, and emotions to operate in the new or changed paradigm that helps maintain the individual's integrity while maintaining balance with the environment.

Roy's RAM (2009) is based on theoretical coping concepts within four adaptive modes that individuals adapt to their environment: physiologic, self-concept, role function, and interdependence. The cognator coping subsystems allow individuals to adapt and make necessary changes when dealing with a crisis's stress (Roy et al., 2009). These mechanisms occur as the individual's environment is confronted with a crisis stimulus. According to RAM (2011), the cognitive pathways help individuals process life events, connect past experiences to current experiences, and lead to adaptive responses as individuals encounter environmental stimuli, such as the COVID-19 pandemic.

The RAM stresses that adaptation is a process where individuals become an integrated whole (Phillips, 2017; Roy, 2011). Roy recognized the holistic nature of individuals as they existed in their environment with common, indispensable, and synchronous connections with the universe and God (Phillips, 2017). As a result, individuals become whole and integrated within their environment. The adaptive holistic system is a coping and adaptation process activated as the individual reacts to internal and external stressors to maintain balance and growth (Roy et al., 2009). Further, Roy (1988) summarized that adaptation was required to sustain a group; the more stimuli impact the environment, the more needed adaptation to the change.

The RAM is applicable in studying various phenomena because of its broad scope. The RAM is generalizable to the academic area as the ANAs responded to the COVID-19 pandemic because

it mainly addresses the concept of individual-environment adaptation. In addition, some of the central assumptions of the RAM, according to Roy (2009), include:

- the omega point is a convergence of the universe where human meaning is rooted
- revealed in the diversity of creation is that God is intimately the common destiny of creation
- human use creative abilities of awareness, enlightenment, and faith
- individuals are accountable for entering the method of inferring, supporting, and changing the universe

According to Roy (2018), previous research has shown that the common purposefulness of human existence requires the totality of all parts to be unified to work together for a shared purpose. Roy (2009) highlighted cultural assumptions that include:

- Particular cultural experiences will impact and highlight how each component of the RAM is revealed
- Inside a culture, there may be a central concept that connects to the culture and will impact a few or all of the components of RAM to a lesser or more prominent degree
- Cultural expressions of the components of RAM may result in the manifestation of changes to current practices, such as the nursing appraisal
- As the elements of RAM progress within a social lens, implications for education and research may differ depending on the unique experiences within that culture

According to Roy's (2011) RAM, the healthcare system has been called upon to adapt to meet the current challenges of the COVID-19 pandemic and into the future. The researcher critically analyzed the existing academic literature to understand better the present conditions of the healthcare system and its ability to adapt to the conditions created by COVID-19 and the post-pandemic environment. As Roy (2011) highlighted, "nursing is an academic discipline and a practice profession, and both rely on timely knowledge development" (p. 345). The researcher believes that Roy's theories and ideas can be implemented and connected to the proposed research and the relevant literature utilized.

There are numerous elements to consider regarding the means by which Roy's theory can be applied to different situations in the context of healthcare, including academia. Roy (2009) also

recognized the need to adjust applications of the theory to enhance its relevancy and effectiveness given cultural diversity. Further highlighted by Roy (2009), “as members of a profession, nurses use specialized knowledge to contribute to the needs of society for health and well-being (2009). Roy (2011) explained further that translating the RAM into practice and research would aid in understanding and addressing the disconnect between nursing models, like RAM, in research and the inclusion into nursing practice, especially academia, as a nursing model that could help improve care. The RAM as a framework helped provide clarity and direction to the proposed study regarding the needed exploration of the experiences of the ANAs during the COVID-19 pandemic. RAM was appropriate for this study as it provided the conceptual framework for exploring the experiences of ANAs at UNPs with social distancing during the COVID-19 pandemic as academic nursing administrators needed to adapt to the required social distancing during the COVID-19 pandemic.

### **Review of the Literature**

The literature review accounted for what scholars and researchers recently published in peer-reviewed journals. The literature review was to convey the knowledge and ideas that have been established and made available on the subject of ANAs’ experiences with social distancing during the COVID-19 pandemic. The literature review involved a critical examination that allowed the researcher to thoroughly analyze and evaluate published sources on the specific topic of the study (Creswell & Pott, 2018). The literature review was conducted during the planning phase for the research study to determine the amount of literature available and how it would be helpful for application to the study (Butts & Rich, 2015). The critical literature review guided the researcher on the research topic and provided an overview of published materials that would help the researcher address the topic.

All articles related to the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic literature were thoroughly reviewed and instrumental in exploring the research problem and answering the research question. The literature review consisted of reviewing research studies that were either quantitative, qualitative, or mixed-method articles. The articles stressed changes needed for nursing, including academia, due to the COVID-19 pandemic, the need for social distancing, the nursing shortage, the impact on clinical rotations, and the safety of staff and students.

A quantitative research approach is drawn on the scientific reality that the numbers can determine and explain. A quantitative research approach helps formulate facts and statistics (Goertzen, 2017). Quantitative research uses highly tuned research instruments to collect numerical or otherwise quantified data regarding variables. Standard quantitative methods include experiments, observations, recorded as numbers, and surveys with closed-ended questions. According to Goertzen (2017) and Mohajan (2018), the quantitative method uses a deductive approach to predict what will happen. Still, it does not capture the breadth and depth of the human experience.

According to Merriam and Mohajan (2018), a qualitative approach to a research study focuses on describing a topic in a profound, comprehensive human manner. Qualitative research involves learning about experiences related to experiences and the behavioral impact (Creswell & Potts, 2018). Qualitative research work employs small samples to facilitate learning about experiences and circumstances that impact those experiences. Qualitative work often focuses on particular individuals, groups, events, and contexts. First, qualitative data are likely to be more critical when not much is known about a subject (Gerring, 2017). In this qualitative research study, the researcher strived to define the experiences of individuals and the behavioral effects, and the

reasons behind that behavior. Lawrence (2018) summarized that the basic qualitative nature of the BQRM as an exploratory method allows understanding perceptions based on experiences without generalizing. One of the main goals of qualitative research is to get answers as to why and how individuals make their behavioral decisions. Qualitative research approaches are critical as in-depth perspectives on experiences are needed, especially with new topics. Collecting data required to impact regulatory policies is vital when changes or adaptations are contemplated (Squires & Dorsen, 2018). The researcher sought to learn about the details of the topic while understanding all the circumstances involved.

Qualitative research is often used in nursing education to understand the learning experiences related to behaviors in academia. Nursing research has lagged behind other disciplines in published research studies. Limited research studies on the experiences of ANAs in UNP with social distancing during the COVID-19 pandemic created a gap in the research literature. In nursing, peer-reviewed articles were prevalent (Frederickson, 2011). Although some studies were conducted on the experiences in nursing during the COVID-19 pandemic, the documented experiences of ANAs with social distancing during the COVID-19 pandemic were sparse (Hofmeyer & Taylor, 2020). The methods that evolved from this study's literature review were mainly peer-reviewed articles, not research studies.

Additional qualitative research designs, such as case study, grounded theory, or ethnography, were considered for this study but would be less appropriate. A case study design involves the examination of a specific case with a focus on context (Yin, 2017). A grounded theory approach is used to develop an entirely new theory based solely on the data (Tarozzi, 2020). The grounded theory would be more than needed as the study's exploratory nature meshes well with the RAM. Ethnography would be used to examine an ethnic or cultural group's social behaviors

and patterns. Those research designs would be a poor fit as the proposed study does not focus on any specific, intact group but on the experiences of ANAs (Squires & Dorsen, 2018). ANAs sharing their individual experiences with social distancing during the COVID-19 pandemic was significant for adding new insight to the nursing profession in the future, especially for academia.

The basic qualitative study design assisted the researcher in uncovering the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic. The present study was well suited to a qualitative research approach because of the open-ended and exploratory nature needed to answer the research question. The inappropriateness of the other study methods supported the choice of the basic qualitative research design for this study to answer the research question appropriately. While other studies could later use the study results to address the issues quantitatively, the critical issues of ANAs' UNP experiences with social distancing during the COVID-19 pandemic may demonstrate the potential good of a change in infrastructure nursing academia from the context of the COVID-19 pandemic.

### **The Shared Experiences of Nurses and ANAs**

A category in the academic literature focuses on how both clinical nurses and ANAs have used their shared experiences to push further or advance agendas to reform the nursing infrastructure from a post-COVID-19 pandemic perspective. In contrast to the previously discussed sources, some sources or peer-reviewed literature have outlined ongoing actions or evidence regarding the effectiveness or the lack thereof of the newer measures that those within nursing have undertaken. Nurses have sought various opportunities to lead reforms since the COVID-19 pandemic (Daly et al., 2020). Nurses sharing their experiences are supported by Thomas (2020), who highlighted that there was a call for those with experiences during the COVID-19 pandemic to share their valuable insights. Both findings and insights provided by the

works of Daly et al. (2020) and Thomas (2020) have presented broader implications regarding the extent of cooperation and unity among nurses to unify amongst themselves to better adapt to their current situation. In addition, Bettencourt et al. (2020), alongside Roy and Zhan (2002), have reinforced the ideas as presented.

Furthermore, other academic or peer-reviewed literature examples have discussed or outlined the significance of shared experiences between ANAs regarding the COVID-19 pandemic. Understanding the experiences of ANAs with social distancing may provide positive implications and lead to guided planning based on the new insights needed to help prepare for adaptations required in the future (Esterhuizen, 2020). Current and future ANAs may benefit from the findings of this research study related to the experiences of the ANAs with social distancing during the COVID-19 pandemic. Hofmeyer and Taylor (2020) reinforced the ideas presented by Esterhuizen (2020) by stating that these shared experiences would allow for further growth among ANAs working in the nursing field into the future. There are also implications for this category of academic literature that may be considered interdisciplinary. This research study may provide insights that could benefit other disciplines and their work settings (Lacy et al., 2020). Lacey et al. (2020) implied that the potential replicability and universality regarding the findings and conclusions drawn from their studies were based on shared experiences. More robust inferences of theoretical implications can be drawn as the study outcomes are established. Authors such as Hofmeyer and Taylor (2020), in addition to Lacey et al. (2020) and Esterhuizen (2020), observe an approach that emphasizes the shared experiences of others, which can be supported by the use of a qualitative methodology for current and future research endeavors in the nursing field (Creswell & Creswell, 2018). The implications presented from the viewpoint of shared experiences



among nurses or ANAs would mean that there is a potential for more remarkable universality or replicability for similar studies or research fields outside of the dynamics of the nursing field.

Dumulescu and Mutiu (2021) conducted a qualitative study using a "case-study approach" to investigate university academic leaders' experiences and challenges faced during the COVID-19 pandemic (Dumulescu & Mutiu, 2021, p. 4). The phenomenon was investigated in its actual context, appropriate for the research question at hand. An inductive approach utilizing semi-structured interviews was conducted to highlight university leaders' main challenges during the COVID-19 pandemic and explore their adaptive responses. The research study aimed to "investigate the perceptions and experiences of academic leaders during the COVID-19" pandemic. (Dumulescu & Mutiu, 2021, p. 4). The theoretical framework or lens adopted for the study was the complexity leadership theory (CLT), which emphasized that leadership strategies are embedded in the context to shape leaders as they face the adaptive challenges of a crisis that requires a new pattern of decision (Dumulescu & Mutiu, 2021). Dumulescu and Mutiu (2021) stressed that there was a gap in the literature regarding the experiences of academic leaders during a crisis such as the COVID-19 pandemic. The authors provided the details, the steps for sampling, and the study's objective. According to Dumulescu and Mutiu (2021), the population for the study was academic leaders.

The sample size for the study was 11 ( $N=11$ ) faculty at the university. The participants' involvement in the study was voluntary and based on their participation availability. An informed consent was obtained from each participant academic faculty leader of the university. Dumulescu and Mutiu (2021) highlighted that the objective of the research study was to enable the participants to describe their experiences with the COVID-19 pandemic. Dumulescu and Mutiu (2021) highlighted that the research team conducted the data analysis systematically and independently.

The most relevant excerpts from the interviews were read and checked against the research questions and existing literature (Dumulescu & Mutiu, 2021, p. 4). The participant's demographics were coded to help maintain confidentiality (Dumulescu & Mutiu, 2021; Merriman & Tisdell, 2016). The inductive thematic analysis revealed three main themes with other findings, which included guidelines provided by the university. The personal characteristics of the academic leader were responsible for adaptability to change, and previous leadership experience was instrumental in effectively dealing with the COVID-19 pandemic and an adaptable mindset (Dumulescu & Mutiu, 2021, p. 2). As the COVID-19 pandemic forced academic leaders to find new solutions, the study results provided a starting point for investigating academic leadership's complex dynamics in a crisis (Dumulescu & Mutiu, 2021, p. 2). The study results could prompt improved administration at the university level.

As the study is one of the first published research studies to empirically explore the topic of university academic administrators' experiences during the COVID-19, it may not reflect academic leadership practices across universities with differing traditions, missions, and organizational cultures (Dumulescu & Mutiu, 2021). One would have to consider that academic leadership practices vary across universities according to their differing academic cultures and the countries in which they are located. "The study's limitations, of only having participants from one university, which was located in Romania, the small number of participants, the reduced number of participants, their academic backgrounds, and the voluntary participation of the sample, may limit the insight into how university leaders, when faced with a crisis, such as the COVID-19 pandemic adapted" (Dumulescu & Mutiu, 2021, p. 4).

A study by Sacco and Kelly (2021) demonstrated this through a graphic, mixed-method study that investigated the experiences of academic nursing leadership amid the COVID-19

pandemic. The study permitted participants to share their data as academic nursing faculty and leaders amid the COVID-19 pandemic. The academic leaders utilized moderation connected to the COVID-19 pandemic that had come about with the sudden end of most of the in-person instructional nursing education in undergraduate programs (Sacco & Kelly, 2021). Sacco and Kelly (2021) stressed that the scholarly paradigm of the pandemic triggered faculty to consider the use of everyday tasks innovatively through obscure processes, which included the quick movement to online formats for instructing, evaluating, exhorting, and encouraging students.

As Sacco and Kelly (2021) outlined, a five-point Likert scale was utilized with open-ended questions to assess the personal and professional demographics of the participants. Additionally, "the survey allowed for a rapid iterative mechanism for gaining data from asked survey questions about the academic leaders' experiences instructing and encouraging their clinical practice role throughout the COVID-19 pandemic" (Sacco & Kelly, 2021, p. 286). The research study's primary goal was to "describe the nursing faculty experiences during the COVID-19 pandemic" (Sacco & Kelly, 2021, p. 286). According to Sacco and Kelly (2021), the selection of participants was an "anonymous" process where any identifying personal or workplace information was removed (Sacco & Kelly, 2021, p. 286). The results of the 50-item survey were anticipated to require 15 to 20 minutes (Sacco & Kelly, 2021, p. 286). The participants were queried concerning their experiences amid the COVID-19 pandemic and requested to evaluate educational and technical support for instructing program-level and college/university-level programs.

The information was collected online utilizing Qualtrics, a virtual survey platform (Sacco & Kelly, 2021, p. 286). A participant recruitment method, "Snowballing" was employed through social media and electronic mail (Sacco & Kelly, 2021, p. 286). In addition, the researchers recruited participants by placing a posting on Twitter and Facebook. The researchers also

contacted The American Association of Colleges of Nursing, the American Association of Critical-Care Nurses, and the National Organization of Nurse Practitioner Faculties to obtain permission from each organization to recruit participants (Sacco & Kelly, 2021, p. 286). According to Sacco and Kelly (2021), the researchers recruited 117 participants for the study. However, only 49 participant responses were included in the analysis (Sacco & Kelly, 2021, p. 286).

Quantitative analysis, according to Sacco and Kelly (2021), "was conducted using SPSS 26. The sample was evaluated through the use of descriptive statistics, including the mean, standard deviation, range, and percentage, to describe the sample, participants' roles, and perceptions of support, burnout, and well-being during the pandemic response" (Sacco & Kelly, 2021, p. 286). Further, Sacco and Kelly (2021) reported that qualitative thematic analysis of the participant's answers to the "open-ended question was conducted using the Braun and Clarke (2006) methodology" (Sacco & Kelly, 2021, p. 286). The two reviewers utilized the Braun and Clarke (2006) method. They worked an independent review process and became familiar with the data, created initial codes, found themes, reviewed them, defined them to reach a consensus, and generated a report on the findings (Sacco & Kelly, 2021). Sacco and Kelly (2021) reported that the mix-method themes were consistent with sentiments shared by academic nursing leaders about the rapid transition of higher education programs to non-traditional face-to-face learning amid the COVID-19 pandemic. A remarkable finding was that during the COVID-19 pandemic, "nursing faculty remained neutral or satisfied with their roles as academics (81.7 percent) and clinicians (74.4 percent)" (Sacco & Kelly, 2021, p. 288). Sacco and Kelly (2021) presented in their findings that "resilience can lead to adaptation in austere circumstances" (Sacco & Kelly, 2021, p. 289). The conclusions of the study by Scott and Kelly (2021) are consistent with Johnson et al. (2020),

and Dumulescu and Mutiu (2021) in that academic administrators were forced to adapt and find new solutions amid the COVID-19 pandemic.

### **Utilization of RAM in Workplaces**

Another aspect of the literature utilized by the researcher focused on RAM and its potential uses in helping create an environment to facilitate institutional change. Hoffmeyer (2020) and Taylor (2020) presented three papers to explain the adaptation required in volatile times, such as the COVID-19 pandemic. The authors highlighted that the more resilient or adaptable nurses were as part of learning from a crisis or pandemic, the more positively nurses could impact the culture of healthcare practice. Both Hoffmeyer (2020) and Taylor (2020) emphasized further that adaptation must be a significant part of the environment in the crucial role of nurses. As an essential part of the healthcare team, nurses are at the forefront of adaptive changes required during the COVID-19 pandemic. This instance's academic literature could arguably be considered theoretical. The authors utilized their findings to present what they viewed to be outlined for a much better nursing infrastructure in the post-COVID-19 pandemic world. However, as previously mentioned, most of these works remained grounded in theory, conditionals, and hypotheticals over the capacity to present concrete or existing evidence. The lack of substantial or current evidence has reinforced that the proposed research is still a relatively early topic. There is not enough empirical or peer-reviewed evidence to suggest or evaluate the extent of success or failure in any of these propositions. Dorbatz (2008) emphasized that studying individuals or groups as adaptive systems enable knowing their adaptation level's stability and evolving dynamics. In addition, Caroselli (2020) highlighted that those lessons learned could be beneficial in times of uncertainty in uncharted territories. The use of RAM for facilitating change in the workplace needed to be extended to academia, especially with social distancing during the COVID-19 pandemic. Both

Caroselli (2020) and Dorbatz (2008) believed that using RAM was the most optimal and that its extension in academia was crucial in the context of the COVID-19 pandemic. Although it should be noted that neither Caroselli (2020) nor Dorbatz (2008) has taken a more evidence-based approach, the presented ideas could be considered hypothetical or theoretical. It must also be noted that the points raised by Dorbatz (2008) were from a context around 12 years before the pandemic affected most of the world's organizational infrastructures.

Contextually, Dorbatz (2008) described the RAM as a broad-based structural framework in this survey-based review of 116 studies on the adaptive process. The study revealed the influence of the nursing-based model in facilitating new knowledge for more current research-based investigations for the future. According to Dorbatz (2008), the RAM behavioral responses are linked by various stimuli to control adaptation processes or adaptation mechanisms that stabilize an individual in a crisis. In this article, individuals were recognized as overcoming fears and moving toward positive behaviors within their compromised situations.

In addition, individuals were found to have sustenance in adapting to changed circumstances through community and connectedness with others and as a core of knowledge deployment. There was a call for those with experiences during the COVID-19 pandemic to share their valuable insights (Thomas, 2020). Therefore, according to Roy (1988), the adaptation research paradigm is congruent with Roy's RAM worldview and interacts or emerges from the center of the individual's adaptation in life processes as it responds to environmental stimuli. The ideas raised by Thomas (2020) support those of Daly et al. (2020). They recognized that the significance of the COVID-19 pandemic needs to be explored, given the scarcity of existing research on the topic in the literature. The researcher realized that the quantitative components would not contribute to answering the research question. The basic qualitative research method was selected for this study.

## **COVID-19 Pandemic and Nursing Institutions**

The critical review provided an overview of data on the essential points relevant to the topic, specifically focused on the impact of the COVID-19 pandemic on nursing. Universities and academic institutions have already disrupted the COVID-19 pandemic. Nursing schools have been bracing for the unique challenges of developing the next generation of care providers within the healthcare field. Among the challenges related to caring providers outlined were the logistical and administrative impacts of the COVID-19 pandemic and the social distancing needed.

The Johnson et al. (2020) study was one of the first reports on how COVID-19 was impacting "higher education institutions, causing 850 million individuals to transition to alternative forms of teaching and learning" (Johnson et al., 2020, p. 7). Johnson et al. (2020) highlighted the decrease or disposal of in-person learning to bolster social distancing endeavors to relieve the spread of the virus. According to this quantitative study by Johnson et al. (2020), 672 institutions in the United States were represented by 897 higher education faculty and administrators from 47 states (Johnson et al., 2020). "The faculty and administrators responded to a survey that allowed analysis to be conducted by the type of institution according to the federal Integrated Postsecondary Education Data System (IPES) (Johnson et al., 2020, p. 9). Participants' characteristics were matched according to their institutional affiliation. The data were collected approximately two weeks after the start of the COVID-19 pandemic (Johnson et al., 2020). The main recruitment distribution was through announcements and invitations from partner organizations. Johnson et al. (2020) highlighted that researchers also enlisted members through survey links in mailings, pamphlets, and social media channels. Each potential participant was allowed the option to include their email addresses to receive a copy of the final summary report. In keeping with the confidentiality required for research studies, Johnson et al. (2020) shared that

email addresses should be separated from the rest of the data to maintain confidentiality in the data analysis.

In expansion, Johnson et al. (2020) revealed that, as it were, "six percent of the respondents were from universities with less than 500 total student enrollment. Institutions with between 5,000 and 19,999 enrolled students added an additional 37% (National Center for Education Statistics, n.d.; Johnson et al., 2020, p. 9). No other demographic data were collected. Over one-third of the participants were from the most prominent institutions, with over 20,000 enrollments. The largest group of participants, 47%, were from four-year public institutions. Four-year private institutions were represented by 36% of the participants, while 17% were from two-year institutions (Johnson et al., 2020, p. 9). During the research study, faculty and administrators were asked about their experiences with online learning before the pandemic transition, and the responses were analyzed broadly by institution type and size (Johnson et al., 2020). The findings from the study were consistent across the different types of institutions and different sizes of institutions. Regardless of whether or not the institutions offered online programs pre-COVID-19, the results were found to be consistent. Johnson et al. (2020) continued that the surveys revealed that "89% of the reporting universities reported that they had rapidly transitioned into emergency remote teaching, while 11% of the reporting universities said that they had not transitioned to emergency remote teaching for a variety of reasons" (Johnson et al., 2020, p. 11). The reasons included not being in the area declared a stay-at-home area or being a fully online institution. Also, according to Johnson et al. (2020), the majority of the faculty reported that they continued teaching operations as pre-COVID-19, suspended, canceled in-person classes, or were not teaching the semester

Further, Johnson et al. (2020) presented some limitations of the study. A critical challenge was that the universities worked on different term schedules that were already complete, or the



nature of their instruction was too specialized and impossible to replicate online, limiting the usefulness of the survey findings. The study relied on participants' "self-reported data" gathered from multiple recruitment approaches, which could lead to the misrepresentation of specific populations (Johnson et al., 2020, p. 10). The survey responses were linked to the federal IPEDA data, and the participants' experiences were compared to the national distribution. The range of responding universities matched the national pattern well, except for the smallest universities that were not well represented in the sample. According to Johnson et al. (2020), the study revealed few differences between the institutions.

Bettencourt et al. (2020) emphasized that nursing schools must adapt to meet the needs of students, the public, and health systems during a rapid healthcare change. In addition, Bettencourt et al. (2020) also highlighted that the COVID-19 pandemic accelerated the need to embrace a new vision for academic nursing and proposed that academic nurses partner within the clinical setting to improve care and implement best practices in these rapidly changing times of the COVID-19 pandemic. The adaptation that results can bring people together in a common destiny that contributes to the good of all (Buckner & Buckner, 2015). Exploring academic nursing administrators' experiences may help gain insight into the challenges and changes required.

Bettencourt et al. (2020) supported the statements and ideas by Buckner and Buckner (2015) by reiterating the importance of helping better accept and come to terms with the need to adapt to changing times. However, neither of these authors nor works have described the barriers specific or unique to the COVID-19 pandemic that would hinder any efforts towards accepting or integrating a new vision regarding the COVID-19 pandemic or the nursing academia. Instead, the other studies and relevant peer-reviewed works analyzed in this section have already addressed what Bettencourt et al. (2020) have not fully emphasized or elaborated on.

Furthermore, the literature has demonstrated a significant trend toward understanding how nursing institutions have evolved to address the needs of the COVID-19 pandemic and the newly constructed reality. Roy and Zhan (2005) highlighted that the RAM provided direction for nursing practice, education, administration, and research as the change was needed. Previously, Roy and Zhan (2005) had stressed a new epoch for knowledge development was required to meet the changing global healthcare needs that were already true before the COVID-19 pandemic. Still, the pandemic significantly reshaped the nature of many academic experiences that required significant adaptation. Roy and Zhan (2005) added that nursing knowledge for the common good is embedded in the changing healthcare context of the future.

The ideas presented by Roy and Zhan (2005) were also like that of Bettencourt et al. (2020). They emphasized the instrumentality in accepting or embracing a new epoch or vision for the post-Covid-19 pandemic world of nursing. However, the researcher noted that both studies provided only a theoretical or ideological approach to the subject matter facing nursing. Both Roy and Zhan (2005), in addition to Bettencourt et al. (2020), outlined statements or ideas that discussed potential over concrete results, which highlights that there is still not enough empirical or qualitative evidence that supports shared experiences as paving the way for further adjustments and reforms within nursing, especially academia. However, the author has noted that while RAM plays a significant role in adaptation processes or mechanisms for individuals in crisis, some other ideas or approaches suggest that these mechanisms may not have to be used necessarily for emergencies or the context of COVID-19. It is significant for the researcher to recognize the versatile and flexible nature of adaptation not just from a COVID-19 pandemic standpoint but from a general view that can be utilized better to improve the existing infrastructures of nursing, especially in academia.

The COVID-19 pandemic has continued to cause all parts. Instead, the government, hospitals, and academia unite for a shared purpose. When crises are present, like the COVID-19 pandemic, adaptation occurs in the clinical work setting and the academic arena (Bettencourt et al., 2020). Moloney et al. (2020) reported that nursing leaders were critical in positively affecting nurses' behaviors. This unprecedented time required sharing learned lessons to assist future nurses (Lacey et al., 2020). Jennings (2018) stressed that utilizing a nursing theory as a framework is essential to knowledge development and promotes a theory-based practice. Lacey et al. (2020 and Jennings (2020) heavily support the ideas outlined by Roy (1988).

However, these authors' ideas should not always be attributed to Roy or the RAM. It could be argued that nursing theories, frameworks, and ideas of shared experience may be seen as just a universal concept over a view tied to a specific theory. Lacey et al. (2020) focused on a more practical approach than the theory-based foundations presented by Jennings (2018). The implications presented are that while ideas share similar elements, they may differ in nature, whether from a theory-centric to a more practical approach.

### **Adaptability and adjustment of Nursing**

While RAM is significant to the current research study, academic or peer-reviewed works in the relevant literature focus on more unique or specific enhancement ideas within nursing. Hoffmeyer and Taylor (2020) provided a narrative that there was a need for adaptation and resilience in research, practice, and education. Hoffmeyer and Taylor (2020) further highlighted that in the context of the COVID-19 pandemic, where fears are present, nurses must be able to adapt and cope with the many challenges that occur. Bettencourt et al. (2020) supported this premise and outlined the importance of adapting newer ideas to better adapt to the post-pandemic

world. Hoffmeyer and Taylor's (2020) suggestions of further adaptation and resilience work in the context of RAM or other similar theoretical frameworks from a more practical perspective.

The exploration article examined resilience, emotional regulation, and empathy in adapting to the COVID-19 pandemic. Hoffmeyer and Taylor's (2020) further highlighted how the ability to adjust or adapt to environmental crises was significant. Although, the researcher has noted that adjustment or the ability to adapt may not always apply only in the context of a global crisis or infrastructure-changing event on a worldwide scale but may also be used to adapt to the ever-changing environment of the nursing field. Moreover, the researcher held the view as to whether the ideas reveal adaptability and resilience applicable in reforming the nursing industry not only from the state of affairs surrounding the COVID-19 pandemic but also as a form of general preparedness for any scenario like a pandemic or any other crisis-related setting.

The idea is that adaptability and resilience are models that transcend even the context of the COVID-19 pandemic, even as the post-pandemic world continues to be advanced and upheld within the understanding and assurance of the Affordable Care Act of 2010 (Hoffmeyer & Taylor, 2020). Bettencourt et al. (2020) reviewed the American Association of Colleges of Nurses' (AACN) position statement on the Patient Protection and Affordable Care Act of 2010 passage. They commented on the need for a new model to enhance academic nursing, nursing research, and nursing integration into the research of health systems would stress the importance of leveraging academic nursing to generate new nursing knowledge. Further, Bettencourt et al. (2020) emphasized the benefits of a new academic nursing model due to the current COVID-19 pandemic and the changes or adaptations needed to remove some of the structural barriers within nursing between academia and clinical.

In addition, Bettencourt et al. (2020) highlighted that the changes would be significant in meeting the needs of the public while creating a new vision for academic nursing that is needed for improving health outcomes. The researcher has noted that the Patient Protection and Affordable Care Act of 2010 was introduced a decade before the COVID-19 pandemic. While the points brought up by Bettencourt et al. (2020) are significant and relevant to the contextual environment of the COVID-19 pandemic, the researcher has recognized the universality, versatility, and potential replicability of the ideas surrounding adaptability and flexibility to adapt to a myriad of different situations; not just within the nursing field.

In another study that involved administrators and professors at a nursing school, (Farasi et al. (2021) conducted a qualitative study utilizing a conventional content analysis approach. Participants were recruited through purposive sampling. Nursing administrators, educators, and students constructed interviews during the pandemic to understand nursing education changes. The interviews were recorded, transcribed, reviewed, coded, and analyzed using the Graneheim and Landman methods, where collected data is interpreted or interpolated even though not explicitly stated. To ensure the study's trustworthiness, Farsi et al. (2021) reported that Guba and Lincoln's criteria, which included dependability, transferability, and credibility, were considered to increase the study's trustworthiness.

The study design facilitated exploring the effect of the COVID-19 pandemic on nursing education. The sample included 13 (N = 13) academic leaders. Farsi et al. (2020) identified five categories under one theme gleaned from the collected data. They included "safe management in ambiguous situations, provision of health safety grounds' requirements for successful confrontations, and outcomes" (Farsi et al., 2021, p. 4). The researchers shared those participants pointed out that social distancing in nursing schools obliged individuals on how to observe health

protocols amid the COVID-19 pandemic and ambiguous situations (Farsi et al., 2021, p. 4). As highlighted in the study, the provision of face masks and measuring body temperature were needed to control the spread of COVID-19 (Farsi et al., 2021, p. 4).

Limitations of the research by Farsi et al. (2021) included the small study sample that did not include only academic administrators. The small sample size failed to meet statistical power and those inherent in participant self-selection and self-report. The study included administrators, professors, and students. The limitations of this study had the results did not represent all nursing faculty teaching during the COVID-19 pandemic and only captured experiences during the first wave. As the sample was small, participants did not express their actual and real-life experiences.

In a qualitative study, Monroe et al. (2022) conducted a research study highlighting the experiences of chief nursing officers (CNOs) and their leadership developed as they were challenged amid the COVID-19 pandemic. Monroe et al. (2022) used a descriptive qualitative approach to understand the challenges faced by the CNOs. The researchers also endeavored to gain more insight into the emotional experiences of the leaders as they responded to the need to pivot in the face of the COVID-19 pandemic (Monroe et al., 2022, p. 320). Monroe et al. (2022) revealed from the study that nurse administrators faced the challenge and the responsibility of clinical leadership and faced fiduciary financial challenges while providing for the safety of those under their supervision. In addition, staffing shortages compounded the CNOs' unprecedented experience during this time.

Monroe et al. (2022) outlined that the research study was conducted to provide greater insight into administrators' experiences, including the leadership strategies used as they faced the many administrative challenges that required pivoting to innovative leadership strategies amid the COVID-19 pandemic. The CNOs in the study represented various regions of the United States,

including the western, Southwestern, Midwestern, and Northeastern areas. A total of nine (n= 9) participants were vetted to meet the study's inclusion criteria. Monroe et al. (2022). The descriptive qualitative approach allowed for an eclectic approach using several general interview questions. Also, a heuristic phenomenological approach enhanced the researcher's ability to acquire emotional responses from the CNOs on the challenges faced.

According to Monroe et al. (2022), the study's data analysis provided significant themes to be revealed, including frustration, exhaustion, heartbreak, and helplessness that were experienced as reported daily. CNOs shared that their frustration resulted from the constant changes promulgated by the Centers for Disease Control (CDC) (Monroe et al., 2022, p. 311). The study also revealed that the CNOs were feeling angry toward those in the community who would not acknowledge and recognize the seriousness of the virus. At the same time, they took extra shifts to provide optimal care. The CNOs shared their experience of feeling overwhelmed in their personal lives as they worked to meet work challenges and responsibilities (Monroe et al., 2022, p. 312). The study participants felt helpless as they could not share pertinent information with the family of those in their care (Monroe et al., 2022, p. 313). Monroe et al. (2022) also highlighted how the study participants shared the various leadership strategies they employed to mitigate their frustrations during the intense time of the COVID-19 pandemic. They describe the experience of keeping an active presence with frequent communication and how they were able to be available for temporary relaxation as they responded to the COVID-19 pandemic. Some CNOs revealed that they felt lonely despite team members surrounding them, especially as they had to make tough decisions about staffing shortages. Many participants reported how they were required to make significant, costly, quick decisions. However, the CNOs shared that the spirit of collaboration from their team helped them feel that they were supported in their actions. The CNOs, as outlined by

Monroe et al. (2022), the study results suggest many helpful strategies that could be employed by nursing leadership in the future.

The study's limited sample size is a limitation of this descriptive qualitative approach research study. The small sample size lends itself to the risk of bias. The researchers' work commitments and roles prevented them from being available. As a result, "data collection was hampered as some of the researchers were not readily available to meet as needed and discuss the research findings as the data was collected" (Monroe et al. (2022), p. 315). Nabolsi et al. (2021) highlighted in their qualitative descriptive study that the COVID-19 pandemic disrupted and forced universities to change to online learning. The study was significant as the collected data provided additional insight into the individual experiences of each nursing faculty participant (Nabolsi et al., 2021). In addition, Nabolsi et al. (2021) highlighted that the study utilized a descriptive qualitative design and was guided by a phenomenological approach which facilitated the in-depth discovery of faculty members' experiences

The participants included 15 (N=15) faculty from two undergraduate nursing programs. The participants were recruited through purposive sampling via online media((Nabolsi et al., 2021, p. 832). Through focus groups, the participants were interviewed, generating needed in-depth data using probing questions (Nabolsi et al., 2021). Trustworthiness was established by comparing notes obtained. Data were analyzed following "Colizzi's Steps of Analysis" (Nabolsi et al., 2021, p. 835). The experiences described by the participants included their quick transition away from face-to-face learning, which caused shock, stress, and feelings of hopelessness. Nabolsi et al. (2021) also emphasized that the participants described the mandatory changes as the cause of feelings of anxiety. Limitations of the study could include the inhibition of participants from speaking freely in the employed focus group method. The small sample size could be seen as a



limitation. Individual biases could influence the interpretation of the data obtained from the focus group setting.

Caroselli (2020) provided a case study design highlighting intentional leadership occurrences during disasters, such as the COVID-19 pandemic. The unprecedented COVID-19 pandemic resulted in needed changes and adaptations from the old way of doing things, which caused a journey down uncharted water. As a result, health systems and academic settings have had to recalibrate and make changes to adapt to the new normal for the safety of patients, students, and staff. The requirement of many changes, like newly formed teams, new skills, and information sharing, required adaptation nimbly to the emerging COVID-19 pandemic. During the COVID-19 pandemic, plans occurred and were deployed to distribute needed resources, keep communication open, and develop strategies to share resources.

Daly et al. (2020) highlighted the need for effective leadership during the COVID-19 pandemic, as nursing had a central role during the COVID-19 pandemic but has mainly been silenced. The author emphasized that others are making decisions to rapidly deploy more nurses to the frontline without input from nursing leadership. Esterhuizen (2020) highlighted that nurses are essential to the healthcare team. In the context of the COVID-19 pandemic, nurses need to advocate for nursing issues that directly impact nurses and require changes or adaptation. Due to the COVID-19 pandemic, changes have been made to nursing practice and teaching methods for survival and to meet the challenges of the current time. Ironically, when we need more nurses and little time to prepare nurses, nursing education almost has ground to a halt, drastically changing nursing practice for years to come.

Additionally, Callis (2020) highlighted a need for theory-guided nursing practice. The author stressed that nursing theory-based programs are essential in the global COVID-19

pandemic. The author promulgated that RAM may guide the development and evaluation of urgently needed programs in light of the current global COVID-19 pandemic to support the healthcare team in relieving the additional emotional strain on nurses' well-being. The study's discussion aimed to illustrate how a grand nursing theory can serve as a profitable and significant model to demonstrate and actualize a program that focuses on the well-being of nurses and other healthcare providers.

Lacy et al. (2020) conducted an extensive survey of the reaction to Katrina, notating the interactions between the various entities, counting the Government Crisis Administration, National Medical Disaster System, the United States Public Health Service, and other state-local organizations. Insights were presented, drawing on leader knowledge on navigating the current COVID-19 crisis to assist with the new normal (p. 1). However, the literature lacked an abundance of research, specifically on the experiences of academic nursing administrators in undergraduate nursing programs with social distancing during the COVID-19 pandemic. Additional studies, articles, and professional nursing websites were referenced related to the regulation and policy changes resulting from the adaptation needed due to the COVID-19 pandemic to have a complete and in-depth understanding of the research topic.

The literature was mainly focused on the clinical area, with some emphasis on nursing education and how academia has been impacted by the changes needed for social distancing during the pandemic. The COVID-19 pandemic has significantly reshaped the nature of many experiences and required significant adaptation in the healthcare environment. The RAM is noted for its utility and versatility and is applicable in varied nursing situations (Jennings, 2018; Russo et al., 2019). According to Roy and Zhan (2005), nursing knowledge for the common good is embedded in the changing healthcare context of the future. The COVID-19 pandemic strained nursing education,

requiring nursing education programs to adopt e-learning quickly (Diab & Elgahsh, 2020) and emotionally support students (Christopher et al., 2020). Duncan (2020) highlighted that the primary theoretical implication for the present study is that the continued reports of new variants of the coronavirus provide new threats and continue to overwhelm the healthcare system.

Multiple authors have identified in their studies that the experiences of nursing administrators and leaders revealed the many challenges of the COVID-19 pandemic and the changes that must be made. As Johnson et al. (2020), Dumulescu and Mulieu (2021), Sacco and Kelly (2021), Farsi et al. (2021), Monroe et al. (2022), and Nabolsi et al. (2021) have all highlighted, the COVID-19 pandemic has brought many challenges to the academic and clinical educational process of nursing. The studies described in this paper have begun to close the gap in understanding the experiences of nursing administrators and leaders during the COVID-19 pandemic.

### **Synthesis of the Research Findings**

The research findings were synthesized to integrate existing knowledge and research findings significant for the topic. The purpose of synthesizing the research findings from the research study was to increase the applicability to aid in developing new knowledge resulting from the synthesis process (Wyborn et al., 2018). Existing literature has already addressed some of the effects of COVID-19 on nursing, including the ongoing discussion of the impact of the pandemic and the need for continued social distancing (Courtemanche et al., 2020). The literature demonstrated a significant trend toward needing to understand how nursing institutions have evolved to address the required social distancing during the COVID-19 pandemic (Duncan, 2020). The positive suggestions from understanding the experiences of the ANAs and the need for changes in the future have led to new insights for planning and preparing for the numerous

challenges (Esterhuizen, 2020). Because of the COVID-19 pandemic, additional research into nursing adapting, especially in academia, has been called for.

The COVID-19 pandemic caused an abrupt interruption of in-person academic and clinical education. As a result, a category in the academic literature has argued for an increased means of adaptation in the healthcare industry. Duncan (2020) highlighted that the increasing global impact of COVID-19 has shown the need for nursing adaptation to meet the community's healthcare needs. Lacey et al. (2020) asserted that nursing had faced many challenges due to adapting during the COVID-19 pandemic. Contextually, the American Association of Colleges of Nursing (2020) has stressed that adaptation was needed for social distancing. Higbea et al. (2021) reported that changes were required in the classroom setting related to the COVID-19 pandemic. Most of the authors mentioned above have argued in favor of adaptation related to the impact that the COVID-19 pandemic has left behind.

In contrast, the author views that most of these studies, while relevant to the context of the COVID-19 pandemic, focus only on what had occurred. Instead, adaptation and response to a crisis or change should occur outside COVID-19. The author views that insufficient analysis within the nursing field has focused on implementing means of change or adaptability within nursing outside of the COVID-19 pandemic context. The author's views imply that academic or peer review works had only begun considering the potential benefits or advantages of flexibility and adaptability after the COVID-19 pandemic. This view means there may not have been enough discourse surrounding adaptability and resilience beforehand. The discussion needs to become generalized to improve nursing infrastructures beyond the COVID-19 pandemic.

On the other hand, a category within the academic literature has focused on adaptability and flexibility, not just from the context of the COVID-19 pandemic but also the need for social

distancing. Roy and Zhan (2005) shared that nursing knowledge for the common good is embedded in the need to change the future healthcare context. Dorbatz (2008) highlighted that studying persons or groups as adaptive systems facilitates knowing their adaptation level's stability and evolving dynamics. As the ideas of Dorbatz (2008) and Roy and Zhan (2005) predate the COVID-19 pandemic, the researcher highlights the general importance and universality of these works beyond the scope of the COVID-19 pandemic. There is additional room for the nursing infrastructure to improve that does not have to be entirely tied to the context of the COVID-19 pandemic. It is crucial to note that these lessons can extend beyond just the context of the COVID-19 pandemic and can be used further to improve the structural makeup of the nursing field. Caroselli (2020) highlighted those lessons learned are beneficial in times of uncertainty in uncharted territories. Callis (2020) presented that concerning social distancing during the COVID-19 pandemic, the use of RAM as a lens for understanding change in the workplace needs to be extended to academia, Bettencourt et al. (2020) noted that the pandemic is causing all parts, whether government, universities or hospitals, to work in unity for a shared purpose. When crises are present, like the COVID-19 pandemic, adaptation occurs in the clinical work setting and the academic arena (Bettencourt et al., 2020). Additional research related to the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic is needed through the adaptation lens. This study may advance scientific knowledge by addressing the need. However, as mentioned previously, Bettencourt et al. 2020 and Callis (2020) focus on a COVID-19 pandemic perspective instead of thinking further about how these nursing changes can affect infrastructure in a universal term.

Academic nursing administrators are at the forefront and a significant part of the healthcare team and community needed to make adaptive changes during the COVID-19 pandemic. Since the

COVID-19 pandemic, nurses are finding opportunities to lead practice changes (Daly et al., 2020). There is a need for those with experiences during COVID-19 to share their valuable insights (Thomas, 2020). Current and future ANAs may benefit from the findings of this research study related to the experiences of ANAs with social distancing during the COVID-19 pandemic that could help guide nursing now and in the future (Hofmeyer & Taylor, 2020). The research study may provide insights that could benefit other disciplines and their work settings (Lacey et al., 2020). The present study contributes to the line of research by examining how the ANAs have adapted to social distancing during the COVID-19 pandemic in the context of UNPs. In addition, more robust inferences of theoretical implications can be drawn as the study outcomes are established.

### **Critique of Previous Research Methods**

Scientific knowledge is the result of cumulative efforts and builds on itself. Within each methodology are various designs which provide a framework or philosophy for the study. The research methodology often will dictate the most appropriate method to answer the study's research question (Creswell & Pott, 2018). As the literature review was conducted, previous research methods were identified and examined on the experiences of universities' academic nursing administrators during the COVID-19 pandemic.

Qualitative methods, quantitative methods, and mixed-method studies were reviewed related to the limited available research on the topic. The previous research studies on the experiences of ANAs during the COVID-19 pandemic were examined and evaluated for their strengths and limitations. Researchers have contributed to the body of knowledge related to the challenges faced with social distancing during the COVID-19 pandemic by providing needed information related to those experiences and the impact on academia (Johnson et al., 2020). In

addition, the quantitative data provided by Johnson et al. (2020) offered measurable results across the different sizes and types of institutions, highlighting some of the limitations that presented critical challenges.

The mixed method research was seen less in the literature. However, Sacco and Kelly (2021) added qualitative and quantitative data on ANAs' experiences with social distancing during the COVID-19 pandemic. The study shared how ANAs were able to move quickly to online formats to continue the learning needed. Adding a five-point Likert scale allowed the researchers to gain quantitative contextual data describing the ANAs experiences amid the COVID-19 pandemic. According to Farsi et al. (2020), the researcher is accountable for evaluating research methods that appropriately answer the research question, trustworthiness, and data transferability.

In a qualitative study of ANAs, participants were recruited through purposive sampling to share their experiences with social distancing during the COVID-19 pandemic. The study revealed that nursing schools obliged to follow CDC guidelines could provide needed face masks and measure body temperatures as needed during the social distancing required during the COVID-19 pandemic. Qualitative designs such as Demulescu and Mutiu (2021) case-study approach allowed the investigation of key concepts related to the research topic, such as the main challenges faced during social distancing during the COVID-19 pandemic requiring adaptive changes required. Relevant literature was reviewed and critiqued for this study. The researcher summarized the existing evidence surrounding the research topic and the applicability of the research reviewed. As the research study aimed to explore the experiences of ANAS, the researcher decided the appropriate research strategy was the BQRM.

## Summary

Chapter 2 included information about Roy's adaptation model (RAM) and a discussion on the appropriateness of the RAM to guide the research study. A thorough literature review of the scientific evidence regarding the experiences of academic nursing administrators at UNPs with social distancing during the COVID-19 pandemic has also been discussed in this chapter. The literature agrees that the pandemic has critically affected the healthcare sector. The coronavirus pandemic has stressed healthcare organizations, academia, and communities in ways unparalleled in present-day history. The coronavirus has dramatically changed lives. Nursing leaders across the spectrum are dealing with multiple crises and have done so in the face of confronting strong instability, complexity, volatility, uncertainty, and ambiguity. The Roy Adaptation Model is based on a framework that analyzes how a person or a population interconnects and reacts to environmental stimuli. There is a call for nursing administrators to lead the ongoing strategic development of nursing education, research, scholarship, and practice. Nursing leadership in politics and public policy is needed more now than ever to make decisions and changes due to the COVID-19 pandemic. The present study may build upon and expand upon RAM (Roy, 2011) as a conceptual framework for understanding the adaptation of ANAs needed in the context of COVID-19 and also offer insight into how well it applies in academic nursing administration.

Nursing leaders are being called on to lead during the COVID-19 crisis, not as a one-time occasion but as a persevering arrangement of experiences that apparently have no conclusion. In addition, nursing administrators are needed to share lessons learned. Therefore, the present study and the collected data may expand upon the knowledge of ANAs with social distancing and the ability to adaptations needed due to the COVID-19 pandemic. However, there was minimal discussion of the experiences of academic nursing administrators in undergraduate nursing



programs with social distancing during the COVID-19 pandemic, and no study explored this particular topic. Chapter 3 will include information on the methodology and design used in this study to examine the experiences of academic nursing administrators in undergraduate nursing programs with social distancing during the COVID-19 pandemic.

### **CHAPTER 3. METHODOLOGY**

The present study addressed the gap in the literature in understanding the topic of the experiences of academic nursing administrators (ANAs) of undergraduate nursing programs (UNPs) with social distancing during the COVID-19 pandemic. The research question was developed to understand how academic nursing administrators experienced social distancing during the COVID-19 pandemic. A basic qualitative design was utilized to answer the research question. Chapter 3 includes the study's purpose, the research question, and information regarding the study design. The chapter will also include a discussion regarding the target population, participant selection, a description of the procedures, instruments, ethical considerations, and a chapter summary.

#### **Purpose of the Study**

This basic qualitative study is related to the experiences of ANAs to explore UNPs with social distancing during the COVID-19 pandemic to gain insight that policymakers may utilize to improve nursing practice in the future (Cathro & Blackmon, 2021). The larger nursing community's adaptation during the COVID-19 pandemic has been documented by other researchers (Caroselli, 2020). Similarly, Moloney et al. (2020) highlighted those nursing leaders had a critical role in positively affecting nurses' behaviors. The unprecedented COVID-19 pandemic time requires sharing learned lessons to assist nursing in the future (Lacey et al., 2020, p. e482). However, negligible research literature exists that relates to the challenges and

adaptations of ANAs of UNPs with social distancing during COVID-19. Further studies on the ANAs' experiences with social distancing during COVID-19 may provide additional data on the ANA's experiences during the COVID-19 pandemic.

### **Research Question**

The study addressed the research question: How do academic nursing administrators of undergraduate nursing programs describe their experiences with social distancing during the COVID-19 pandemic? The research question helped maintain the focus of the study. The research question remained at the heart of the data collection for the study.

### **Research Design**

The research methodology and design were the basic qualitative study method (Creswell & Pott, 2018). Supported by Merriam and Tisdell (2016), "the basic qualitative research method (BQRM) is heavily exploratory and based on the conviction that knowledge is constructed" (p. 23). Consistent with Merriam and Tisdell (2016), the qualitative research paradigm facilitated assessing ANAs' subjective experiences, perceptions, and descriptions. The BQRM investigative design allowed an understanding of nurses sharing perceptions based on their experiences without generalizations by the researcher (Lawrence, 2018). Holloway and Galvin (2016) reinforced that in nursing and healthcare, qualitative research is an invaluable resource expected to help professionals and academics within the healthcare field as they undertake or teach research in educational settings. Lune and Berg (2017) supported Merriam and Tisdell (2016) and highlighted that the BQRM is interpretive and based on individuals constructing reality from their daily interactions. "The researcher attempts to examine the experiences, feelings, and perceptions of the participants" (Holloway & Galvin, 2016, p. 6). The BQRM, as portrayed by Cruz and Tantia

(2017) and Holloway and Galvin (2016), is commonly used by beginning qualitative researchers to aid the researcher in gaining knowledge and insight about the topic.

Subsequent to the ideas put forth by Lawrence (2018) and Holloway and Galvin (2016), the basic qualitative research design was selected related to the needed discovery orientation of this method. Holding to the highlights of Merriam and Tisdell (2016) and consistent with other researchers, the qualitative researcher avoided making presumptions about potential responses that participants would provide. By asking open-ended questions, the researcher was able to explore a fuller range of possible responses to obtain an in-depth understanding of the topic (Holloway & Galvin, 2016; Kheirandish et al., 2020). The researcher recognized that individuals need information in an ongoing fashion as they engage in meaningful activities, experiences, or phenomena in their everyday lives (Creswell & Pott, 2018). Merriam and Tisdell (2016) highlighted that qualitative research allows in-depth insight into topics not well described in words and allows a better understanding of concepts, thoughts, or related experiences. Standard qualitative methods include open-ended questions, observations, and literature reviews exploring topic concepts, thoughts, and experiences. Knapp (2017) also presented that qualitative interviewing generates rich documentary-based insights. All these characteristics make the qualitative research method appropriate for this proposed study. Carr et al. (2021) highlighted the challenge is met by selecting the appropriate study design/methodology and ongoing consideration of the participant limits it may bring

In contrast, according to Goertzen (2017), quantitative research expresses generalizable facts about a topic in numbers and graphs and evaluates or confirms theories and assumptions. Quantitative analysis uses highly tuned research instruments to collect numerical or otherwise quantified variables. Standard quantitative methods include experiments, observations, recorded

as numbers, and surveys with closed-ended questions. Quantitative strategies include methods concerned with collecting and analyzing organized data that can be spoken to numerically (Goertzen, 2017). Merriam and Tisdell (2016) described a mixed-method approach involving qualitative and quantitative methods. The mixed-method approach's quantitative components would not answer this study's research question.

The present study was not well suited to a quantitative research approach primarily because of its need for open-ended and exploratory nature. The basic qualitative methodology was a good fit for the study and allowed exploring the experiences of ANAs of UNPs during the COVID-19 pandemic (Knapp, 2017). Asiameh et al. (2017) stressed that qualitative studies concentrate on in-depth experiences and require fewer participants. While other studies could later use the results of this study to address the issues quantitatively, at present, those critical issues of ANAs' experiences during the pandemic first needed to be explored, given the scarcity of existing research on the topic.

Holloway and Galvin (2016) highlighted aspects of the need to discover invaluable data aligned with Merriam and Tisdell (2016), who stressed that the primary goal of the use of the basic qualitative study method, through its inductive nature, is to assist with the discovery of new knowledge related to the ANAs experiences. Given the need to collect new insight reflecting ANAs' experiences with social distancing during the COVID-19 pandemic, the basic qualitative research design was appropriate (Lawrence, 2018). The research question guiding the study was open-ended and explored the broad issues related to the COVID-19 pandemic experienced by ANAs. The experiences of academic nursing administrators of UNPs with social distancing during the COVID-19 pandemic were explored using the basic qualitative study design, nesting more detail to the topic (Merriam & Tisdell, 2016). ANAs sharing their individual experiences with

social distancing during the COVID-19 pandemic was significant for constructing new insights into the nursing profession for the future.

### **Target Population and Sample**

Generally speaking, BQRM studies concentrate on the in-depth examination and portrayal of experiences (Holloway & Galvin, 2016; Kheirandish et al., 2020). Therefore, fewer participants are required than would be for a quantitative study (Lune & Berg, 2017). In keeping with Roy's RAM related to adaptation, the population to be studied in general was considered during the initial planning phase of the research study. The details of the population, sample, sampling method, sample size, and recruitment methods are described in the following sections.

### **Population**

The population for the study included all academic nursing administrators (ANAs) of undergraduate nursing programs (UNPs) who experienced social distancing during the coronavirus (COVID-19) pandemic. A subsection of the population sample was selected to represent the characteristics of the targeted population (Kheirandish et al., 2020). The targeted sample was ANAs of UNPs with experience with social distancing during the coronavirus (COVID-19) pandemic (Lune & Burg, 2017). The sample chosen was illustrative of the entire population. The ANA- Michigan membership was chosen not to limit the amount of data collected but to ensure the depth of collected data, as ANA-Michigan represents a cross-section of the entire RN population. The American Nurses Association is a professional organization representing four million registered nurses (RNs). The ANA has over 150,000 members in 54 constituent associations and represents a cross-section of the RN population in the United States (ANA, 2023). ANA (2023). The ANA promulgates that it is the most vital voice for nurses throughout the United States government and health care policymakers and regulators. The ANA promotes standards of

practice that RNs embrace regardless of geographical location and which are reflected in their practice clinically and academically. The use of small samples enhances the researcher's opportunity to secure the most comprehensive, detailed data possible.

The IRB approved the posting of the recruitment flyer in the ANA-Michigan newsletter. Unlike a single social media group posting, the ANA-Michigan newsletter is circulated among the membership every week. Other methods of recruiting participants included seeking connections from participants through purposive sampling. As the ANA-Michigan newsletter is accessible by all nurses through the internet, reaching nurses beyond Michigan was also possible. The study participants were academic nursing administrators (ANAs) working in undergraduate nursing programs. Each participant was working as an ANA during the COVID-19 pandemic. The ANAs reported having oversight for making classroom and clinical decisions for staff and students during the mandate of social distancing by the CDC. The ANAs were responsible for the continued direction of staff and students to enhance the learning experience during the unprecedented COVID-19 pandemic.

### **Sample**

Creswell and Pott (2018) and Merriam and Tisdell (2016) presented that the number of chosen participants in a qualitative research study depends on the questions being asked, the data needed, and the number of required participants to explore the topic thoroughly (Creswell & Pott, 2018). Merriam and Tisdell (2016) stressed that there is no answer on the size of participants for a BQRM. However, Creswell and Pott (2018) advised that an acceptable number for a qualitative study with planned semi-structured interviews is 8-12 participants or less. Lune and Berg (2017) suggested that a basic qualitative design sample size should be enough to explore the participant's world. The study of the ANAs of UNPs was significant because of their role in

supervision, policy development, and organizational strategies (Merriam & Tisdell, 2016) and was needed for the research study. The population was limited to include only those ANAs who had been employed for at least one year with social distancing during the coronavirus (COVID-19) pandemic at a UNP. The researcher started recruitment for ANAs with experience as nursing administrators during COVID-19 was started after IRB approval was secured and lasted several months. Purposeful sampling was necessary and based on the researcher's assumption to answer the research question. ANAs who expressed an interest in participating in the study by contacting the researcher were screened using a survey to determine if they met the inclusion criteria.

Boddy (2016), similar to Morse (2020), highlighted that the BQRM sample size should allow for obtaining sufficient data to arrive at thematic saturation. Jain et al. (2020) noted that large amounts of collected data might serve as a burden as the researcher strives to uncover essential qualitative data related to the topic under study. Also, Morse (2020) and Saunders and Townsend (2016) described the estimated number of participants needed in a study to reach saturation would depend on several factors, including the quality of information, the scope of the study, the sum of the descriptive information secured from each participant, the nature of the subject, the number of interviews per participant, the use of shadowed data, and the qualitative method and study design used. The study's sample characteristics included the inclusion and exclusion criteria, an essential feature of scholarly research (Merriam & Tisdell, 2016). The population was limited to include only those ANAs meeting the following inclusion/exclusion criteria of the study: a) academic nursing administrator; (b) in undergraduate nursing programs; (c) current administrator during mandated social distancing of at least one year. The inclusion criterion ensured that the participants' experiences as ANAs were extensive enough to ensure trustworthiness (Lune & Berg, 2017). Merriam and Tisdell (2016) outlined that the population



had no demographic delimitations. The sample selection was open to all genders.

According to Eddles-Hirsch (2015), BQRM qualitative research study samples do not usually have a large number of participants, as the data collection process requires an in-depth study of human experiences. Morse (2020) related that the estimated number of participants in a study required to reach saturation within the scope of the study depends on several factors, including the nature of the topic, the amount of helpful information needed from each participant, the number of interviews per participant, and the qualitative method and study design used. Further, Eddles-Hirsch (2015) stressed that samples do not usually have a large number of participants, as the data collection process requires an in-depth study of human experiences. Estimating and assessing qualitative participant sample sizes is based on data saturation which is the conceptual yardstick for BQRM (Guest et al., 2020). Morse (2020) related that the estimated number of participants in a study required to reach saturation within the scope of the study would depend on a few components, such as the sum of useful information needed from each participant, the number of interviews per participant, and the qualitative method and study design used. The researcher determined the number of required participants and the selection criteria essential to selecting the participants for the proposed study (Holloway & Galvin, 2017). The researcher was able to determine that data saturation had been reached after there was no new information was revealed during the continued ongoing data analysis.

### **Procedures**

The initial procedures included Institutional Review Board approval, recruitment, and participant selection. The goal of the BQRM was to solicit as many detailed descriptions as possible from the ANA participants about their experiences with social distancing during the COVID-19 pandemic. A permission letter was sent to the ANA-Michigan Administrator

requesting permission to post a recruitment flier to recruit participants for the research study. The permission letter included the intent of the study, inclusion criteria, and contact for the researcher. According to Patino and Ferreira (2018), the appropriate inclusion and exclusion criteria help secure the study's trustworthiness. Due to the guidelines given by the Center for Disease Control (CDC) on limiting the size of any social gathering to control the spread of Coronavirus, the method for collecting data was through semi-structured interviews utilizing an electronic virtual platform with transcript recording. Each interview session was audio-recorded as outlined in the IRB-approved consent form. According to Capella (n.d.), recording the interview sessions helps counter accusations that the researcher's values or biases influenced the analysis.

Specific step-by-step instructions facilitated data collection in a consistent way that would allow future research study replication. Step-by-step instructions meant laying out detailed step-by-step instructions so anyone collecting data could do so consistently (Merriam & Tisdell, 2016). The literature review had not revealed abundant published material on step-by-step data collection procedures for basic qualitative research studies. The study's research goals were conveyed to each participant with the offering of the opportunity to ask questions and or decline participation at any point in the process. The approved IRB Consent form was obtained before the interview and collection of data. The interviews were recorded using transcription software. Data were acquired using in-depth semi-structured, vetted interview questions during the virtual meeting. The interviews continued until all the questions were answered and data saturation was reached.

Empirically, the data collection procedures for the proposed research study included the following step-by-step procedures:

1. The researcher selected participants previously vetted through a screening process and met inclusion criteria (see Appendix A, p. 134).

2. The researcher emailed the participants with the research study's details. The IRB-approved informed consent document. They were asked to e-sign and return the signed consent form to the researcher (Merriam & Tisdell, 2016).
3. The researcher provided a link to the participants for the planned virtual meeting. Due to the ongoing COVID-19 pandemic, all interviews were virtual via video conferencing.
4. Once the researcher had the returned consent form, the confidentiality of collected data was assured to the participants, and the opportunity to ask any questions related to the consent form or study.
5. According to Young et al. (2018), the prepared guided interview questions were readied prior to interviews.
6. The semi-structured questions were worded, participant-oriented and did not lead to generating answers from the participants that were spontaneous and in-depth (Kallio et al., 2016).
7. Interviews were scheduled and conducted at the convenience of the ANA participants. Before the interviews began, the ANA participants were allowed to ask any questions about the study or their involvement. The ANA participants were informed that they would be audio recorded, and the researcher asked participants if they agreed to the audio recording of the interview session.
8. The researcher provided assurance of the confidentiality of supplied data and the contents.
9. Opening questions were the same for each participant. According to Eddles-Hirsch (2015), verbal and nonverbal probing techniques were utilized. Informed changes and adjustments to the interview questions were made to maintain and improve the quality of the data collected.
10. In addition to the set of questions listed, the interviews allowed the researcher or participants to address other relevant issues during the interview. According to Kallio et al. (2016), the researcher should ensure that the research key questions are still discussed during the interview. Eddles-Hirsch (2015) stressed that informed changes and adjustments should be made to the interview questions to maintain and improve the quality of ongoing data collection.
11. Each interview lasted 45-60 minutes, allowing participants to speak freely about their ANA experiences (Kallio et al., 2016). Barrett and Twycross (2018) highlighted that an interview might be highly time-consuming and last up to 1 hour.
12. Once the interview was completed, the researcher provided a personal thank you to the participants.
13. The researcher provided contact information to the participants so that if they had questions after the interview concluded, they would understand how to contact the researcher.
14. The researcher secured the collected information with necessary security codes (Merriam & Tisdell, 2016).
15. The researcher used the audio recordings as the basis for data transcription immediately following the interview.
16. The researcher transcribed the recorded interview session using the thematic analysis process.
17. Each interview was then imported into the qualitative data analysis software to be placed into categories for complete thematic analysis (Glaser, 2016).
18. The password-protected data collected data was then stored on the researcher's computer.

19. The researcher sent a follow-up email thanking participants for participating in the interview sessions and provided instructions on collecting incentives as promised.

### **Participant Selection**

The ANA-Michigan study site was contacted after obtaining IRB approval from Capella University. The recruitment flyer included the study's title and all necessary information about the research study. The flier also had the research purpose, inclusion criteria, and the researcher's contact information. ANAs interested in participating in the study responded by email and were screened for inclusion and exclusion criteria. According to Arcury and Quandt (1999), the rationale for selecting participants should reflect the study's purpose or goals, allowing the researcher to find representative participants with the characteristics needed. The nonprobability sampling strategy was used (Merriam & Tisdell, 2016). Purposive and snowball techniques were used to recruit the required number of participants who met the specific inclusion criteria. Purposeful sampling was based on discovering, understanding, and gaining insight into the topic. According to Patino and Ferreira (2018), the appropriate inclusion and exclusion criteria helped secure the study's trustworthiness. Holloway and Galvin (2017) emphasized that purposive sampling is utilized when individuals meet specific criteria to help answer the research question. Lune and Berg (2017) added that purposeful sampling assumes the researcher wants to answer the research question and address the studied experiences. Consistent with Holloway and Galvin (2016), snowball sampling would involve one participant recommending the next participant, which was needed for the research study.

The study's sample characteristics included the inclusion and exclusion criteria, an essential feature of scholarly research (Merriam & Tisdell, 2016). The population was limited to include only those ANAs that met the following inclusion/exclusion criteria for the study: academic nursing

administrator; (b) in undergraduate nursing programs; (c) current administrator during mandated social distancing of at least one year. The inclusion criterion ensured that the participants' experiences as ANAs were extensive enough to ensure trustworthiness (Lune & Berg, 2017). Merriam and Tisdell (2016) outlined that the population had no demographic delimitations.

### **Protection of Participants**

Each potential ANA participant was informed that they could choose to leave the study as a voluntary participant at any time. Confidentiality was maintained throughout the interview process. All documents containing the ANA participants' identifying information were kept in a locked, secure file cabinet. All electronic information was saved on a password-protected computer. The main list of participant names was stored in a separate locked cabinet. Each ANA participant was assigned a tracking number to ensure confidentiality. Conducting the interviews in accordance with the IRB review and approval was instrumental in protecting the ANA participants.

### **Data Collection**

The systematic data collection process of gathering and measuring information in the research study enabled the researcher to answer the research question (Merriam & Tisdell, 2016). As listed previously, the data collection sampling procedures for the analysis were as follows. Approval from the IRB to conduct the study was sought and completed. The IRB approval process is intended to "protect human subjects' ethical rights and welfare from the risks of research through the initial and continuing review of research protocols, adverse events, amendments, and other issues" (Liberale & Kovach, 2017, p. 37). All changes requested by the IRB were made in order to secure the final authorization to conduct the research study. According to Merriam and Tisdell (2018), the IRB is universal and necessary to oversee research procedures and ensure no harm is done to human participants during a research study (Liberale & Kovach, 2017).

According to Arcury and Quandt (1999), the rationale for selecting participants must reflect the study's purpose or goals, allowing the researcher to find representative participants with the characteristics needed for the study. Once authorization from IRB and ANA-Michigan was received, the researcher moved forward to collect the necessary data. The researcher drafted a research study recruitment flyer to be posted with the detail of the research study. The flyer highlighted the purpose of the study, inclusion criteria, and potential participants' requirements. The recruitment flyer and the email were provided to the ANA-Michigan via email. ANA-Michigan was asked to distribute the recruitment flyer in their ANA-Michigan newsletter.

The recruitment flyer included the researcher's contact information, and the ANAs that had an interest and met the inclusion criteria were asked to email the researcher. A small \$50.00 electronic gift card incentive was offered to encourage participation. A small incentive was provided to all who responded, completed the screening survey, met inclusion criteria, and completed the interview session. Potential participants who did not meet inclusion criteria but took the time to respond would be provided a thank you email for their interest and time. The potential participants who met the inclusion criteria would receive a thank you email with additional information on the next steps for planned interview dates.

Several data collection methods could have been used to answer the research question in the qualitative research study that would have addressed the need for in-depth experiential data. These methods could be primary or secondary sources (Merriam & Tisdell, 2016). Secondary sources could include information that has already been collected and compiled from the internet, journals, books, directories, governmental, non-governmental statistical data, and census data. In addition, using secondary sourced data may result in intense resources and maximize the usefulness of collected data to answer new research questions and increase sample sizes and statistical power

(Ruggiano & Perry, 2017). Primary sources for data collection should include observations, focus groups, simulations, reviews of documents, or interviews.

When a new problem and sparse research have been completed on the topic, the data would need to be collected from essential information sources. Based on the newness of the COVID-19 pandemic and the need for in-depth exploration of the experiences of ANAs of UNP, the method selected for this research study for collecting data was the semi-structured interviews that allowed the researcher to seek new insights, ask questions, and assess the phenomena from different perspectives (Merriam & Tisdell, 2016; Sileyew, 2019). The advantage of utilizing interviews as a method is that it permits participants to raise issues that the interviewer may not have expected. Kallio et al. (2016) stressed that an expert review was sought to develop semi-structured interview questions. Once the IRB-approved adult consent was signed, the data collection process was started. Data collection included audio recording during the Zoom virtual platform interview. Methodological guidance and feedback from expert qualitative researchers were essential. In alignment with Jain et al. (2022), the challenge before the researcher was to strike a balance between the time constraints of collecting real-time data and data truth for advancing the collected data needed for practice and policy changes related to the Ans experiences during COVID-19. The over-emphasis on excessive amounts of data-intensive activities can limit the value of data collected and the impact of potentially creative and novel practices and policies, thereby limiting the value of real-time studies (Jain et al., 2022). According to Carr et al. (2021), research is needed to develop and create strategies to improve healthcare management and quality. The methodology of BQRM allows for time-efficient research.

### **Data Analysis**

Before analyzing the interview data, the data transcripts were reviewed for accuracy. The

data collection and analysis occurred simultaneously during the qualitative research study, with rudimentary analysis performed during the data collection process (Merriam & Tisdell, 2016). Clements et al. (2018) highlight that the qualitative research design contextually enhances the interpretation and implementation of the study findings. The first step Moustakas (1994) recommended in the phenomenological reduction process is the horizontalization of the data. Moustakas (1994) suggested that to carry out this step. The researcher should be receptive to every statement of the participant's experience, granting each comment equal value (Moustakas, 1994). The researcher should then be able to describe the person's experiences based on reflection and interpretation to determine what the experiences meant for the participant.

According to Berman (2017), research data management (RDM) is the organization of data, from its entry into the research cycle to the dissemination and archiving of valuable results. The organization and management of the data should be ongoing throughout the data collection process, noting that the data collection and analysis process is recursive and dynamic (Eddles-Hirsch, 2015). An overall inductive and comparative analysis strategy was used with a constant comparative method. Nowell et al. (2017) echoed that the researcher should not fit the data into preexisting coding frames or the researcher's analytic preconceptions but allow the data to reflect the participants' experiences. The collected data was reviewed immediately after the interviews by the researcher. The data was then coded and analyzed using analysis of themes to determine how the data relates to the theoretical lens and existing literature surrounding the topic under study.

The researcher provided a verbatim transcription of the interviews to accurately record conversations between the interviewer and participants while maintaining anonymity (Sapat et al., 2017). In alignment with Van Manen (2017), the experiences were bracketed, analyzed, and compared to distinguish the quiddity of the topic. According to Braun and Clark (2006), the



researcher conducted an ongoing thematic analysis identifying, organizing, describing, and reporting patterns (themes) within a data set. Nowell et al. (2017) highlighted that Boyatzis (1998) described TA as a translator enabling researchers speaking the language of qualitative analysis to communicate with each other even when using different research methods. TA minimally organizes and describes the data set in rich detail. Castleberry and Nolen (2018) stressed that the qualitative TA process involves a five-step analytic approach that helps draw out the key themes that best describe a set of collected qualitative data. In addition, Castleberry and Nolen (2018) emphasized that the TA method identifies, analyzes, and reports patterns or themes within collected qualitative data. The analysis involved five steps: compiling, disassembling, reassembling, interpreting, and concluding. The first step of compiling allowed the researcher to become familiar with the collected data to find meaningful answers to the research question. The researcher carefully read the transcripts repeatedly to become immersed in and deeply familiar with the data.

The second step involved disassembling and taking apart the data while creating meaningful groups and assigning codes wherever they appeared (Castleberry & Nolen, 2018). Coding, within the domain of qualitative research, is characterized as the method by which crude data are changed into usable information by distinguishing subjects, concepts, or thoughts with a few associations. In addition, coding involved the researcher identifying similarities and differences in the interview data (Castleberry & Nolen, 2018). The process of qualitative coding facilitated the process of reflection, interacting, and thinking about data that allowed the researcher to simplify and disassemble the data during the inductive process, making meaning from the data, unlike the deductive process of quantitative research with its hypothesis-centered approach (Nowell et al., 2017). According to Castleberry and Nolen (2018), the identified codes

served as a tag to help the researcher recover and categorize comparable interview data so that the convenience of the ANA participants researcher could draw out and review all of the data from the dataset related to that code. The collected data were placed into categories. The color-coding of data was accomplished using NVivo, a qualitative analysis software, for complete thematic analysis (Glaser, 2016). Color coding, as a traditional analytic method, allowed the researcher to compare qualitative data and discover the data's meaning.

The third step involved reassembling the data themes. The themes allowed the researcher to capture the essential data related to the research question while creating some level of patterned response or meaning within the interview data set. As highlighted by Castleberry and Nolen (2018), the themes were arranged hierarchically, and matriarchal and thematic hierarchies gave an optical tool that made a difference in expressing how subjects were subordinate or superordinate to each other. The hierarchies were developed by comparable clustering of codes to create higher-order codes. Frameworks were made by organizing subjects, factors, and rising concepts into columns to supply a comprehensive visual depiction. This method of processing both hierarchies and matrices gave structure to reduce qualitative data and communicate relationships among groups, contexts, constructs, and codes (Castleberry & Nolen, 2018). The researcher was careful to tell the story of the collected interview data and not organize the interview to bolster presumptions of exceeding the collected interview data.

The fourth step involved interpreting the collected data, which was critical. The researcher began to focus on interpreting the meaning within and across the varied experiences of ANAs to capture the essence of the topic n under investigation. After this point, the researcher developed a thematic map to help visually represent the themes, codes, relationships, and detailed descriptions of the themes determined through the coding. The visual maps provided another

level of TA and allowed the researcher to place the themes in the larger context of the larger landscape of the topic (Castleberry & Nolen, 2018).

The ultimate step of the data analysis process was begun once the researcher thoroughly established the themes, leading to drawing conclusions related to the research question or purpose of the study (Braun & Clarke, 2006). Member checking will take place once the TA is complete. According to Merriam and Tisdell (2016), member checking is a qualitative research technique for establishing trustworthiness. The researcher plans to share preliminary or emerging findings from the study with the research participants to help ensure internal trustworthiness. As Nowell et al. (2017) highlighted, the researcher must make available results that are open to scrutiny as to the researchers' decision-making used throughout the analysis process. The researcher's outlining of the steps that were taken to analyze collected research data assisted the researcher with establishing the trustworthiness and applicability of the study findings. Merriam and Tisdell (2016) highlighted that without ongoing data analysis, the data can become unfocused and overwhelming due to the sheer volume of data that will need to be processed.

The Computer-aided qualitative data analysis software (CAQDAS) NVivo was used to assist with organizing and coding the data. NVivo allowed the researcher to manage the large amounts of data collected from the interviews (Merriam & Tisdell, 2016). Ongoing, the researcher compiled, disassembled, and reassembled the interview data throughout the first three steps. Using NVivo allowed for verification and validation of the researcher's interpretation. Nowell et al. (2017) highlighted that even though data analysis steps are listed in a linear sequence, interpretation does not have to wait until the end of the analysis process. Interpretation of the data is an ongoing process. NVivo helped the researcher simplify the coding and improve the transparency of data analysis (Sapat et al., 2017). The researcher found that visualizing

reassembled data helped to see the relationships and connections among constructs that would not otherwise be readily apparent.

Once all relevant data was reviewed and coded, a written report of the research study process and findings was developed. In alignment with Creswell and Pott (2018), the final written report included the participants' voices, the researcher's reflexivity, a complex depiction and interpretation of the issue, and its contribution to the literature or a call for change. The primarily inductive and comparative method was utilized throughout the data analysis process to generate findings that answer the research question (Merriam & Tisdell, 2016). The participants are allowed to offer corrections as necessary. The collected data was then stored in a password-protected folder on the researcher's personal computer.

### **Instruments**

Instruments used as tools in a basic qualitative research study vary. Research instruments are considered measurement tools. The research instrument is used to collect needed data, measure collected data, and analyze the data related to the research topic.

### **The Role of the Researcher**

The researcher's role in qualitative research is significant, as the researcher is the primary data collection instrument analogous to the role of statistical tools and standardized measures and methods used in quantitative research (Merriam & Tisdell, 2016). The researcher was aware that the researcher's performance could impact the study's outcomes. This researcher's role was to guide the trustworthiness of the collected research data. The challenge for the researcher was to balance being objective and nonjudgmental in all thoughts, observations, and actions. According to Merriam and Tisdell (2016), recording the interview sessions would help counter accusations that the researcher's values or biases influenced an analysis.

The potential biases could come from the researcher's forty years of experience as a registered nurse (RN). As an RN, the researcher could infuse knowledge related to the interview process, the scientific process, and the need for objectivity during the assessment and data collection process. The acquired knowledge aided the researcher in data collection, inductive analysis, and understanding of the research process and the phenomena under study. The risk of the researcher's philosophical assumption biases during the research study was not excluded (Merriam & Tisdell, 2016). According to Galdas (2017), recognizing and understanding research bias is crucial for determining the utility of the study results and an essential aspect of evidence-based decision-making in the health professions. Empirically, the researcher, having worked as a nurse in the clinical and academic area for forty years, has learned that competence, openness, and honesty are necessary if the role of the researcher and the research findings are to effect change in current policies and practices.

The ontological, epistemology, axiological, and methodological philosophical assumptions are unspoken assumptions that generally occur during the research process and can result in bias from the researcher (Killam, 2013). The ontological assumptions underlying research are based on what we think the truth is. According to Roy (1988), the ontological assumption of this study is that adaptation is a reality to the success of individuals and groups in today's healthcare.

Epistemological presumptions are relative and derive from mere social constructs (Brown, 2017). Killam (2013) highlighted that epistemological assumptions are concerned with the quality of the kind of knowledge obtained during data collection. Echoed by Merriam and Tisdell (2016), the axiological assumption underlying qualitative research is about the values that a researcher may bring to the study and affect the data quality. Methodological assumptions comprise the researcher's assumptions regarding the methods used during the qualitative research process

(Merriam & Tisdell, 2016). Methodological assumptions may come into play as comparisons may be needed to compare the results of a process or study based on the researcher's experience collecting and analyzing data.

The researcher understood the above terms as the research instrument was significant. The researcher being aware of the terms ontological, epistemological, axiological, and methodological assumptions helped the researcher identify and avoid potential biases during the study (Merriam & Tisdell, 2016). Having worked in various positions in the healthcare field for the last 40 years, the researcher has acquired general knowledge about the multiple aspects of nursing administration. Empirically, the unifying principle often overlooked is that the person with authority must care about the need (s) of the person with less or no control. The researcher understands that those working currently in the role of ANA are the experts on the ANA experiences during the COVID-19 pandemic and hold the power to make needed decisions. The researcher employed epoche, bracketing field notes, and memos to report and analyze the data and prepare study results.

### **Guiding Interview Questions**

It is significant for the researcher to be familiar with constructing interview questions. Writing guiding questions for qualitative interviews takes planning and time. According to Merriam and Tisdell (2016), an interview guide will enhance the study's trustworthiness. Prewritten research questions allowed the researcher to construct questions that would get information specific to the topic being studied in the research. Semi-structured interviews allowed open-ended flexibility and a degree of structure to ensure the research question was addressed (Kallio et al., 2016; Merriam & Tisdell, 2016). The semi-structured interview allowed the researcher to explicitly ask about core elements related to the topic. Majid et al. (2017) noted

that qualitative interviews offer rich and detailed information to help the researcher understand the people's experiences.

Merriam and Tisdell (2016) explained that semi-structured interviews are ideal for collecting qualitative data. Prewritten semi-structured interview-guided questions, as described previously, allowed the participants to fully share their experiences without the researcher making assumptions and judging their actions and enhanced the participants to be the experts on the topic and their experiences. The researcher avoided "leading questions or providing non-verbal signals that would influence the participants' responses" (Barrett & Twycross, 2018, p. 63). The semi-structured questions were worded to be participant-oriented and not lead to generating answers from the participants that are spontaneous and in-depth. The participants were encouraged to speak transparently concerning their experiences (Barrett & Twycross, 2018; Kallio et al., 2016). Opening questions were the same for each participant. Verbal and nonverbal probing techniques will be utilized. Informed changes and adjustments to the interview questions were made to maintain and improve the quality of the data collected (Eddles-Hirsch, 2015). Kallio et al. (2016) stressed that the semi-structured interview provided a rigorous data collection method for studying participants' experiences that would be meaningful and allow for diverse perceptions to be expressed.

The researcher planned for flexibility during the interviews for participants to address other relevant issues that may come up while assuring that critical questions needing to be answered for the research question get addressed (Kallio et al., 2016). Barrett and Twycross (2018) highlighted that interviewing gives the most direct and clear approach to gathering detailed and rich data about a studied topic. In the case of this research study, the plan is for the expert panel to coincide with the researcher's dissertation committee. The researcher prepared the

question interview guide in advance under the direction of a mentor.

According to Merriam and Tisdell (2016), the principle is that the more encompassing the research question, the longer it will take to reach saturation. Following the literature, the interview guide was reviewed by a panel of three experts (Kallio et al., 2016). An expert panel to review the interview guide ensured that the questions were complete, appropriate, and relevant. Going through this process helped ensure the integrity of the data collected as used in the interviews (Merriam & Tisdell, 2016). Majid et al. (2017) highlighted that doing so helps ensure that data from interviews are meaningful and answers the study's research question. In the case of this research study, the plan was for the expert panel to coincide with the researcher's dissertation committee. Sample questions included:

1. The CDC invoked some social distancing guidelines from the beginning of the pandemic. How can you share some of the biggest challenges you faced in prioritizing social distancing? Morin (2020) addressed how the pandemic has driven adaptation in the existing literature. Capella says this open-ended interview opening question helps establish thought processing related to needed changes for social distancing.
2. What can you share about the overall social distancing experiences as an academic nursing administrator during COVID-19? This follow-up open-ended interview question was related to how the pandemic has driven change and adaptation (Morin, 2020).
3. In as much detail as possible, how can you describe some of the permanent changes relating to social distancing during the COVID-19 pandemic? According to Capella, these open-ended interview questions help reveal the decision process as social distancing changes were made. Hofmeyer and Taylor (2020) called for further research into the experiences of ANAs during the pandemic.
4. How can you describe some changes that would be temporarily related to the social distancing required? According to Capella (n.d.), this follow-up question helps gather additional information related to the topic. This open-ended interview question stems from the existing literature. Fernandez et al. (2020) addressed the many changes in academic nursing that COVID-19 has likely driven.
5. As the pandemic was unfolding or happening, what were some of the changes made for social distancing related to clinical learning needed? According to Capella (n.d.), this open-ended interview question is a follow-up probing question that aims to get the interviewee to elaborate more in more specific detail. Stemming from existing literature, Davidson and Patch (2021) addressed the role of academia during the COVID-19 pandemic.
6. Often time keeping open communication can be a challenge. How was communication during social distancing managed with the staff and students to assure them throughout



the pandemic? According to Capella (n.d.), this open-ended interview question helps the researcher describe the process. This interview question derives from the theoretical framework of RAM (Roy, 2011), in which the importance of communicating in facilitating adaptation is emphasized.

7. What aspect of your education and/or past experiences helped you succeed with social distancing during COVID-19? Capella (n.d.) highlighted this open-ended follow-up interview question stems from existing literature. Davidson and Patch (2021) addressed the success of academic nurses in contributing to COVID-19 response practices.
8. In your own words and in as many details as possible, how can you share how administrators can prepare for social distancing in future crises like the 2020 pandemic? This open-ended interview question stems from the existing literature, where Davidson and Patch (2021) addressed nurses being prepared for changes needed during the COVID-19 pandemic.
9. You have shared a lot of detailed information about your experiences as an ANA with social distancing during the COVID-19 pandemic. How has being an ANA with social distancing during the pandemic benefited you personally and professionally? According to Capella (n.d.), this open-ended focused question helps the ANAs describe their experiences and benefits in preparing for future crises like the COVID-19 pandemic and stems from the existing literature. Morin (2020) addressed how the pandemic has driven a need for adaptation.
10. Would you like to share anything else about your experiences with social distancing during the COVID-19 pandemic which we have not already discussed? According to Capella (n.d.), this open-ended interview closing question allows the participant to feel empowered, listened to, and otherwise glad that they have talked to you.

The above-listed questions allowed for the discovery of data related to the experiences of the ANAs with social distancing during the COVID-19 pandemic.

The development of interview questions was significant to the content validity of the research study (Weller et al., 2018). Developing the interview questions for the study using experts helped ensure a higher degree of quality of the questions to be asked. The dissertation committee members completed the initial review of the interview questions. Other nursing faculty at a local university with a doctoral degree with more than ten years of nursing experience were asked to review the interview questions. All of the reviewers were able to review the developed interview questions and provide needed feedback to ensure the high quality of the prepared questions. Minimal suggestions were provided to enhance the interview questions already created.

The second content expert reviewer had current active administrative and clinical experience. The expert reviewer advised that the interview questions were well-written and related to the research question. The original interview questions were revised in alignment with the reviewers' suggestions. In addition, the interview questions were submitted to IRB and received approval for the study. The in-depth interviews were audio-recorded, and minimal notes were required during the interview. The researcher made special notations of non-verbal aspects of the conversation, such as laughter, eye-rolling, pauses, smiles, or other types of emotions to the stated questions. The researcher took care during the interview process not to cause bias. In alignment with Merriam and Tisdell (2016), the participant's responses guided the researcher in asking additional questions related to their responses and if follow-up questions were needed. Notes taken during the interview helped the researcher determine if there would be a need for a change in questions or any other follow-up after the interview.

### **Ethical Considerations**

An ethical culture consists of mechanisms that advance mindfulness and discussion of ethical issues and concerns (Olson, 2021). Ethical considerations are significant when conducting a research study with human participants. Ethical issues and the protection of human subjects are of the utmost importance and primary concern throughout the research study. "Ethics in social research address the following concerns: (a) voluntary participation, (b) informed consent, (c) risk of harm, (d) confidentiality, and (e) right to service" (Merriam & Tisdell, 2016, p. 188).

For the researcher to mitigate the issue of intrusiveness, permission from the administrators of ANA- Michigan was secured, and a complete description of the research project was provided. The Belmont Report describes the importance of respect for persons, beneficence, and justice (U.S. Department of Health and Human Services, 2021). In keeping with Kallio et al. (2016), the

principles of the Belmont Report are paramount in ethics and were consistently followed. Adashi et al. (2018) highlighted the significance of following the mandates of the Belmont report. The sampling plan ensured no pressure was placed upon ANAs to participate in the study. The goal was to ensure that information about the research study was concise, clear, and available to all participants. Every effort was made to keep participants' personal information private and confidential (Adashi et al., 2018). The proposed population sample was not placed at more than minimal risk. The researcher recognized that all identifying names or characteristics needed to be excluded from the study results. "Ethical issues during a qualitative research study with internet and email communities can be intrusive, disrespect privacy, and sensitive to the participants' vulnerability" (Merriam & Tisdell, 2016, p. 187).

Further, Merriam and Tisdell (2016) highlighted that the online and email communities' norms and expectations regarding privacy should be adhered to. Each participant was given a code that would only be identifiable by the researcher. The participant's information was stored in a secure location, will be stored for the next five to seven years, and will not be included in the research study's published materials. The researcher removed the name of any institutions mentioned during the interview process as this may skew beliefs about the school and the education provided by those institutions. No information about the research study was disseminated until IRB approval was received.

### **Summary**

Chapter 3 discussed the choice of the BQRM design as the preferred research method for exploring the ANAs of UNPs experiences with social distancing during the COVID-19 pandemic. The BQRM best answered the research question and yielded detailed, in-depth descriptions of the ANAs participant's experiences with social distancing during the COVID-19 pandemic. The target

population, sampling methods, and recruitment procedures were identified. Also included was an in-depth discussion of the data collection and a discussion of the ethical considerations related to the study. The research study is relevant as findings from the research study begin to fill the gap in the literature by adding to the body of knowledge on the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic and provide new insights that policymakers could share to improve nursing practice in the future.

## **CHAPTER 4. PRESENTATION OF THE DATA**

The present study examined how academic nursing administrators of undergraduate nursing programs (UNPs) contextualized their experiences with social distancing during the COVID-19 pandemic. Chapter 4 includes an explanation of the data collection and analysis process. Chapter 4 provides information regarding the researcher's role in the study, description of the sample, research methodology applied to the data analysis, presentation of the data, and analysis results. Finally, themes that emerged from the data are discussed.

### **Introduction: The Study and the Researcher**

This basic qualitative study aimed to explore academic nursing administrators' experiences (ANAs) in undergraduate programs (UNPs) with social distancing during the COVID-19 pandemic. The study was in response to an identified gap in the literature and focused on the experiences of ANAs of UNPs and the challenges they faced while continuing to provide nursing students classroom and clinical instructions during the COVID-19 pandemic while adhering to the social distancing guidelines as outlined by the Center for Disease Control (CDC). The objective was to gain insight into the ANAs' experiences that could be shared with policymakers to be used for improving nursing practice in the future (Cathro & Blackmon, 2021). The data was collected from the ANAs who met the inclusion criteria for the study through the use of semi-structured interviews to answer the research question.

The researcher strived to learn more about the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic due to the needed nursing adaptation during this time amid the nursing shortage. As Moloney et al. (2020) voiced, nursing leaders played essential roles in positively impacting nurse behaviors. Lacey et al. (2020) indicated that during this unprecedented time, sharing lessons learned could help the nursing profession adapt to the future.

The researcher's role in qualitative research was significant, as the researcher is the primary data collection instrument analogous to the role of statistics, validated and reliable instruments, and standardized measures and methods used in quantitative research (Merriam & Tisdell, 2016). Consistent with Merriam and Tisdell (2016), credibility, dependability, and trustworthiness were contingent on the researcher's performance, as Williams et al. (2020) outlined. This researcher's role was to guide the validity and trustworthiness of the collected research data from the study. There was potential for bias on the researcher's part, which could impact the study's outcome, challenging the researcher to balance being objective and nonjudgmental in all thoughts, observations, and actions. The potential biases could come from the researcher's forty years of experience as a registered nurse (RN). As an RN, the researcher brought a wealth of knowledge related to the interview process, the scientific process, and the need for objectivity during the assessment and data collection process. The acquired knowledge helped in the data collection, inductive analysis, and understanding of the research process and the phenomena under study. However, the risk of the researcher's philosophical assumption biases during the research study cannot be excluded (Merriam & Tisdell, 2016). According to Galdas (2017), recognizing and understanding research bias was crucial for determining the utility of the study results. The researcher, having worked as a registered nurse in the clinical and academic area for forty years, learned that the need for competence, openness, and honesty are necessary if the role of the

researcher and the research findings are to effect change in current policies and practices as results may come under scrutiny.

The ontological, epistemology, axiological, and methodological philosophical assumptions are unspoken assumptions that generally occur during the research process and can result in bias from the researcher (Killam, 2013). The ontological assumptions underlying research are based on what we think the truth is. According to Roy (1988), the ontological assumption of this study is that adaptation is a reality to the success of individuals and groups in today's healthcare. Epistemological assumptions are about the knowledge researchers seek by using a particular methodology (Killam, 2013). Epistemological presumptions are relative and derive from mere social constructs (Brown, 2017). According to Merriam and Tisdell (2016), the axiological assumption underlines qualitative research is about the values a researcher may bring to the study. Methodological assumptions comprise the researcher's assumptions regarding the methods used during the qualitative research process (Merriam & Tisdell, 2016). Methodological assumptions may come into play as comparisons may be needed when comparing the results of a process or study based on the researcher's experience collecting and analyzing data.

Understanding the four philosophical assumptions can be challenging for the novice basic qualitative researcher, but it was essential for the study. Having worked in various positions in the healthcare field for the last forty years, the researcher has acquired general knowledge about the various aspects of nursing administration. Empirically, the unifying principle often overlooked is that the person with authority must care about the need (s) of the people with less or no power. The researcher understands that those working currently in the role of ANA are the experts of their ANA's experiences during the COVID-19 pandemic and hold the authority to make needed decisions. The researcher was challenged to be objective and nonjudgmental in all thoughts during

the research study. Braun and Clarke (2006) promulgated that the researcher should not be driven by the researcher's theoretical interest in the area or topic but allow the thematic analysis to drive the data.

The researcher worked diligently not to operate from preconceptions and biases related to exploring the topic of the experiences of ANAs at UNPs with social distancing during the COVID-19 pandemic that had been acquired from conducting the literature review to understand the topic. That is why using epoche, bracketing field notes, and memos were vital in reporting and analyzing the data. As highlighted by Merriam and Tisdell (2016), the researcher was focused on encouraging participants of the research study to talk about their knowledge and experiences to answer the research question.

The three dimensions of the epistemic include access, primacy, and responsibility. According to Roulston (2018), epistemic access causes the researcher to recognize the interviewee as the expert on the topic at hand and not the researcher. The interviewee was assumed to have direct knowledge with a high degree of certainty concerning domains of information relevant to the research topic. Epistemic primacy revealed itself as the researcher, and the interviewee agreed that the interviewee had greater authority on the research topic. Epistemic assigns the responsibility for designing questions to the researcher based on what they know and have learned about the specific research topic. As the interviewees have agreed to participate, it is assumed that they will answer the questions about the research topic to the best of their ability.

Epistemics provided a useful lens with which to view the work that went into generating data from the question-and-answer sequence. The epistemic lens allowed the researcher to view the data that was self-reported by the study participants with a minimum amount of bias. Part of the researcher's responsibility was to enable and encourage the participants to share their



experiences through the guided interview questions. Allowing the ANAs to provide new knowledge from their experiences with social distancing during the COVID-19 pandemic provided the data needed to answer the research question. The researcher set aside pre-understandings, preconceptions, and biases through an epistemic lens facilitated by using prewritten semi-structured interview-guided questions.

The use of prewritten semi-structured interview-guided questions, as described previously, allowed the participants to fully share their experiences without the researcher making assumptions, judging their actions, and allowing the participants to be the experts on the topic and their experiences. The researcher was able not to operate from preconceptions and biases related to the topic of exploring experiences of ANA that have been acquired from conducting the literature review to understand the topic. As highlighted by Merriam and Tisdell (2016), the researcher was focused on encouraging the research study participants to talk about their own experiences and knowledge through the research question. Epistemics provided a useful lens with which to view the work that went into generating data from the question-and-answer sequence. According to Roulston (2018), increased awareness of the epistemic lens concept helped the researcher to permit the participants to retain the primary rights of the knowledge about their own experiences and the talking about those experiences.

### **Description of the Sample**

The procedures for the process of sample development and participant selection are significant for a qualitative research study. The initial steps should include Institutional Review Board (IRB) approval, participant sample development, participant selection, and participant protection. Shaheen and Pradhan (2019) highlighted that the main objective for the researcher during the research study is to be able to answer and address the research question and keep in

mind that there are no stringent rules related to the sample size in qualitative research as long as the data collected is rich and meaningful.

### **Sample Development**

The sample development was a systematic process that started with a reflection on the purpose and goal of the research study. This approach allowed the researcher to find representative participants with the characteristics needed for the study. The goal was to explore the experiences of ANAs about their experience with social distancing during the COVID-19 pandemic. Authorization was sought from the American Nurses Association (ANA)-Michigan for posting a participant recruitment flyer to their newsletter/flyers that were distributed online for enrollment of potential participants (Huang et al., 2020). The recruitment flyer and an email were provided to the ANA-Michigan.

The ANA-Michigan distributed the recruitment flyer to all of its ANA-Michigan members. The recruitment flyer included the researcher's contact information and requested that the ANAs interested in participating in the research study and who met the inclusion criteria would email the researcher. Potential participants were contacted as they responded to the recruitment flyer posted in the ANA-Michigan newsletter. In addition, the researcher purposively recruited participants based on their role as ANAs and their work setting. Some of the participants who had relationships with the ANA-Michigan participants were referred to the researcher for consideration and inclusion as a participant in the research study. Purposive recruitment ensured that recruiting the needed number of participants met the specific inclusion criteria for the research study. According to Patino and Ferreira (2018), the appropriate inclusion and exclusion criteria help secure the study's validity. Data was collected through one individual in-depth interview.

## **Participant Protections**

The data collection sample procedures for the proposed qualitative research study included seeking approval from the internal review board (IRB). IRB approval aligned with Liberale and Kovach (2017), highlighting that it helps protect human subjects from the risks of violating their ethical rights and their welfare during research from the initial and continuing review of research protocols, adverse events, amendments, and other possible issues. Echoed by Merriam and Tisdell (2018), the IRB is universal and necessary to oversee research procedures and ensure no harm is done to human participants during a research study.

All potential participants were administered the screening questions to ensure the inclusion criteria were met. The participants were provided with written and verbal information about the study. The participants were advised that they could withdraw from the study at any time. The participants were provided the adult IRB-approved consent form to complete and return to the researcher. Due to the guidelines by the World Health Organization on limiting the size of any social gathering to control the spread of the coronavirus, the method for collecting data was semi-structured interviews utilizing an electronic virtual platform with recording.

The researcher's duty was to protect the privacy of all participants in the research study, which is essential in research (Roth & Unger, 2018). An individual participant identification (ID) number was assigned to each ANA. A master list of the participants' names was kept and stored in a separate locked location. All identifiable data were coded, kept locked, and password protected on the researcher's computer. The data was only accessible to the researcher. Time was also set aside for the ANA participants to ask questions before signing the consent document before the interview. The confidentiality of interview data was maintained at all times. Obtaining IRB review

and approval, ensuring that participants understood the detail of the research study, and de-identifying the participants' information were all instrumental in protecting the participants.

### **Data Collection Strategy**

Several data collection methods could have been used to answer the research question for this qualitative research study that would address the need for in-depth experiential data. The methods could have been primary or secondary sources (Merriam & Tisdell, 2016). According to Ruggiano and Perry (2017), secondary sources would include information that had already been collected and compiled, for example, from the internet, journals, books, directories, governmental, and non-governmental statistical data, and census data. Secondary sources data sources could be a more cost-effective approach to maximizing the usefulness of collected data in answering new research questions, as well as increasing sample sizes and statistical power.

In alignment with Ruggiano and Perry (2017), primary sources for data collection could include observations, focus groups, simulations, review of documents, or interviews. The interviews were the primary source of collected data for this research study. The ANA participants were from universities throughout a metropolitan area that served diverse students (NCES, 2021). One secondary source used was the National Center for Education Statistics (2021) for substantiating the local colleges and universities providing ongoing classroom and virtual classroom and clinical instructions during the COVID-19 pandemic.

### **Data Collection Review**

Participants were screened prior to the interview data collection process to ensure that they met the inclusion criteria for the research study. Participants participated in one 45–60-minute interview and shared their experiences with social distancing during the COVID-19 pandemic. The ANA participants were from universities throughout the metropolitan area that served diverse

students (NCES, 2021). The interview responses by the academic nursing administrators (ANAs) were analyzed ongoing with the researcher as the primary data collection instrument (Merriam & Tisdell, 2016). The data analysis and results provided by the ANAs described their experiences during this unprecedented time, which required quick responses, flexibility, and transitioning for the safety of all.

The interviews took place via a virtual platform and lasted approximately 45-60 minutes. The researcher facilitated the interviews, and only the researcher and the participant were present during the process. Each participant was asked the same questions in the same sequence. Participants were encouraged to discuss their experiences as they navigated the CDC mandate for social distancing. Member checking was conducted throughout the data collection process. The researcher was mindful of data saturation in this study as the participant interviews progressed.

### **Participant Descriptions**

Study participants were ANAs working in undergraduate nursing programs. Each participant was working as an ANA during the COVID-19 pandemic. The ANAs reported having oversight for making classroom and clinical decisions for staff and students during the mandate of social distancing by the CDC. The ANAs were responsible for the continued direction of staff and students to enhance learning experiences during the unprecedented COVID-19 pandemic.

The ANAs were queried about their experiences with social distancing during the COVID-19 pandemic. Each participant indicated that their institution remained open throughout the COVID-19 pandemic, although it was a struggle. All of the ANAs interviewed indicated their institution expeditiously transitioned to remote learning. The participants shared their unique experiences as ANAs at UNPs for the future. The ANAs reported various reasons for handling or managing social distancing during the COVID-19 pandemic, although differences were noted

among them. Table 1 presents information on the demographic characteristics of the participants in the study.

**Participant Number**

Morse (2020) highlighted that the number of participants in a research study depends on various factors required to reach saturation. The nature of the study, the scope of the study, the sum of valuable data obtained from each participant, the number of interviews per participant, the qualitative strategy, and the research design to be used helped determine a saturation point. According to Eddles-Hirsch (2015), qualitative samples do not usually have a large number of participants, as the data collection process requires an in-depth study of human experiences. Shaheen and Pradhan (2019) echoed that qualitative sample sizes allow for an in-depth exploration of the research problem.

The population was limited to include only those ANAs meeting the following inclusion /exclusion criteria of the study: a) academic nursing administrator; (b) in undergraduate nursing programs; (c) current administrator during mandated social distancing of at least one year. The inclusion criterion selected served to ensure that the participants’ experiences as ANAs were extensive enough to confirm the validity of the data collected (Lune & Berg, 2017).

**Table 1**

*Demographic Data*

Participant	Gender	Ethnicity	Experience with Social Distancing
P00010	F	African American	>1 year
P00011	F	African American	>1 year
P00012	M	African American	>1 year

P00013	F	African American	>1 year
P00014	F	Caucasian	>1 year
Total	F-4 M-1		

Note: F= Female M= Male

The basic qualitative design was chosen as obtaining meaningful, in-depth data is not concerned with a large sample size (Eddles-Hirsch, 2015; Shaheen & Pradhan, 2019). The most significant number of participants were African American females. As shown in Table 1, all ANAs had more than one year of experience working as an ANA in a UNP with social distancing.

### **Research Methodology Applied to the Data Analysis**

The basic qualitative research method (BQRM) answered the research question: How do academic nursing administrators of undergraduate nursing programs describe their experiences with social distancing during the COVID-19 pandemic? The guided interview questions were developed to learn about the experiences of ANAs of UNPs with social distancing during the COVID-19 pandemic due to the needed adaptation of nursing with social distancing amid the nursing shortage. In alignment with Birt et al. (2016), the BQRM allowed the researcher to answer the research question. Due to the contagious nature of the coronavirus, all interviews were conducted via a virtual platform. The participant answered nine open-ended questions during the interviews. Special attention was given to the participants' non-verbal expressions. Follow-up questions were used as needed to understand the initial responses better.

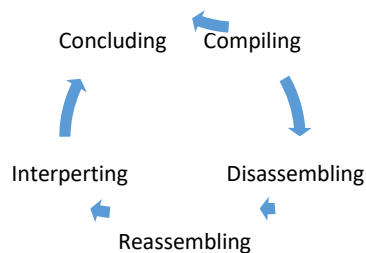
Participants confirmed and shared that the interview responses were accurate as the interviews were conducted. The participants could offer corrections and additions as necessary. This member-checking process was completed to ensure the trustworthiness of the collected data (Birt et al., 2016). Validation was important in the data analysis in alliance with Castleberry and

Nolen (2018). According to Merriam and Tisdell (2016), member checking is a qualitative research technique for establishing trustworthiness. All interviews were audio recorded, and notes were taken during the interview. The transcriptions of interviews were immediately transcribed verbatim.

The reduction process of the collected interview data involved compiling, disassembling, reassembling, interpreting, and concluding (Castleberry & Nolen, 2018, p. 808). As indicated in Chapter Three, the open coding of each transcript took place, with the researcher paying close attention to repeated words. The transcriptions were first highlighted using color codes to identify potential labels or nodes to begin coding (Merriam & Tisdell, 2016). One by one, the researcher analyzed the interview transcriptions. The transcriptions were then placed into categories that corresponded to identified labels. Reviewing the codes through axial coding helped establish relationships between the coded data.

**Figure 1**

*Thematic Analysis is an Iterative Process*





After the interviews were transcribed, the researcher uploaded the interview data to NVivo. NVivo allowed for sorting the collected data into coding schemes or nodes based on the research topic (Castleberry & Nolen, 2018). The ongoing process of continued analysis of the data for themes with coding helped the researcher determine how the data was related to the theoretical lens of the study and existing literature surrounding the topic under investigation that helped answer the research question (Castleberry & Nolen, 2018). As the coding progressed, codes that shared similarities began to fit together and reveal pertinent patterns aligned with the researcher's notes and analytic memo writings. The coding process led the researcher to a deeper understanding of the ANAs' experiences, challenges, and resilient adaptation. The emerging themes are discussed in the following sections.

Castleberry and Nolen (2018) stressed that the qualitative TA process involves a five-step analytic approach that helps draw out the key themes that best describe a set of collected qualitative data. In addition, Castleberry and Nolen (2018) emphasized that the TA method identifies, analyzes, and reports patterns or themes within collected qualitative data. The analysis involved five steps: compiling, disassembling, reassembling, interpreting, and concluding. The first step of compiling allowed the researcher to become familiar with the collected data to find meaningful answers to the research question. The researcher carefully read the transcripts repeatedly to become immersed in and deeply familiar with the data.

The second step involved disassembling and taking apart the data while creating meaningful groups and assigning codes wherever they appeared (Castleberry & Nolen, 2018). Coding, in the realm of qualitative research, is defined as the process by which raw data are gradually converted into usable data by identifying themes, concepts, or ideas that have some connection with each other (Castleberry & Nolen, 2018, p. 808). Coding involves the researcher identifying similarities

and differences in the data (Castleberry & Nolen, 2018). The process of qualitative coding facilitated the process of reflection, interacting, and thinking about data that allowed the researcher to simplify and disassemble the data during the inductive process, making meaning from the data, unlike the deductive method of quantitative research with its hypothesis-centered approach (Nowell et al., 2017). In alignment with Merriam and Tisdell (2016), the primary inductive and comparative method was utilized throughout the data analysis process to generate results that would answer the research question.

According to Castleberry and Nolen (2018), the code served as a tag used to retrieve and categorize similar data so that the researcher could pull out and examine data across the dataset associated with that particular code. The collected data were sorted into categories. The color-coding of the data was accomplished using NVivo, a qualitative analysis software, for complete thematic analysis (Glaser, 2016). As a traditional analytic method, color coding allowed the researcher to compare qualitative data and discover meaning.

The third step involved reassembling the data themes. The themes allowed the researcher to capture essential data related to the research question while creating levels of patterned response or meaning within the data set. Thematic hierarchies provided a visual tool that helped articulate how the themes were subordinate or superordinate. Hierarchies were constructed by similar clustering of codes to produce higher-order codes. Matrices were created by arranging themes, variables, and emerging concepts into rows and columns to provide a broad visual representation. Both hierarchies and matrices provided a structure for reducing the qualitative data and communicating the relationships among groups, contexts, constructs, and codes (Castleberry & Nolen, 2018). Care was taken to tell the story of the data and not arrange the data to support the researchers' interpretation or overreach the collected data.

The fourth step involved interpreting the collected data, which was necessary. The researcher began to focus on interpreting meaning within and across the varied experiences of the ANAs to capture the essence of the topic under investigation. Using NVivo, the researcher developed a thematic map to help visually represent the themes, codes, and relationships. As the coding continued and progressed, identified themes and subthemes emerged. The restructuring of the collected interview data was aligned with the tenets of RAM, such as adaptation to changes in the environment and the need to pivot to meet the changing needs of academia as dictated by COVID-19.

As mentioned, NVivo, a computer-aided qualitative data analysis software (CAQDAS), was used to supplement the organizing and coding of the data. The NVivo software served as a central repository for all of the collected interview data. The researcher worked to maintain the closeness to the collected interview data and remained familiar with and appreciative of the contextualization by the ANAs (Owens, 2014). The researcher used several resources and viewed multiple online-based tutorials to prepare for using the NVivo software (Owen, 2014). Using NVivo, the researcher managed the large amounts of data collected from the interviews (Merriam & Tisdell, 2016). NVivo allowed verification and validation of the researcher's interpretation.

Nowell et al. (2017) highlighted that even though data analysis steps are listed in a linear sequence, the interpretation did not have to wait until the end of the analysis process. NVivo helped the researcher simplify the coding and improve the transparency of data analysis (Sapat et al., 2017). The researcher found that visualizing reassembled data helped to see the relationships and connections among constructs that would not otherwise be readily apparent. The word cloud produced within the NVivo helped guide the researcher by providing the needed graphic and

visual representation of the collected interview data. It allowed the researcher to identify keywords from the data, relationships, and meanings (Sellars, 2018). As highlighted by Castleberry and Nolen (2018), the visual maps provided another level of TA, which allowed the researcher to place the themes in the larger context of the larger landscape of the topic.

The last step of the data analysis process was begun once the researcher thoroughly established the themes and led to drawing conclusions related to the research question or purpose of the study (Braun & Clarke, 2006). As Nowell et al. (2017) explained, the researcher should present results open to scrutiny into the researchers' decision-making throughout the analysis process. The researcher outlined steps that were taken to analyze collected research data and assisted with establishing the trustworthiness of the research study findings. Merriam and Tisdell (2016) highlighted that without ongoing data analysis, the data could become unfocused and overwhelming due to the sheer volume of data that needed to be processed.

The primarily inductive and comparative method was utilized throughout the data analysis process to generate findings that answer the research question (Merriam & Tisdell, 2016). The coding process was an interpretive act designed to aid the transition between data collection and more extensive data analysis (Owen, 2014). The collected data were then stored in a password-protected folder on the researcher's personal computer.

### **Presentation of Data and Results of the Analysis**

Five ANAs participated in the research study. The ANAs were screened and qualified as having worked for over a year during the COVID-19 pandemic at a UNP. The ANAs were asked questions regarding their experiences with social distancing during the COVID-19 pandemic.

### **Analysis of Responses**

The review of the raw data started the process of identifying segments or units of the data that addressed the research question. The ANAs' responses to the questions revealed their unique experiences with social distancing during COVID-19 as five significant themes emerged: (a) challenges, (b) university controls, (c) changes needed, (d) guidelines, and (e) communication. The value of the interview data can be found in the following ANA content.

### **Theme 1: Challenges**

The thematic analysis of the interview transcripts helped the researcher to identify patterns in the collected data. Most participants described their experience as ANAs during the COVID-19 pandemic as challenging. Short narratives of each participant's responses as expressed are as follows:

Participant 1 verbalized, "I have no problems or challenges from a university perspective. I would say not even from a faculty perspective; if anything, some of the challenges may have been in the students, and they will be able to understand or make sure that they were social distancing and how the faculty and others were able to the social distancing. We were able to have the classrooms in a way that we had three to six feet in, and all of the CDC guidelines were at the time, and we were able to continue all the courses in that way. Let me also say one more challenge I am thinking about when we have brought students back onto campus after you know the other guidelines; transferring online from face-to-face is a serious challenge. So those were some tough challenges.

Participant 2 expounded that "a basic challenge was keeping the mask on their faces because we were dealing with young people. We must constantly remind them to keep the face mask in place. I know we put signs and reminders all over the building, and even the ones who wore them constantly reminded them where the mask needed to be. They moved the mask below their nose. As time went on, though, there was more compliance, and it was not difficult to really police. Another one I would say is that we have a lot of students who would come for the clinical together, and so we would notice that a lot of times when there was COVID tracing, we found out where stuff originated. Often times it was in the car, you know, students; they would not necessarily wear masks on their way to clinical. But then they got to clinical and put everything on, so they were contracting it from each other outside the building".

Participant 3 highlighted that "we had to make provisions for students who were coming and being in close proximity to someone else, but also for faculty members who have also had distinct trepidation about coming in. This is early on in the pandemic, not

before vaccinations were available, primarily. Still, we cannot take a step back, and we had to kind of pivot to be asynchronous. I would say for the first two semesters during the pandemic, which did work somewhat, there was a lot of feedback from that delivery. They must refer to that face-to-face deliberately, but given what the CDC said, we had to maintain civility and put people at risk by bringing them in”.

Participant 4 added that “we were struggling. We shut down the program, and when we came back online, it was really flying by the seat of our pants. When we returned to the brick-and-mortar, we still maintained the virtual environment. Once they let us return, everyone was afraid to return at that point. We did not want to go back because some of them had contracted COVID and did not want to return to that environment. During the same time, we were trying to maintain our program, which we had lost control of related to social distancing on the campus”.

Participant 5 shared that there were several challenges. “We identified that our classroom was not large enough to accommodate the required social distancing within our program. Trying to bring all the students together, for example, was challenging. Because certainly, we saw value in still being able to get a face-to-face connection with the class and those types of things”.

As the challenges continued to present themselves, the ANAs looked to their respective universities for control and guidance related to social distancing as required by the CDC during the COVID-19 pandemic.

### **University Controls**

Another theme that emerged from the collected interview data was the need for university controls. Universities recognized the serious need for public health and safety. However, no specific controls or methods were yet developed to prevent the spread of COVID-19 (Meisam, 2020).

Participant 1 shared that “university controls were needed from a top-down approach from the college as well as from the nursing school. The universities moved quickly to educate and prepare faculty and students on COVID-19 through awareness, prevention, and the importance of compliance. Visible signs and reminders were placed throughout the campus in the various buildings to constantly remind everyone of the need to wear a face mask”.

Participant 2 reported that “with COVID and social distancing, we really had to be strategic about which classrooms we used on campus, which posed a problem

from a university perspective because we were running out of space”.

Participant 3 succinctly shared that “I think one thing that we did early on during the pandemic is we partnered with our Campus Health Center. In addition, some of the other common shared strategies implemented by the universities included using clinical screening tools where the students and faculty had to show that they were vaccinated. Having gone through the COVID-19 pandemic and not being prepared was a benefit in terms of resilience. However, extreme fatigue was felt. Sitting down together to strategically look, debrief, and apply what needs to stay and go in terms of policies”.

Participant 4 verbalized that “I am still having to wear the mask. We only allow one student in the nursing department at a time. Those are some of the permanent changes that we have implemented. We did have to implement another thing literally. Everyone had to get immunized. We lost some students as a result of that. We had many students who did not want to get vaccinated, so they could not continue in the program. We had to comply with what the agency wanted. They required the students to wear masks”.

Participant 5 reported that “we had acquired some ways and mechanisms of prevention for one of those university requests. You know, there are only very few of us, but that is something that was good was the CDC recommendations and guidelines from our facilities. We leaned into the university for direction, and it took some time to get there. The universities used their Wellness Centers or Campus Health center as part of their prevention and awareness programs”.

Despite the hands-on approach of the universities, staff felt less than prepared to manage the social distancing needed for the entire university. As in real-time, the information seemed to trickle down and cause the ANAs to react to the situation as no preparation time was available.

### **Changes Needed**

The third theme that emerged from the collected data was the need for some changes to the current practices in the nursing program administration. The ANAs shared that adaptation and flexibility were needed (Cummings et al., 2015).

Participant 1 stated that “we have divided into specific classrooms, and where these classrooms are round tables. Now we have dividers on the tables, that kind of social

distance, and you want to protect droplets or anything else from each other so you can increase engagement around the round table. Now there are marks on the floor that are painted to help mark off the social distancing that is needed. Having no history with Coronavirus, ANAs had to recommend moving to remote nursing programs to maintain those programs' integrity. Also, to continue the integrity of the nursing programs during the COVID-19 pandemic, a change was needed for social distancing”.

Participant 2 added that “one change was a reduction in class size. As a result, seats had to be assigned. The Assigned seats helped with contact tracing if someone contracted the coronavirus”.

Participant 3 specifically shared, "Some of the changes were temporary, but some changes ended up permanent. The clinical affiliates had to be maintained for the benefit of the students and the nursing program. Everyone had to get immunized. As a result, we lost some students because we had to comply with what the agency wanted. The COVID-19 pandemic forced ANAs to be innovative and problem-solving as it helped them to look at the holes in our processes and look at the clinical integration and development of our simulation center. Having gone through the COVID-19 pandemic made me realize how vulnerable we are. The previous nursing and educational experience helped as reflected on some of the precious learning, especially mental health”.

Participant 4 verbalized that “it was required that all students give their consent because everyone was in a panic about the pandemic, so we had to have consent from the students to relinquish the school from having the responsibility for someone contracting the coronavirus. The school had to purchase the PPE that was needed. It depended on whatever the agencies wanted, so we had to purchase whatever they required. We, the administrators, had to go to the facilities to learn about what they wanted to explain to the students, and then the students could go to the facility. We had to follow their mask protocol and see if they could tolerate the mask because that was what they had to wear”.

Participant 5 reported that “we had people sign in around the exit for traffic flow. That is what was needed to make the social distancing happen during the pandemic. So, the critical swift systems were already in use prior to the pandemic. We are about three weeks removed. If they were positive for COVID, then we sent them home. They have a social distancing environment in place. Again, social distancing was the priority, even though it required more than the meetings”.

## **Guidelines**

The fourth theme identified from the collected interview data was the need for the development of guidelines. Guidelines for the university were discussed as a strategy for implementing the changes that would be aligned with the CDC.



Participant 1 stated that “all ANAs were mandated to follow the CDC guidelines at all times, even though the CDC required guidelines were changing and creating confusion at times. Guidelines included partnering with the campus health center to assess screenings for students’ compliance, maintaining social distancing within the classroom, and wearing a mask in classrooms and clinical areas. The guidelines provided consistency for the university, faculty, and students as they navigated the needed social distancing required during the COVID-19 pandemic”.

Participant 2 shared “the primary ways we communicate and direct communication between instructors and students. You know, whether it be via their virtual in-person classes when they were in person or by the communication between you and your staff. So, we had structured faculty meetings that happened continuously. We would never have what was called, we would call it, but it was like a tea. It was like a virtual tea. We would usually have it on Fridays or Mondays after all of our meetings. Where it would be virtual, we would invite faculty in, and they would just come in and talk about, you know, what was going on in COVID land and how they were sort of coping with things. And then, we used that as an opportunity to also communicate with them about what was happening. But yes, we have regular staff as well as email applications that went out”.

Participant 3 added that “a centralized tracking system that helped track whether students and faculty have been vaccinated was put in place. We only allowed one student in the nursing department at a time. Consent from the students to relinquish the university from having responsibility if someone contracted COVID and personal protection equipment (PPE) was required and needed. In addition, the ANAs had to be trained on the clinical facility protocols for masks, handwashing, and other COVID-19 safeguards. It was important to manage and preserve healthcare resources, manage essential equipment such as PPE, and prepare for a patient surge”.

Participant 4 shared that “we required the students to do a survey every time they entered the building. We had to go through the initial surveys and all of that, but we were still trying to maintain our program with these protocols. We had to go through with it because it was mandated. We can no longer mandate masks, but we strongly suggest that students wear masks”.

Participant 5 “We had acquired some ways and mechanisms of prevention for one of those university requests. You know, there are only very few of us, but that is something that was good was the CDC recommendations and guidelines from our facilities. For sure, throughout the pandemic levels, not just speaking for my students but for the different systems or systems that forward to the students, so they enter the additional material we provide the central to navigate the course with the same changes with teaching abilities, modalities, and techniques. Although guidelines were constantly changing as more was learned about this disease process, the hope was that ANAs shared experiences would help other institutions as they prepare to deal with the COVID-19 pandemic”.

## **Communication**

The fifth theme identified was communication. Communication was found to be a key element to the safety of all, as shared by all ANAs. The participants' responses highlighted the importance of effective communication.

Participant 1 highlighted “the importance of having a communication plan that was kept in a centralized place in case something happened or changed and needed to be communicated quickly. The ANAs had to ensure everybody knew what they were supposed to follow. What was put in place depended on communication effectiveness between the university, faculty, and students. Being transparent was key. Emails with new standards were broadcasted like serial emails; still, the concern was that the message might not be received by the students in a timely manner. We implemented frequent structured meetings (i.e., virtual teas) to discuss what was going on with COVID-19 and provide updates and understanding of the losses that people had experienced, mental challenges, and different personalities. To enhance communication, we started hosting really small interactions with our students to counteract some of the mental stuff that was happening with our students. This allowed us to strategically plan how to put together strategies to help the students cope, and it forced us to address some of the long-standing mental health issues understanding that you cannot teach the students alone. Time had to be spent on the mental aspects of the education process”.

Participant 2 indicated that “communication was managed through constant emails, which created email burdens and stress or anxiety for the students as well as the staff. Continuous email contact with the students was necessary even though the email burden for the students was increased. Email communication was constant and continuous because I have experienced with students that this email burden and stress or anxiety, but they do not always work with your emails. And so, when they say that they are not aware of something that is in place when actually we have communicated multiple times. So, we would do it. I would do mass email communications for students as chair of the program. Still, we started to have instructors communicating with their students, which seemed to be a little bit better in terms of students receiving information because they tend to pay attention when their instructors send something out to them. So, we sort of had to modify our communications coming from the dean's office. It came directly from our instructors”.

Participant 3 echoed that “even at times, direct communication between the instructor and the students were needed to keep current and talk about the COVID-19 changes as the values and beliefs of the student population and faculty were different surrounding COVID-19. The need for social distancing shocked the students just as the staff was shocked in regard to online programs. The clinical operations had to be discussed. The development of a website for COVID-19 was adopted. The website was used for all students and faculty for questions and to keep them updated. Huddles and frequent meetings were required to maintain continuity among ANAs, staff, and students. Clear communication was a must”.

Participant 4 shared, “unfortunately, it was not as effective as it was sent out. We sent emails almost like serial emails all the time as we are coming out with new standards. That is one of the ways that we did it. In the office, we could not go to each other. So, we were going to meet each other in the hall. We have removed extra furniture from our offices. So, no one could come to our office to communicate with us. Most communication would be late; unfortunately, the message was often not received”.

Participant 5 articulated that “communication was important from the start. We sent emails to communicate updated information. Information that was changing daily. For example, we could be told something on Monday, which was changed by Wednesday. That is one way we did it: course meetings and lots of meetings. I say every week just again to identify things that need to be changed. Making sure that the information shared was valid so that people really had the best knowledge. It was significant to dispel some of the misinformation that was scary to the students. For example, students were saying the coronavirus was not real”.

The thematic analysis aimed to identify emerging themes and express the experiences of the ANAs based on their verbal testimonies shared during the interview process. Through the interview process, the researcher discovered the many challenges, university controls, changes, guidelines, and communication needed during the COVID-19 pandemic that was implemented for the safety of the community, students, and faculty.

### **Summary**

Chapter 4 discussed the findings of the study as presented in themes. The semi-structured interviews were used to collect data on the ANAs’ experiences with social distancing during the COVID-19 pandemic. The analysis involved three levels of coding by the researcher, paired with the use of qualitative data analysis software. Data analysis answered the research question, which yielded five major themes. All of the participants worked as ANAs in UNP during the COVID-19 pandemic. The experiences of the ANAs were shared clearly through the data collection process.

Chapter 5 will include a study summary and details concerning the data. The results will also be discussed in relation to the literature review and the theoretical framework. Lastly,

recommendations for nursing, nursing education, and future researchers will be presented in Chapter 5.

**CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS**

In this study, academic nurse administrators (ANAs) of undergraduate programs (UNPs) shared their experiences with social distancing during the COVID-19 pandemic. The semi-structured interviews grossed an enormous amount of thick, rich descriptions of those experiences. Thematic analysis of coded data from the interview transcripts was used to identify the themes. Chapter 5 presents a summary of those results. A discussion of the results addressing the research question is presented as well. Also included are details concerning the theoretical framework, the existing literature, the study's limitations, implications for nursing education during a crisis such as the COVID-19 pandemic, and recommendations for further research to conclude the chapter.

### **Summary of the Results**

The COVID-19 pandemic was a worldwide urgent healthcare issue that impacted healthcare workers, especially nursing administrators (Farsi et al., 2021). However, the reviewed literature yielded limited information regarding the experiences of ANAs with social distancing during the COVID-19 pandemic. This study was conducted to add to the literature on ANAs' experiences with social distancing during the COVID-19 pandemic. The research question was: How do academic nursing administrators of undergraduate nursing programs describe their experiences with social distancing during the COVID-19 pandemic? Each ANA participant worked in an undergraduate nursing program at a university or college. A set of nine interview questions were used to interview the participants who agreed to participate in the study. Participants were each asked the same interview questions. Five major themes emerged from answering the research question: a) challenges, b) university controls, c) changes needed, d)guidelines e) communication. Findings from the study provided additional insights into the ANAs' experiences at UNPs with social distancing during the COVID-19 pandemic. The upcoming sections will discuss how the study's findings addressed the research question.

## **Discussion of the Results**

The basic qualitative study was conducted to learn about the experiences of the ANAs with social distancing during the COVID-19 pandemic. Answering the research question was the goal in order to add to the literature on this topic. Previous research studies on nursing experiences during the COVID-19 pandemic, which focused on the clinical aspect of nursing, have already been documented. The ANAs' experiences could help provide a clearer understanding of the impact of social distancing during the COVID-19 pandemic from an academic and administrative perspective. The ANAs reported their experiences in response to the many challenges that emerged during the COVID-19 pandemic. The data analysis from the study and the results describe the ANAs' experiences during this unprecedented global pandemic.

The COVID-19 pandemic required ANAs to respond quickly, be flexible and make necessary adaptations to maintain the safety of faculty and students. The purposeful selection of the five ANAs was designed to yield rich data that would describe their lived experiences with social distancing during the COVID-19 pandemic. Many of the challenges the ANAs of UNP confronted were performed for the first time, and there were no previously written guidelines to follow. Farsi et al. (2021) stressed that the spread of COVID-19 severely disrupted nursing education and impacted its operation. The essential skill of nursing assessment aided in identifying, establishing, and implementing the needed changes that would ensure the nursing programs' continued integrity and preparation of the nursing students in the midst of a crisis.

The contextualization of the ANAs' experiences related to the interview questions highlighted that the coronavirus caught them off guard. Still, the ANAs were able to respond swiftly from a top-down approach. The university established controls to keep everyone safe. Even though the challenges were found to be significant, the ANAs adapted to the environmental

change. ANAs made the difficult decision to move classroom learning from face-to-face to online formats and removed nursing students from local practicums. In alignment with Dewart et al. (2020), the quick decision to pivot to online learning in a digital environment was difficult for the ANAs but necessary for the safety of the students, faculty, and community.

The universities struggled initially, and the galvanizing fear of contracting the coronavirus emerged from the student nurses and ANAs. To maintain the nursing programs, strategies were implemented to minimize the impact of COVID-19 and preserve the social distancing recommended by the CDC. The willingness of the ANAs to overhaul their current academic practices, rules, and regulations allowed them to swiftly manage the challenges presented by the COVID-19 pandemic and the demands from their clinical partners. As most nursing students were young adults, implementing the mask-wearing policy was one of the biggest challenges for the ANAs.

Permanent changes that were implemented included not allowing students to ride with each other to clinicals because contact tracing indicated that students who contracted the coronavirus were infected during this ride. Only one student was allowed into the nursing department at a time, and all nursing students had to be vaccinated to continue in the nursing program, with no exceptions. The potential exposure to COVID-19 risked the nursing students' health and the health of their families, other students, and faculty (Dewart et al., 2020). The importance of safety and the community were communicated during the interviews. The ANAs interviewed recognized the importance of communication to allay the concerns and fears of the students. In addition, nursing students were concerned about completing their education and future careers as registered nurses due to the COVID-19 pandemic (Dewart et al., 2020). Classrooms were scarce to meet the demands of social distancing, with changes made to the classrooms to accommodate the new

guidelines. For example, dividers were placed on the classroom tables for social distance and to protect the students from droplets from each other while maintaining engagement around the classroom table.

A tracking system was implemented to track the vaccination status of the students as well as the faculty. Students had to sign a waiver of consent relinquishing the university from liability if they contracted the coronavirus. As the CDC continued to mandate social distancing, classroom size was reduced as a temporary measure, assigned seats were implemented, and PPE was worn during clinical and in classrooms. Clinical pull-backs from the hospitals were experienced as well. Hospital affiliates were not allowing the students in the clinical area, and the nursing program was not allowing students to provide care on units with a majority of COVID-19 patients diagnosed with COVID-19. ANAs transitioned the nursing programs and implemented virtual simulations with case scenarios for clinical experiences. Students had to complete modules reflecting the assessment and critical thinking skills required in the clinical area. Small groups were implemented for discussions and interactions around the presented scenarios.

Even though communication during the social distancing needed for the COVID-19 pandemic was challenging, email communications were constant and created an email burden for the students and faculty. Morning huddles were implemented to try and keep everyone informed and up to date. Websites were created to provide the latest information from the CDC. A COVID-19 committee that reviewed all information and updates related to CDC changes was also created. The committee was prepared to answer questions about the next steps and ensure that all communicated messages were seamless. The purpose of these steps was to ensure that no mistakes were made and that faculty and students had the best knowledge. The ANAs called meetings frequently to reset everyone and ensure everyone was operating from the same information. Direct



communication between the students and faculty was reported as beneficial as well. Virtual tea gatherings were scheduled to allow staff time to communicate directly with each other.

ANAs discussed their lack of preparedness for the magnitude of COVID-19. There was no time for training, and minimal orientation for the ANAs was provided for the many adaptive changes needed. Overall, the participants described feeling unprepared. The participants shared that they would be better prepared for future pandemics and their roles and responsibilities with students and clinical partners as a result of having navigated the COVID-19 pandemic. The ANAs highlighted that they felt less than prepared. However, they shared that past nursing training and experience helped them successfully navigate the COVID-19 pandemic and remain resilient, flexible, and adaptable to needed changes. The ANA participants shared that as they learned in real time, COVID-19 forced a reality look at the need to innovate, problem-solve, and focus more on classroom clinical integration to help prepare for potential future crises like the COVID-19 pandemic. In addition, the interview process revealed that the ANAs needed peer support. The professional isolation was of particular concern as the participants were not allowed to meet with each other face-to-face before the COVID-19 pandemic.

As the data analysis progressed, the researcher looked at the collected data critically from the perspective of the ANAs, who were the experts. Each ANA provided data on their experiences with social distancing during the COVID-19 pandemic, and the participant responses varied. However, differences were minimal and with data saturation achieved early in the collection process. Data collection was suspended as data saturation was achieved.

### **Conclusion Based on the Results**

Based on the study results, the conclusion included that as essential healthcare team members, the ANAs were accountable for preparing nursing students to assume positions on the

frontline and help provide nursing care for the community. To meet the challenges of the pandemic, ANAs had to be able to pivot, change how they taught, and meet the challenges as they arose. A shortage of nurses had been documented prior to the COVID-19 pandemic, and with this pandemic, the shortage was exacerbated even more.

Farsi et al. (2021) stressed that evidence indicates that effectively dealing with a pandemic through prevention is essential. The results of this study have provided the experiences of the ANAs and direction for a future healthcare crisis in handling challenges, university controls, changes needed, guidelines, and communication. In addition, the challenges assessed in this study included the ability to identify the high levels of stress among the students and the faculty, the need for a change in the communication methods, and guidelines to direct compliance with the CDC requirements regarding social distancing measures. The robust flexibility of the ANAs was triggered by the students' reports of stress and resulted in the ANAs seeking strategies to minimize their stress. The ANAs' willingness to address and work to help manage the student's stress helped formulate a plan needed in the future to handle any crisis that could threaten the education and training of future nurses.

Often, a crisis is when needed changes are identified and implemented. Research is required to develop the RAM lens to inform academic policies. The crisis provided opportunities to assess the current practices in an undergraduate nursing program. Understanding the challenges of a pandemic is necessary for filling the gap in the literature. From this study, an important lesson learned was the need for ongoing preparation of faculty and students for crisis readiness. Crisis readiness has to be incorporated into the curriculum of all nursing programs. According to Farsi et al. (2021), research still needs to be conducted despite abundant empirical studies on COVID-19, especially related to ANAs. The preparation has to be more than memorizing procedures and must

include the continuous practice of exercises regarding physical acts of preparedness such as communication, guidelines, and resilience.

### **Comparison of Findings with Theoretical Framework and Previous Literature**

The theoretical framework that was the lens for the proposed study was Roy's Adaptation Model (RAM) (Roy, 2011). The researcher organized and coded the collected interview data using the RAM as the initial starting point and the NVivo data analysis software as a supplementary tool. In alignment with RAM, adaptation is needed to meet changing global needs, such as social distancing during the COVID-19 pandemic (Aquino et al., 2018). Roy (1988) theorized that adaptation is needed to sustain a group. The previous literature studies were limited; however, some of the findings from the present study were consistent with those of previous studies and added new information that emerged during the research study.

The findings from this research study clearly highlighted adaptations that were made to sustain the integrity of the nursing programs during the social distancing of the COVID-19 pandemic. The continued threat of COVID-19 helped the ANAs of UNPS to become resilient and not be overwhelmed by the CDC requirements for social distancing and the demands and restrictions from clinical facility partners. As a theoretical framework, the RAM provided a framework for understanding the need for changes in the administration of UNPs that would lead the way to reshape the experiences and dictate the required significant adaptation needed (Roy & Zhan, 2005). The common need for adaptation from all universities with undergraduate nursing programs unified them in their transformative approach to meet CDC demands and the pull-back from hospital clinical affiliations. According to Caroselli (2020), in a time of uncertainty in uncharted territories, the common good in the future of healthcare will emerge. Consistent with

Callis (2020), using the RAM to facilitate change directs that all parts, including government, hospitals, or academia, should work together to provide good healthcare.

Generally speaking, BQRM studies concentrate on the in-depth investigation and portrayal of experiences (Holloway & Galvin, 2016; Kheirandish et al., 2020). Therefore, fewer participants are required (Lune & Berg, 2017). In keeping with RAM related to adaptation, four crucial dimensions related to change or adaptation are apparent. The dimensions include (a) challenges, (b) establishing controls, (c) identifying changes, (d) providing guidelines, and (e) maintaining communication throughout the adaptation process. The research study results are presented in alignment with these five dimensions. The outlined dimensions allowed the researcher to explore the experiences of ANAs and gain insightful strategies as they managed or navigated social distancing during the unprecedented COVID-19 pandemic.

Consistent with RAM, adaptation is required during a crisis, such as the COVID-19 crisis in academia. As the ANAs faced various challenges consistent with Hoffmeyer (2020), they were resilient and adapted as part of their learning from the COVID-19 pandemic. Adaptation became a significant part of the academic environment. Further, as challenges occurred and fears presented themselves, the ANAs displayed emotional self-regulation and empathy for the students and their coworkers (Taylor, 2020). In addition, the ability of the ANAs to adapt in order to comply with social distancing recommended by the CDC was reflective of how the ANAs were able to work together for the common goal of sustaining the integrity of nursing programs during the COVID-19 pandemic. The adaptation during the COVID-19 pandemic also allowed the ANAs to leverage the challenges to remove previous structural barriers and implement new processes and procedures to successfully navigate the need for social distancing during the COVID-19 pandemic.

The context of RAM highlights how environmental stimuli, such as the COVID-19 pandemic, influence individuals. Understanding how they can incorporate previous knowledge with new knowledge will help them stabilize themselves during crises. RAM highlights that human behaviors emerge from the adaptive reaction that occurs as a crisis is confronted in their immediate environment and allows the person to adapt to change through community connections (Roy, 1988). Consistent with Caroselli (2020), the adaptation that was needed during uncharted waters led to a recalibration of the academic setting in which nursing education was taking place.

Classroom structure, classroom size, and virtual learning were changed to continue the nursing students' learning in this nursing shortage. The academic setting under the ANAs' leadership led to required changes that would adapt to the new normal for the safety of students and staff. During a crisis consistent with RAM, the key was preparation for needed changes to keep communication open, develop new strategies, and share resources that keep staff and students safe. The RAM was based on a framework that analyzed how individuals or groups respond, engage, and interact with environmental stimuli. In the context of COVID-19, in a time when there was a need for more nurses, ANAs had to adapt for the sake of the survival of students and faculty and ensure the integrity of the nursing programs. As an essential part of the healthcare team, nurses dictated that changes had to be made to teaching methods that would change academic practices for years to come. The RAM served as a framework to evaluate the adaptation of the ANAs as they reacted to the environmental stimuli and the required social distancing.

### **Interpretation of the Findings**

In a time when there was a nursing shortage and new nurses were needed, nursing academia was threatened due to the CDC's social distancing requirements during the COVID-19 pandemic.

The findings indicated that changes had to be made to the current way of educating future nurses. From the beginning of the COVID-19 pandemic and the need for social distancing, face-to-face had to be managed differently. ANAs were an essential part of the healthcare team and were at the forefront of change and the need to address the COVID-19 pandemic and future crises of this magnitude. As Farsi et al. (2021) highlighted, special attention to decisions made during a pandemic needs to be given.

The study documents the impact and challenges faced by ANAs with social distancing during the COVID-19 pandemic. The hybrid data analysis approach allowed the researcher to utilize NVivo software and a paper and pencil method to organize the collected interview data. The findings of their research study provided valuable insight (Thomas, 2020). The positive implications of understanding the context of the experiences of the ANAs with social distancing may lead to preparation for needed adaptations in the future (Esterhuizen, 2020). Some of the challenges faced included ensuring the safety of the students, ANAs, and the community and presenting various opportunities to change and improve the training process, use of emerging technology, and support (Farsi et al., 2021). Current and future ANAs may benefit from the findings of this research study, and more robust inferences of the theoretical implications may be drawn from the outcomes/findings.

### **Limitations**

The worldwide COVID-19 pandemic has caused various challenges to conducting research involving needed human subjects to investigate the topic required to develop plans to change needed policies to improve academia's response during a crisis such as the COVID-19 pandemic (Abshire et al., 2021). The presence of several limitations may have influenced the findings of the present study. The results of the study relied on the experiences reported by the participants. The range of

participant interviews was consistent with national patterns of institutions that continued to provide nursing education during the COVID-19 pandemic, following CDC guidelines that recommended social distancing.

Concerning the methodology listed in the final transcript related to recruitment, the lack of many participants was beyond the researcher's control. The recruitment response was slow to minimal. The recruitment flyer was placed in the ANA-Michigan newsletter multiple times. Appeals were additionally made through the snowballing recruitment technique in an attempt to secure more participants, but they were unsuccessful. As discussed throughout the recruitment process, the ANAs did not come forth in large numbers to participate in the study, even with the noted incentive. The lack of an overwhelming number of participants was partly due to the timing and occurrence of COVID-19 and the tremendous challenges the ANAs faced. As stated by the reviewer, many of the experiences were reported from the pandemic's early stages. The interviews were being conducted even as the recruiting was in process. Pre-reviewed and interview questions guided the interviews and were determined to be the only plausible option to answer the research question. To expound further, the recruitment and engagement of ANAs with real-time experiences were not without challenges (Jain et al., 2020). The limited response from the ANAs to participate in this needed study was an issue noticed by the researcher from the placement of the initial flyer in the ANA-Michigan newsletter. The researcher pondered if the multiple tasks at hand potentially impacted the time and mental space required to serve as participants during the unprecedented COVID-19 pandemic (Jain et al., 2020). The topic of the research study though significant for the ANAs as stakeholders. The ANAs were challenged to prioritize their time which was now being split between other duties related to the COVID-19 pandemic (Abshire et al., 2021). In an effort to facilitate recruiting additional participants, the researcher posted the recruitment flyer in the ANA-

Michigan newsletter for an extended length of time. With the approval of the IRB, the inclusion criteria were adjusted to be less stringent and not require the participants to be ANA members. In addition, the initial participant incentive dollar amount was increased to promote a surge of potential participants. However, the challenge of recruiting additional participants for the research study persisted. Abshire et al. (2021) noted that fears of COVID-19 and social distancing measures had caused participant enlistment, enrollment, and inclusion in current ongoing research during the unprecedented times of the COVID-19 pandemic in ongoing studies.

Another limitation of this study was that the ANAs were likely not to express their actual and real-life experiences (Farasi et al., 2021). The researcher established and maintained a good working relationship during the recruitment and interview process to gain the participants' trust and overcome this possible limitation. Still, another limitation was the relatively limited researcher interview experience in conducting research interviews. As the interview data were collected from those who responded to multiple flyers in a professional nursing newsletter, the data collected may over-or-under represent the ANA population. Lastly, a limitation of the study could be related to posting the recruitment flyer only to the ANA-Michigan newsletter instead of including the other 54 constituent ANA associations (ANA, 2023). The researcher reviewed the institutional activity report for undergraduate programs (IPEDS) during the pandemic to overcome this limitation. The IPEDS assisted the researcher in reviewing institutional characteristics, students, success, and institution outcome rates to compare and establish the representation of the participants for the study.

The ANA-Michigan membership was chosen not to limit the amount of data collected but to ensure the depth of collected data, as ANA-Michigan represents a cross-section of the entire RN population. The American Nurses Association, as a professional organization, represents four



million registered nurses (RNs). With over 150,000 members, the ANA represents a cross-section of the RN population in the United States (ANA, 2023). The ANA promulgates that it is the most vital voice for nurses throughout the United States government and health care policymakers and regulators. The ANA promotes standards of practice that RNs embrace regardless of geographical location, reflected in their clinical and academic practice (National Center for Education Statistics, 2021). The IPEDS assisted the researcher in reviewing institutional characteristics, students, success, and institution outcome rates to compare and establish the representation of the participants for the study. The IPEDS collects data from institutions based on human resources and finances. The IPEDS compiles reported data on postsecondary education within the United States Human resources data represents the number and type of staff supporting postsecondary education (NCCS, 2021). The range of responding participants represented a diverse experience from institutions representing the nursing population (National Center for Education Statistics, 2021). The sample chosen was illustrative of the entire population as well as the cross-sectional representation of nurses in ANA.

### **Implications for Practice**

Nursing as a profession emerged to assume the leadership role in healthcare during the COVID-19 pandemic. As nurses, academic nurses are positioned to remain resilient, think innovatively, and create strategies to help nursing meet the demand for continued quality healthcare. Continuing to practice as a nurse during a pandemic can be challenging, as ANAs, limited preparedness, education, and training can significantly challenge those in academia. In the middle of a pandemic, the issues are hard to ignore. The nursing academic community has been challenged to respond to the current nursing shortage and the ongoing needs of nursing students to meet the healthcare needs of these times. This study's findings revealed the importance of ongoing

training for crisis preparedness. ANAs in this study indicated the need for peer and student support to make needed changes. The limited clinical partners during a nursing shortage also concerned academia.

The ANAs responded through the many strategies shared during the study to maintain the integrity of UNPs. As a result, the ANAs are markers of success in managing and navigating the COVID-19 pandemic and helped launch many changes needed in the context of the COVID-19 pandemic. ANAs have been able to facilitate required changes while maintaining the integrity of the nursing programs. It is essential for the ANAs to recognize the significant part they play in training nursing students, especially during the nursing shortage. As a result of this study, ANAs should feel more confident in sharing their insights to help move ANAs through the adaptation process resulting from the COVID-19 pandemic or any future crises. The study's results may provide insight into how ANAs can adapt or change current practices depending on the context in which they are practicing. Possible solutions include offering alternatives to clinical training, such as simulation laboratories. Developing simulation labs is a step in the right direction. ANAs may also use the findings of this study to provide relevant alternative curricula to help build a multitude of experiences within the academic training environment. As Yuen and Fung (2020) highlighted, the research study can make a significant difference in policy setting for future crises. The nursing profession continues to demand all nurses to lead, commit to quality, and help sustain the needs of current and prospective nursing students to enable the addition of more registered nurses to the American healthcare community.

### **Recommendations for Further Research**

The COVID-19 pandemic has changed how nurses will be educated now and in the future. This study's findings present several recommendations for further research. The concerns the

ANAs have shared are essential and guide future planning for undergraduate nursing programs. Nursing students must be educated and prepared for any future crisis threatening the community's health. Numerous strategies were shared on how to continue to maintain the integrity of nursing programs while navigating a crisis like the COVID-19 pandemic. The immediate shift from face-to-face learning to virtual learning speaks to the caring nature of nursing to keep everyone safe despite circumstances going on around us. While most of the teaching had to switch to virtual, students were still being educated on nursing principles. Instead of allowing the crisis to disrupt and stop learning, ANAs modified, changed, and adapted to meet the more significant needs of the American healthcare community. The nursing education landscape has been forever changed. Still, it can be prepared for the future by continuing to research the experiences of those involved directly with the needed changes or adaptations.

The experiences of the ANAs have been the object of the research study and should serve as a pivotal point for additional research in academia. Future research should be focused on providing greater insight into providing foundational skill sets for delivering quality nursing healthcare, especially during a crisis such as the unprecedented COVID-19 pandemic. This study helped to advance scientific knowledge by tending to the need for additional research through the lens of RAM related to the experiences of ANAS of UNPS with social distancing during the COVID-19 pandemic. In addition, this study has provided real experiences that can aid in meeting challenges, addressing needed university controls, establishing guidelines, making classroom changes, and determining required communication during a crisis similar to the COVID-19 pandemic.

Ultimately, nursing policymakers and legislative bodies need to be aware of the ANAs' experiences during the COVID-19 pandemic and the required changes that were needed and made.

A RAM lens can help develop relevant policies and practices in academia to help with the required changes needed in the context of a crisis. In broader terms, the findings of this study point to the need for changes to clinical training, clinical partnerships, and simulation labs as acceptable means for obtaining skills needed for entry into nursing practice. Findings from this study have provided a foundation for additional research. Because this was a small qualitative study, a repeat of the study is recommended, which could produce other findings.

### **Conclusion**

This basic qualitative study focused on academic nursing administrators' experiences with social distancing during the COVID-19 pandemic. Previous studies were conducted to explore the adaptation required in academia during a crisis, such as the COVID-19 pandemic. A gap was identified in the literature related to the experiences of academic nursing administrators with social distancing during the COVID-19 pandemic. The ANAS responded to the interview question about how academic nursing administrators of undergraduate nursing programs describe their experiences with social distancing during the COVID-19 pandemic, which revealed the need for adaptation and changes necessary to maintain the integrity of nursing programs as they prepared nursing students for the future. Empirically, every state in the United States was impacted by the need for social distancing during the COVID-19 pandemic. The demands on nursing included a request for more nurses. However, meeting those demands was challenging, to say the least, and required some changes to the academic environment. Findings from this study reflect the adaptation and changes by ANAs needed during this time. ANAs must be prepared and equipped to manage nursing education in a crisis to allay the fears and anxiety of the students and the ANAs. The ability to communicate effectively with the students and other staff members has to prevail. Assessing and improving infection control practices is a requirement. Essential skills like crisis

management are a necessity. Planning ahead for a potential crisis that may interrupt the continued education of future nursing students and compound the current nursing shortage continues to challenge nursing, especially academics. The study helps to gain new perspectives on the experiences of ANAs with social distancing during the COVID-19 pandemic. In addition, the study provides further additional insights into the many challenges and adaptations required of ANAs of UNPs with social distancing during the COVID-19 pandemic. Nursing academia is responsible for ensuring the ANAs are equipped for the challenges of future pandemics. The time is now for educating, training, and preparing ANAs so that necessary adaptive changes can be made as quickly as possible to benefit the students, faculty, and communities we serve.

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## **Appendix A. Screening Questions**

1. Are you currently working as an academic nursing administrator?

2. Are you serving as an academic nursing administrator in an undergraduate nursing program?
3. Have you been an academic nursing administrator in a nursing program for more than one year?
4. Have you been an academic nursing administrator with social distancing during the COVID-19 pandemic for more than one year?