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RAPID TRANSITION TO EMERGENCY REMOTE TEACHING:

NURSING INSTRUCTORS' EXPERIENCES

BY

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## **Approval Page**

The undersigned certify that they have read the dissertation entitled

### **RAPID TRANSITION TO EMERGENCY REMOTE TEACHING: NURSING INSTRUCTORS' EXPERIENCES**

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### **Doctor of Education in Distance Education**

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## **Dedication**

This dissertation work is dedicated to my husband, Amar, who has been a constant source of support and encouragement during the challenges of postgraduate school and life. I am truly grateful for having you in my life. This work is also dedicated to my children, Gur and Agam, who have always understood why I was busy and who endured this journey of postgraduate school alongside me. This dissertation is further dedicated to my mom, who has taught me to work hard for the things that I aspire to achieve and to never give up.

## **Acknowledgement**

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## Abstract

The COVID-19 pandemic has caused disruptions worldwide in many areas, including the education sector. With many restrictions in place, educational institutions have been required to operate in emergency remote teaching (ERT) environments. Amid hasty transitions, unique challenges and learning opportunities have arisen. In the field of nursing education, which is traditionally taught in an in-person classroom setting, transitioning to remote online environments can imply unique challenges. Yet there is lack of research on instructors' transition to ERT, especially within the field of nursing. It is essential to understand the experience, positive and negative, faced by nursing educators using ERT, so that instructors can effectively prepare future nurses, using pedagogies that are innovative and congruent with nursing education. Using a social constructivist theoretical framework and a descriptive phenomenological methodology, this study, conducted at three Canadian universities during the Fall, 2021, has therefore explored how nursing instructors can be better prepared for ERT in the future. The aim of this inquiry was to understand (1) the lived experience of the research participants during this time of adjustment, and (2) how their experience of adjustment influenced their understanding of this transition. Findings yielded seven themes: *evolving perspectives, finding support, adapting instructional strategies, using online technology, responding to students, evolving emotions, and personal and peer challenges*. At the beginning of their transition, nursing instructors felt overwhelmed due to the magnitude of the situation and, in turn, viewed the transition negatively; however, as they continued to work in ERT their perspectives evolved, leading to the self-discovery by some participants that they have learned how to adapt and maintain a flexible attitude. They also learned the value of technology, found support amongst each other, built on strengths, and responded to students in new ways, while

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addressing personal challenges, such as balancing work and home life. Having the ability to remain flexible and pivot as needed, coupled with team effort and support, has led me as a researcher to conclude that a sudden and unknown beginning can be transformed into a positive, hopeful, and more resilient future for nurse educators.

*Keywords:* COVID- 19, descriptive phenomenology, nursing education, nursing instructors, online teaching, remote teaching, rapid transition, emergency remote teaching

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## List of Nomenclature

**Asynchronous:** Course or course components that use forum discussions and other non-live methods to engage students. In asynchronous courses, there is typically a time delay in communication from peers and instructors, and they may not be online at the same time (Heick, 2021).

**Blended or hybrid courses:** Courses that use a blend of online components as well as in-person, face-to-face components (Bonk et al., 2012; Johnson, 2019). For the purpose of this study the terms, *blended/hybrid courses*, are used to mean courses with in-person sessions as well as online asynchronous/synchronous components. See also definition for “in-person”.

**Distance education:** Courses that are offered at a distance, often fully online, and with no in-person classes (Johnson, 2019). This can involve e-learning, digital learning, synchronous, and asynchronous methods. Technology is used for students to retrieve course materials and to connect with peers and instructors (Ally, 2004). See also definition for “online learning.”

**Emergency remote teaching:** Abbreviated as ERT. It is unplanned teaching that entails a move from in-person instruction to a remote online method due to an emergency (Affounh, 2020).

**Epoché:** A phenomenological attitude (see definition below), meaning to hold back (Wertz et al., 2011).

**Face-to-face:** The term, *face-to-face*, was relevant when discussing ERT during the early phases of the transition to remote learning. However, as the pandemic has continued, the term, “face-to-face,” has evolved into the term, “in-person.” To distinguish between online face-to-face and physical face-to-face interaction, *online face-to-face* will refer to any synchronous meeting via the Internet, while *in-person face-to-face* will refer to a gathering that takes place in the same physical location.

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**Flipped learning:** A teaching and learning strategy that allows for core concepts to be studied independently as mandatory homework, and then using class time to analyze, synthesize, and critically examine the concepts and knowledge application (Chen et al., 2017). The Academy of Active Learning Arts and Sciences (2020) defines it as:

Flipped Learning is a framework that enables educators to reach every student. The Flipped approach inverts the traditional classroom model by introducing course concepts before class, allowing educators to use class time to guide each student through active, practical, innovative applications of the course principles. (The Academy of Active Learning Arts and Sciences, 2020, para 2)

In this approach, the instructor is the facilitator and learning is active rather than passive (Guraya, 2020). This is a student-centred, rather than a teacher-centered, approach to teaching and learning that encourages active learning, peer and instructor critique, and supportive environments (Marshall et al., 2020).

**Lived experience:** In phenomenology, *lived experience* refers to how individuals subjectively perceive and make meaning of experiences (van Manen, 2016). By investigating a lived experience as it is lived by an individual, new understandings of the experience may emerge to better inform that experience. (Lavery, 2003). In this study, the lived experience of nursing instructors' experience of transitioning to ERT during a crisis, and the emotions felt, adversities encountered, and lessons learned from their transitions are explored.

**Moodle:** Moodle stands for *Modular Object-Oriented Dynamic Learning Environment*. Moodle is an online, open source learning management system (LMS) that provides customized teaching and learning environments for educators and students. Educators have the ability to create online teaching plans, manage their course and communicate with other educators and students.

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Students have the ability to work and collaborate with other students and teachers, hand in assignments, review course materials and take tests/exams (TechTerms, 2022). In the context of this study, Moodle is used to describe the LMS platform that nursing instructors used to transition courses to the online learning environment during ERT.

**Nursing instructor:** A nurse who teaches undergraduate nursing students on theory, lab, or practical components of the curriculum at a post-secondary institution and, in the case of the participants in this study, who has experienced transitioning to ERT.

**Online learning:** There are many names and ways to describe online learning (Ally, 2004; Bates, 2008). In online distance education, learning is managed fully or partially online (Johnson, 2019). Ally (2004) suggests “terms commonly used for online learning include e-learning, Internet learning, distributed learning, networked learning, tele-learning, virtual learning, computer-assisted learning, web-based learning, and distance learning” (p. 16). In online learning, students interact with their instructor and peers from a distance, using technology, and retrieve course information and materials similarly (Ally, 2004).

**Offline learning:** Learning that occurs in-person, most often offline learning occurs when students learn on campus, attending lectures or courses. However, more recently a form of e-learning has emerged wherein students can download course work and materials while they have Internet connectivity and learn offline (Maske, 2015).

**Phenomenological attitude:** A strategy that allows one to put aside pre-conceived notions and assumptions to focus upon the essence of the phenomenon being investigated (Finlay, 2008)

**Synchronous:** Courses that use scheduled live seminars throughout the duration of the course (Merriam-Webster, 2020). This type of teaching pedagogy is supported using real time

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videoconferencing and audioconferencing, allowing students and instructors to interact without any time delay in communication (Hrastinski, 2008).

**Virtual simulation (vSims):** Is a term used to describe a variety of online interactive, virtual reality techniques to recreate simulated experiences (D'Errico, 2021). Padila et al. (2019) describe virtual simulation as “the recreation of reality depicted on a computer screen and involves real people operating simulated systems. It is a type of simulation that places people in a central role through their exercising of motor control skills, decision skills, and communication skills using virtual patients in a variety of clinical settings” (p. 2). Within the context of this study, vSims were virtual simulations of real environment nursing experiences. These vSims were used by nursing educators to help students practice hands-on nursing skill

## Chapter 1. Introduction

War, revolution, natural disasters, and pandemics are historically known to cause hastening of emergency measure procedures; from this viewpoint, the COVID-19 pandemic has hastened the coupling of technology with education in traditional brick and mortar institutions (Lira et al., 2020). The COVID-19 pandemic poses challenges globally, and the situation changes daily, calling for world leaders to impose lockdowns to control the spread of the virus (Dewart et al., 2020; WHO, 2020). With mandatory lockdowns and social distancing measures in place, educational institutions are required to operate in emergency remote teaching (ERT) environments (Dewart et al., 2020; Hodges et al., 2020; Jowsey et al., 2020). Amid hasty and unstructured transitions, unique challenges and learning opportunities have arisen. Prior to the restrictions caused by the COVID-19 pandemic, online learning was a viable option for instructors and students, and it has provided a unique and flexible experience (Allen et al., 2011; Huang et al., 2012). However, adjusting to online teaching can be difficult. Among other challenges, ERT instructors must learn to manage online workloads and virtual hours, while simultaneously adapting to the social dynamics of online teaching (Haggerty, 2015). Adjustments may entail teaching and learning that is more suited to the online environment, such as the adoption of virtual simulations for exploring case scenarios, or use of a blended/hybrid approach (for instance, theory courses being taught online while practical courses may be delivered via in-person instruction).

Currently, there is a lack of research on the transition of instructors to ERT, especially within the field of nursing, as it is new in the Canadian context. This situation remains dynamic, since public health restrictions continue to change daily, thus challenging higher educational institutions across the globe. The current role of nurses during the COVID-19 pandemic, in terms

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of the exigent need for frontline workers, exerts acute pressure on the nursing education system and nurse educators to work in remote environments to help nursing students succeed. It is essential to understand the adversities faced by nursing educators in the time of such crises, so that nursing educators can teach effectively, using pedagogies that are innovative and congruent within nursing education.

There is a growing body of literature that addresses post-pandemic nursing education; however, most of this research focuses on the student experience (Langegård et al., 2021). For a more impactful learning experience teachers—as well as learners—need to be prepared for online teaching and learning. For instance, teachers need to be able to navigate and work with technology to facilitate student engagement in learning. Institutions need to prepare instructors for this by providing professional development opportunities to advance online teaching and learning.

In this doctoral study, I have explored the lived experiences of nursing instructors' transitions to ERT during a crisis. I have begun this exploration by introducing the research paradigm, background to the research problem, the rationale behind the study, the significance of the study, and the research questions in the remainder of this first chapter.

### **Positionality**

One of the basic principles of social constructivism, as a research paradigm, is that reality cannot be known (Vygotsky, 1978). There is not one objective truth “out there.” Rather, reality is socially constructed (Mertens, 2010; Vygotsky, 1978). Ultimately, our perceptions arise from building meaning from experiences; therefore, the creation of knowledge is unique to the individual (Fowler et al., 2001).



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As a researcher, my epistemological stance is that experiences are socially constructed and interconnected with our past experiences, thus giving meaning to what I perceive my reality is, and how and why I perceive my reality in a certain way. Using this positionality, it is important to me that I acknowledge and understand that multiple realities exist for my research participants. These realities are intertwined with present and past experiences, as well as the meanings that are assigned to them. Therefore, I have tried to remain diligently aware of, and understand, the lived experiences of the participants in this study as the project progressed (Mertens, 2010).

Through reflecting on experiences, we shape what we know, how we know it, and how knowledge changes through experiences (Fosnot, 2013). It is vital to recognize that individuals seek new meaning, and may refine what they believed they previously knew when acquiring new knowledge, and will therefore continue to grow, thus adding to their knowledge landscape (Adom et al., 2016). The social constructivist positionality throughout this study has helped me to understand the multiple aspects of reality that existed for each study participant at the time of this study (Appleton, 1997). I have examined nursing instructors' experiences with transitioning to ERT, and I have described how and why these experiences are similar or different from one another. In doing so, this study has sought to determine whether new or revised teaching pedagogies, strategies, and activities could be identified to accommodate the current ERT situation and beyond.

### **Background of the Problem**

Historically, nursing is taught in a traditional, in-person classroom setting, involving a mix of lecture, hands-on psychomotor learning skills, and application of theory to practice in a clinical setting (Nashwan et al., 2020). Perhaps due to its long tradition of in-person teaching and

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learning, the field of nursing has developed a culture of resistance to forms of teaching and learning that use technology (Langegård et al., 2021). This is not exclusive to nursing education institutions; it is also widespread in many other post-secondary institutions. Many post-secondary institutions have started to shift to a blended approach for teaching theory and other courses (Jowsey et al., 2020; Kantek, 2014). However, transitioning to blended or online education may, in the field of nursing, present challenges as nursing educators tend to be unfamiliar with curriculum development for online courses (Langegård et al., 2021; Nashwan et al., 2020; Siegel et al., 2017). Resistance to change is a well-documented phenomenon, especially when there is a need to adopt new technologies in educational organizations (Siegel et al., 2017). Multiple factors can contribute to resistance towards blended and online courses, such as lack of motivation, pressure to stay current with perpetually evolving technologies, perceived impracticality or other personal attitudes towards technology, overall job satisfaction, and lack of understanding of the pedagogical nature of online teaching (Allen et al., 2017; Bates, 2019; Golden, 2016; Holten et al., 2013; Lackey, 2011; Siegel et al., 2017; Yang et al., 2005).

Although there is resistance to implementing and using online teaching and learning within nursing education, the COVID-19 pandemic—which began in the spring of 2020—left nursing educators no choice but to make hasty transitions to ERT (Langegård et al., 2021). The shift to ERT needed to happen quickly, thus creating numerous challenges, but also offering opportunities to learn from the experience and to inform the future practice of nursing education.

Lessons learned from this abrupt shift to ERT may help future transitions to ERT, and understanding the experiences of nursing instructors who lived through this transition may assist in preparing future nursing instructors. Exploring this kind of research in greater depth may inform nursing education and other disciplines in terms of educational practices in a crisis and

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beyond. The sudden shift to ERT itself may provide added knowledge and lasting implications on the incorporation of online teaching and learning pedagogies in nursing education.

Additionally, ERT may offer a new perspective and contribution to improve nursing practice by, for instance, having more nursing faculty adopt new teaching pedagogies, including those related to online teaching.

### **Significance of Study**

In this research study, I explored how nursing instructors can be better prepared for ERT in the future. The aim of this inquiry was to understand (1) the lived experience of the research participants during this time of adjustment, and (2) how their experience of adjustment influenced their understanding of this transition. I explored the lived experiences of research participants, with a focus on the identification of supports that promoted successful teaching in virtual environments by refining their current teaching pedagogies. Additionally, I explored how the lived experiences of these instructors might shape and change nursing instruction for the future.

The study sought to identify any possible institutional and other contextual factors that challenged the transition to and employment of ERT during the COVID-19 pandemic for nursing education institutions, programs, and instructors. How these factors provided unique learning opportunities was also explored. Suggested strategies that the project aimed to identify included pedagogical and technological changes, and modifications within support structures that could aid the movement to online teaching during a crisis and beyond. Additionally, the study sought to identify external factors that might emerge, such as policy changes within universities that may require the use of learning technologies (including remote teaching) for teaching and learning. Moreover, this study explored ideas for future online teaching, in terms of

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understanding instructional design, developing training for faculty, and for ERT-related policy developments and post-pandemic teaching. It was also hoped that the lessons learned from nursing instructors transitioning to ERT in this study might be transferable to other departments within post-secondary institution systems and outside the context of COVID-19.

I believed that nursing instructors could benefit from sharing their stories and experiences with other instructors who have transitioned to ERT which, in turn, might lead to team building and a refinement of current teaching methods. Thus, this study aimed to record, explore, and share participants' collective and individual experiences as told in their own words as much as possible.

The current ERT situation might also prompt a shift in curriculum design within nursing education and how programs are offered. Such shifts might enhance nursing education in the future. For instance, theoretical courses might be offered in a blended manner and practical courses could be adjusted to utilize online platforms for post-clinical consolidation conferences. Thus, this study has sought to provide insight into the lived experiences of some nursing instructors in order to facilitate stakeholder development of potential improvements to nursing education curriculum design in the future.

Opportunities for change and innovation within nursing education can arise. However, challenges and pushback from faculty may also arise (Siegel et al., 2017). Additionally, nursing instructors may lack confidence in their ability to understand and implement online pedagogical approaches and have technological issues and, as a result, potentially revert to traditional teaching methodologies once in-person instruction resumes (Jones et al., 2020; Nashwan et al., 2020; Siegel et al., 2017). This study provides insight into how nursing instructor dealt with online teaching by: (1) highlighting areas that worked well and did not work well, and (2)

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providing insights on why some instructors embraced online learning, while others preferred to resume their formal traditional approaches to teaching nursing education after ERT was no longer needed.

Understanding the significant impacts on nursing instructors as they learned to transition to online teaching, and identify strategies to mitigate these challenges may help support future transitions. This study brings to the forefront the challenges faced by nursing instructors who move into online teaching, and how they tried to mitigate these challenges. Challenges such as cognitive overload, varying times for online office hours, increased workload, a lack of confidence in online teaching, inexperience with technology, and understanding the nature of virtual teaching and learning environments are all well documented within research outside the field of nursing education (e.g., Allen et al., 2017; Bates, 2019; Golden, 2016; Holten et al., 2013; Lackey, 2011; Siegel et al, 2017). Nevertheless, there is a need to identify and address such potential challenges for nursing instructors during their transitions to ERT; it is crucial to the field of nursing to learn from these experiences, outline the strengths and weaknesses for future successes, and provide timely, relevant support (Ramos-Morcillo et al., 2020).

### **Theoretical Foundation: Social Constructivism**

Social constructivism is the theoretical foundation underpinning this study. Historically, social constructivism emerged out of constructivism. Constructivism arose from Edmund Husserl's phenomenology and the hermeneutical research of other philosophers, including Dewey (1938), Hegel (1949), Kant (1949), Burner (1961), Vygotsky (1978), Vico (1968), and Piaget (1980) (Doolittle, 2019; Eichelberger, 1989; Haung, 2002). Constructivism is underpinned by several assumptions "which [all] relate in some way to the idea of meaning-making, of making sense, both collectively and socially, of the world in which we live" (Mann et al., 2015,

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p. 51). The research aspect of constructivism has provided the groundwork for various learning theories of constructivism (Mann et al., 2015).

The two main learning theories of constructivism, which are similar in nature and have similar fundamental beliefs, are cognitive constructivism and social constructivism (University College of Dublin, n.d.). As a learning theory, the cognitive constructivist position focuses on the cognitive element of learning, positing that learning involves the process of building meaning, and thus allowing individuals to construct what that experience means to them (Caffarella & Merriam, 1999). Dewey (1933/1998) is frequently referenced as the main founder of constructivism, while Burner (1990) and Piaget (1972) are cited as cognitive constructivists (University College of Dublin, n.d.).

Social constructivism is slightly different in that it recognizes that realities are socially constructed, and that they are in a process of constant progression influenced by cultural beliefs, context, environments, and relations (Appleton et al., 1997; Doolittle, 2003; Mann et al., 2015; Vygotsky, 1978). Using the basic tenets of social constructivism, my aim in this research project has been to explore the socially constructed experiences and understanding of nursing instructors moving into ERT.

When conducting research through a social constructivist lens, it is important to understand the application and connection of three terms: relativism, transactional, and subjectivism. The relativist standpoint in constructivism accepts that there is no one single truth (Appleton et al., 1997; Mann et al., 2015). Truth is unique to each individual, and is produced by their life experiences and social exchanges. In other words, it is their socially constructed reality (Doolittle, 2003; Mann et al., 2015). The subjectivist stance within constructivism is that the nature of knowledge and the ways of gaining it is “unpredictable.” This may therefore

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encompass the human nature, emotional states, mindsets, and attitudes of the study participants (Mann et al., 2015, p. 55). The transactional stance is the heart of constructivist epistemology. It is based on the idea that truth is an outcome of the “transaction” between the individuals’ reality and their social interactions, thus leading to a reality that is socially constructed (Appleton et al., 1997; Mann et al., 2015).

As a researcher, it was important for me to recognize how each of these were at play during the research process, especially during data collection. Understanding the importance of each term and the implications they have for each research participant was crucial as well.

Therefore, consideration was given to the following during data collection:

1. [T]o gain insight from a research participant rather than to learn the “true story,” because ...there is no single truth.
2. [A]ccept that the information being shared through the interview process is the result of an exchange between the researcher and the participant, rather than the conveying of “pure, unfiltered” fact.
3. [R]esearch participants and researchers – are unpredictable. The ways in which people respond to questions, for example, might be quite different depending upon many varying factors. (Mann et al., 2015, p. 55)

Engaging the central tenets of social constructivism has guided the formulation of the key research questions and sub-questions, and has furnished a roadmap that is congruent with the selected research approach, namely phenomenology (this will be discussed in Chapter 3).

### **Social Learning Theory**

In this section, I discuss Vygotsky’s (1978) application of social constructivism in the development of his social learning theory. Lev Vygotsky (1978) was the major theorist of social

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constructivism. He believed that knowledge is not simply constructed, but co-constructed (Shabani et al., 2010). He declined assumptions put forth by Piaget that learning and social environments can be parted (UCD, n.d.). He believed that there is no absolute knowledge, but rather that there are only interpretations of it. The acquisition of knowledge requires the individual to consider the information that was being presented, and then to construct meaning from this, based on previous knowledge, experience, personal views, and cultural background (Kim, 2001). Social interactions, culture, and language are important in creating experiences, providing a structure through which the individual perceives, interconnects, and comprehends reality (Shabani et al., 2010; Vygotsky, 1978, 1980). Additionally, cognitive constructivism, as adopted by Jean Piaget (1972), and social constructivism as expressed by by Lev Vygotsky (1978), are based on the idea that learners create knowledge themselves and bring this knowledge forward into new learning experiences. In this research project, attention has therefore been given to how each individual participant perceived their experience of ERT; factors that impacted their transitions were also described. This social constructivist lens has therefore provided the framework for understanding the social dynamics in adjusting to ERT.

### **Research Questions**

Through the application of a social constructivist lens, I geared my research questions towards understanding how nursing instructors adjusted their teaching during the pandemic, as well as towards gaining insight into factors that impacted this adjustment. The aim was to understand (1) the lived experience of the research participants during this time of adjustment, and (2) how their experience of adjustment influenced their understanding of this transition.



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The primary research question that guided this study was: “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?”

To achieve the purpose of this study, the following key research sub-questions were also addressed:

### ***Sub-questions***

- a. How did nursing instructors adjust their teaching during ERT?
- b. What factors influenced them in their transition?
- c. What is the meaning that nursing instructors assign to their experiences with this phenomenon?
- d. What implications does this hold for the future of nursing education?

### **Delimitations**

Researchers place delimitations to control the extent of the study (Simon, 2011). The first limit that I set was to invite nursing instructor participants from one region in the province of British Columbia (B.C.), the Lower Mainland region. I selected four post-secondary institutions that offered nursing programs in this region. Secondly, research participants were all English-speaking nursing instructors who made the shift of teaching theory, lab, or practice courses from in-person to ERT. My primary interest was to understand nursing instructors’ critical shift to ERT methods, as nursing education is grounded in hands-on, in-person learning of, for example, psychomotor, cognitive, and affective domain skills. As some scholars have noted, teaching hands-on skills, and the caring and interpersonal aspect of nursing, can be a challenging task within remote learning environments (Jones et al., 2020; Wolf et al., 2017). With mandatory lockdowns due to the COVID-19 pandemic, there was an urgency to move to ERT; instructors,

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including nursing instructors, had to make this mandated shift, forcing them to navigate uncharted virtual environments, because there was no other choice. Thus, conducting this research amidst the COVID-19 crisis meant selecting nursing instructors who were actively engaged in teaching theory and clinical courses during ERT, while still allowing the study to be conducted within my time, financial, and language constraints.

### **Organization of Dissertation**

This dissertation is organized into six chapters. In Chapter 1, I introduce the study, background, rationale, significance of the study, and research questions. In Chapter 2, I review literature relevant to the impact of COVID-19 on educational systems, challenges, and benefits of ERT, as well as the impact of ERT on nursing education and the implications to nursing education post-pandemic. I then go on to describe and explain the methodology used in Chapter 3. Results are presented in Chapter 4. In Chapter 5, I discuss the findings and their implications for nursing education. Lastly, I conclude the study and offer suggestions for future research in Chapter 6.

## **Chapter 2. Literature Review**

The ideas and research presented in this literature review are relevant to my research question, “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?” The literature review includes: the context of the COVID-19 pandemic, and its global impact on education and nursing education; the difference between distance education, e-learning, ERT, and online learning; previous shifts into ERT; benefits and challenges of ERT; nursing instructors’ transition to online teaching and ERT; and the impact on nursing education due to the COVID-19 pandemic. I explore the benefits and challenges of online teaching and learning, as well as the gap in literature around nursing education and its transition to ERT. I also identify a lack of scholarly articles and research surrounding this shift, illustrating that the literature does not appear to sufficiently address the lived experiences and related perspectives of nursing instructors during the transition to ERT.

I used ProQuest, Google Scholar, ResearchGate, Cumulative Index to Nursing and Allied Health Literature (CINHAL), and Athabasca University library to retrieve scholarly articles and up-to-date research regarding ERT and nursing education. Searches conducted using Boolean operators included, but were not limited to, the following search phrases and keywords to retrieve relevant items: “nursing education COVID-19,” “nursing instructors teaching online,” “disaster nursing education,” “emergency remote teaching and nursing,” “online pandemic teaching,” “COVID-19 and online education,” and “history of ERT.”

### **COVID-19 and its Impact on Education**

At the time of writing, we are facing unprecedented times and challenges due to the COVID-19 pandemic. The situation fluctuates daily as worldwide mortality rates increase and

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evolving restrictions are imposed or withdrawn (Dewart et al., 2020; WHO, 2020). COVID-19 has impacted and created unique challenges for communities, educational systems, and health-care systems across the globe; this includes frontline workers and leaders as well (Dewart et al., 2020). Institutional shutdowns have affected all areas of education: from K-12 to post-secondary, universities, and other adult educational institutions (Dewart et al., 2020).

Statistics from the United Nations Educational, Scientific, and Cultural Organisation (UNESCO; 2020) have shown that the education of over 1.6 billion students and youth in over 190 countries has been disrupted due to the pandemic (UNSECO, 2020). Researchers have reported that the COVID-19 pandemic has caused the greatest amount of worldwide upheaval in student learning known to a single generation (Reimers & Schleicher, 2020). Countries around the globe have transferred in-person teaching methods to virtual teaching due to the challenges created by COVID-19 (Affouneh, 2020), put lockdowns in place to control the spread of the virus, and made physical distancing mandatory (Reimers & Schleicher, 2020). Schools and workplaces have transitioned to online environments (Hodges et al., 2020).

Teachers have experienced anxiety, stress, and fear of the unknown in fully online and remote environments (Hodges et al., 2020; Lederman, 2020b). There has been little time for teachers to prepare for online teaching, and information technology (IT) departments in educational institutions have often not been prepared for the acute influx of technological requirements from faculty, staff, and students (Hodges et al., 2020). At the time of writing, it has appeared that education—in many contexts—may need to remain online with a possibility of hybrid learning, which might have an impact on both teaching and learning (Hodges et al., 2020; Reimers & Schleicher, 2020). The pandemic lockdown has interrupted the educational lives of

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students, instructors, and institutions, but may also provide an opportunity to revolutionize educational systems (Bamoallem et al., 2022; Carolan et al., 2020).

A survey published in November of 2019 by the Joint Information Systems Committee (JISC) regarding digital experience insights showed that, prior to the COVID 19 lockdown, 74% of instructors would never teach in online environments, 20% reported giving feedback online, 11% reported using interactive online features, such as polling and/or quizzes, and 34% reported that they had opportunities to improve digital literacy. Only 9% of instructors reported that they received recognition for work that they had done to enhance online teaching and learning in their courses and professional development (JISC, 2019). Those instructors who did not see themselves as teaching online had to not only make this shift, but also had to make hasty adjustments to their teaching methods as well. With transformation to online teaching and learning taking place during the pandemic, we needed to critically examine whether these opportunities were just short-term solutions, or were openings for innovative teaching and learning strategies (Bamoallem et al., 2022; Cahyadi et al., 2021; Carolan et al., 2020; Shrestha et al., 2021).

### **The Difference: Emergency Remote Teaching (ERT) and Online Learning**

Emergency Remote Teaching (ERT) and online learning are not the same (Affouneh, 2020; Hodges et al., 2020). It is important to understand the difference between these two types of virtual teaching and learning strategies, so that courses can be correctly offered. Instructional design and planning are the two tenets that afford effective online learning (Hodges et al., 2020). Online courses that use specific academic pedagogies in consultation with all stakeholders are unlike courses that are offered at a distance during an acute emergency or catastrophe such as ERT (Hodges et al., 2020). ERT is unplanned and entails a move from in-person instruction to a

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remote online method due to an emergency (Affouneh, 2020). During the COVID-19 pandemic, educational institutions around the world turned to ERT (Affouneh, 2020; Hodges et al., 2020; Lederman, 2020a, 2020b). Using the correct definitions and avoiding confusion between ERT and online education is important, because viewing them as synonyms can lead to building and designing courses under incorrect notions, leading to errors and confusion (Bozkurt et al., 2020). Online learning includes courses and programs that are thoughtfully planned, while with ERT there is little time for planning (Aguilera-Hermida, 2020; Hodges et al., 2020).

*Online learning* has no one universal definition; there are many definitions emphasizing the various aspects of online learning (Bates, 2008). What they have in common is that they are all forms of distance learning that are managed fully or partially online (Bates, 2016; Johnson, 2019). Online learning can happen fully online or through a blended mode, but it is important to remember that online learning is a way of offering education and not a specific technique of instruction (Bates, 2016). Online education is designed deliberately; faculty use strategies congruent with online learning to engage, facilitate, and assess students (Bates, 2016; Johnson, 2019). Online learning needs to be carefully crafted with faculty and students in mind, and is usually developed over the course of six to nine months prior to initiation (Hodges et al., 2020). Additionally, there is an option for students to engage in online learning and take online courses in a non-urgent situation with support from IT departments. Instructors who facilitate an online course are usually involved in the development of the course and tend to be comfortable after teaching it a few times. Furthermore, teaching and learning departments at universities often provide support to a small number of faculty who are interested in teaching and learning online (Hodges et al., 2020).

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In contrast to online learning, ERT is an impulsive, temporary, and unplanned move to an online environment in response to a crisis, with place-based teaching and learning resuming after the crisis is over (Hodges et al., 2020; Lira et al., 2020). ERT affords a quick, provisional delivery of instruction during a crisis. One stark difference is that faculty who struggle with technology may not receive the same support from the teaching and learning department as they would in a non-crisis situation; due to an acute increase in requests, the department may not be able to provide optimal support. Hodges et al. (2020) state that minimal support from teaching and learning departments may require instructors to navigate new pedagogical approaches, technologies, and new online teaching and learning environments independently. During ERT, instructors can only offer vital instruction; this in turn may increase anxiety and stress for faculty who may feel that they are not providing the best experience and instruction to their students (Cahyadi et al., 2021; Hodges et al., 2020; Lira et al., 2020). It is critical for organizational leaders to spend time explaining ERT to faculty and to help them understand that it is not perfect. Leaders also need to clarify expectations, and to help prepare and support faculty as they transition into ERT. Online teaching and learning are here for the conceivable future but, for them to be stabilized within the educational realm, several key areas need to be addressed, such as technology, finances, infrastructure, online teaching and learning pedagogy, and support for students and faculty (Cahyadi et al., 2021).

### **Previous Shifts Into ERT**

ERT is not a new concept; it has been used in previous crises in many parts of the world when schools and institutions had to shut down (Lira et al., 2020; Mohammed et al., 2020). In parts of Afghanistan, school instruction was postponed due to war and violence. They used radios and digital versatile discs (DVDs) to help students access educational materials (Davies &

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Bentrovato, 2011). In Palestine, due to recurrent school closures caused by political conflicts, they developed a web-based program to offer a variety learning opportunities for students (Shraim & Khlaif, 2010). Furthermore, during the Syrian war, educational technologies were exploited to help mitigate the disruption to education for refugee children and youth (Tauson & Stannard, 2018). While these were local schools, as opposed to post-secondary settings, they illustrate that ERT is not new, but yet it is relatively novel within the Canadian context (Schroeter, 2021).

Research indicates that common issues for learners resulting from previous transitions to ERT are: equity of access, infrastructure, learning the needs of the students, cost, feasibility, and type of emergency (Tauson & Stannard, 2018). Unfortunately, there is little knowledge on how instructors previously transitioned into ERT environments. Knowing the perspectives of instructors in terms of obstacles faced and potential growth opportunities is important to student success, because lack of preparation may impact students in negative ways (Delva et al., 2019). Although instructor experiences regarding the transition to remote teaching have not received much attention, it *is* known that online faculty engagement and presence have positive outcomes for student learning. Therefore, it is valuable to understand the instructors' perspectives, as these may offer insights into pedagogical strategies that work for ERT (Christopher et al., 2020).

ERT may recur in the future. Instructors and academic institutions need to be prepared to transition into ERT, as well as other online modes of teaching and learning (Mohammed et al., 2020). Indeed, the modes of instruction for ERT may be adaptable to online environments—other than ERT—as institutions look to incorporate changes brought on by it.



### **General Benefits and Challenges of ERT**

The benefits and challenges of moving into ERT and learning need to be acknowledged. Understanding benefits and challenges can inform future transitions into ERT and better prepare educational institutions. A wide range institutional and contextual factors, that may affect all people involved, should be considered when determining the benefits and challenges of ERT and learning. Knowing what promotes or hinders the transition to online teaching is crucial, and this is what I address in the next section. After this, I discuss benefits and challenges specific to nursing education.

#### ***Benefits***

Benefits of ERT range from being flexible and innovative, to engaging the use of easily accessible course materials (Mohammed et al., 2020). For example, a six-week case study conducted at the Middle East College in Oman examined the experiences of students and educators from various programs as they transitioned into ERT during the COVID-19 pandemic (Mohammed et al., 2020). These researchers concluded that online learning provided an interactive teaching and learning atmosphere. Since there was open access to course materials and recorded lessons at any time, students could view these recordings as often as they liked. Such environments and strategies helped the students to become self-directed learners. Instructors were also able to develop ready-to-execute courses for future emergencies, and had opportunities to bridge between traditional methods and more current technologically-enhanced teaching environments (Mohammed et al., 2020).

Flexibility is seen as a positive attribute of online learning. A study conducted during the COVID-19 pandemic, which included 115 female students in Saudi Universities enrolled in design studio courses, examined their perceptions of ERT and the acceptance of a blended

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learning approach after the pandemic. The study concluded that there was a strong positive correlation between the two (Bamoallem et al., 2022). The Community of Inquiry (CoI) framework was also used to understand students' perceptions and future predictors of possible continuance of blended learning (Bamoallem et al., 2022). The results indicated that all three online presences in the CoI framework (teaching, cognitive, and social) were positive predictors of students' perceptions and acceptance of hybrid learning. Students within this study highlighted the benefits and advantages of: having flexibility in time and space, being able to save time that had been lost in commuting to campus, being able to listen to recorded lectures, and being able to access course materials online and off. Students enjoyed and found effective the theoretical part in the online environment of the blended design studio courses in this study. However, they preferred the tutorials to be in-class, so were accepting of a hybrid delivery approach post-pandemic (Bamoallem et al., 2022).

Online classes can be very satisfying for students. For example, due to the pandemic, Debacq et al. (2020) conducted a study with four online Master's level food engineering lab classes in France during May, 2020. The study involved 31 first year Master's level students. Results indicated that, in regard to technology, students faced no difficulty accessing course materials besides from slow Internet connection times; 86% of the students felt that the online level of education provided was appropriate, and 90% of students found that the resources for the courses were helpful. Furthermore, students enjoyed various aspects of gamification, which helped with mastering the content. Students also appreciated the dedication and ongoing support from their teaching teams. Although students found many aspects of remote learning to be beneficial, and the study did indicate that instructors were able to support students' transitions to

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a virtual environment, instructors' transitions and what they perceived as having been beneficial were not addressed in this study.

Online learning can be a potentially beneficial option for many students and faculty in the future, as it provides a flexible teaching and learning environment (Cahyadi et al., 2021). A study conducted in Indonesia during the namely "adaptive phase," of the pandemic (July 2020-January 2021), included insights of 45 faculty members and 82 students from seven different colleges and universities. This study concluded that participants had no acute problems when applying ERT. Faculty and students understood the expectations of online learning at the start of the semester, and felt prepared by July 2020, in comparison to the initial movement into ERT in March 2020. By the July 2020 intake, students and instructors understood that online teaching needed to encompass flexibility, simplicity, and empathy during times of adjustment and beyond. These studies have underscored that online learning has benefits; nonetheless many areas, such as internal, external, resource, and faculty training challenges need to be addressed and evaluated prior to the continuance of online teaching and learning (Cahyadi et al., 2021)

### *Challenges*

ERT has had many challenges (Mohammed et al., 2020). For example, the shift to online teaching has often required swift course alterations, such as selecting online platforms and alternative assessment techniques with minimal delay (Mohammed et al., 2020). Instructors have also frequently taught from home offices, often meaning that they had to deal with distractions, thereby negatively affecting the students' educational outcomes (Mohammed et al., 2020).

Instructors and students in the study by Mohammed et al. also reported the following challenges: reconfiguring learning modules for online platforms, adjusting to unknown online environments, adapting to the lack of physical presence in a classroom setting, teaching and learning in less-

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than-ideal home settings, and challenges in accessing online materials in remote areas (Ferri et al., 2020; Mohammed et al., 2020).

Access to the Internet can also be a challenge. The International Telecommunication Union (2019) reported that 93% of the world's population lives in Internet-accessible areas, but only 53% make use of it, which can be an additional hurdle in the move towards online teaching and learning, especially during ERT (Ferri et al., 2020; ITU, 2019).

Furthermore, institutions and instructors may not have access to high-level technology and may lack experience in creating virtual learning environments (Ferri et al., 2020; Mohammed et al., 2020; Shrestha et al., 2021). This has been found in other studies as well. Noor et al. (2020), for example, conducted a mixed methods study in Lahore, Pakistan, to look at the effects of COVID-19 on college and university students. There were 1,263 participants who returned the questionnaire from 10 different towns in Lahore. The study revealed that learners did not have the equipment required to move into online learning environments, thus increasing the digital gap between learners. Furthermore, this study highlighted that students who did have access to electronics had slow Internet connections, no knowledge regarding distance learning, feelings of isolation, challenging study environments at home, and decreased interaction with peers and instructors. Students also found distance learning harder than in-person learning. Additionally, a similar study included responses from 147 students and 76 teachers in Bangladesh and Nepal's higher education institutions. This study also found that major challenges, experienced by students and teachers alike, included poor Internet connectivity, as well as lack of digital education and technical support (Shrestha et al., 2021).

In considering anxieties, a recent cross-sectional study, conducted in light of the COVID-19 pandemic at the Ashkelon Academic College in Israel with 244 nursing students, concluded

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that 48% of participants had experienced moderate to severe anxiety levels (Savitsky, 2020). The nursing students' increase in anxiety stemmed primarily from fear of contracting the virus and other factors, such as lack of personal protective equipment (PPE), and the challenges of remote learning. Additionally, this study found that nursing teachers could help reduce student anxiety by providing support and guidance during challenging times, and by providing guidance during remote teaching (Savitsky, 2020). Again, the primary focus of this study was nursing students and their challenges; there was little consideration for nursing instructors' challenges or anxieties regarding remote teaching during a pandemic. This research could have been stronger if nursing instructors' positionality in terms of anxiety had also been investigated.

ERT may also be challenging for students if they are disinclined to engage with ERT. For example, Aguilera-Hermida (2020) conducted a mixed method research study involving 270 students to examine college students' perceptions of their adaption, use, and acceptance of emergency online learning. Aguilera-Hermida concluded that motivation, self-efficacy, and cognitive engagement decreased, but use of technology increased. This study highlighted the importance of adaptability, effective communication techniques, and need for reflection by students when faced with atypical circumstances such as ERT (Aguilera-Hermida, 2020). This study, too, focused on the students' situations and transitions to online learning, but the instructors' experiences as they shifted to emergency remote teaching were, again, under-investigated. Yet the experiences of instructors and the impacts of their transitions may ultimately affect students' learning in and transitions to ERT.

In this section, I have discussed the generic benefits and challenges that some educators—but especially students—have faced on a global scale when transitioning into ERT. The following section discusses nursing instructors' transition to online education.

### **Nursing Instructors' Transition to Online Education**

Between the summer and fall of 2020, most Canadian national campuses remained closed and provided courses largely online in efforts to decrease the spread of COVID-19 (Lorigio, 2020). Nursing instructors have been worried about how to move hands-on practice into online environments, as it has been difficult to assess and evaluate psychomotor skills in a virtual environment (Gisondi, 2020; Li et al., 2021). Consequently, nursing instructors have tried to find clinical practices through the greater use of virtual reality equipment and a plethora of online simulated experiences, while simultaneously considering the graduating and licensing requirements specified by the regulatory nursing bodies of the region (Leaver et al., 2022; Morin, 2020). The shift to ERT has challenged nursing instructors to find new and innovative methods of teaching (Bezzerra, 2020; Leaver et al., 2022). However, this has proven difficult for many, as they have needed to adjust social dynamics in online teaching, workloads, and virtual work hours (Haggerty, 2015; Hodges et al., 2020; Li et al., 2021). Furthermore, many instructors who have been transitioning to online teaching environments have also been concerned with organizing their workload *and* becoming familiar with technology (Haggerty, 2015; Hodges et al., 2020; Li et al., 2021). The shift to online teaching and learning may significantly alter the ways in which nursing instructors shape their courses in the future. However, during the initial phases of the pandemic and ERT, it has been a case of survival mode; instructors have needed to take it one day at a time, while dealing with a plethora of unanticipated struggles (Bezzerra, 2020; Li et al., 2021).

Nursing education has been a pioneer in online education and has integrated innovative, virtual simulated education approaches over the past two decades (Glasgow, 2017). Nursing Master's, Doctoral, and specialty programs have taken the forefront in leading education within

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nursing, amalgamating nursing education with online and distance teaching and learning approaches (Jones et al., 2020). Although undergraduate programs in nursing have started to include blended approaches to teaching and learning, they are encountering challenges when adjusting their traditional in-person teaching to include distance learning (Jones et al., 2020; Nashwan et al., 2020; Siegel et al., 2017).

As months passed and post-secondary education continued to be online for the rest of the 2020 academic year, institutions began to prepare faculty by providing workshops to aid in the development of online teaching (Educatorstechnology, 2020). Delva et al. (2019) conducted a study in nursing schools in the USA around the quality of online education standards within nursing education. They concluded that nursing schools should prepare faculty by assessing instructors' needs and areas for further development prior to moving to online instruction. Having prepared faculty meant that students' performance levels increased (Delva et al., 2019; Wingo et al., 2017). However, with the pandemic, there was no time to delve into instructor needs and thus the move was done under emergency conditions.

With the uncertainty about when post-secondary instruction can resume to in-person, instructors would benefit from resources, such as instructional designers who can provide in-depth guidance on how to enhance online course offerings (Delva et al., 2019). Furthermore, how nursing instructors have transitioned to ERT, and which factors impacted their move are important considerations that can inform future online teaching practices within nursing education.

### **Impact of ERT on Nursing Education**

Within the context of the healthcare field, nursing schools around the world were confronted with many challenges in the face of COVID-19, so schools were contemplating

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alternative ways to aid in the development of the next generation of nurses (Dewart et al., 2020; Leaver et al., 2022). The COVID-19 pandemic generated an exigent need for frontline nurses (CASN, 2020), and the degrees of nursing students who were in their final practicum placements were fast-tracked, so that they could join the frontline battle against the pandemic (Al-Arshani, 2020). With university closures, nationally and internationally, concerns arose about a deficiency in highly essential trained nursing graduates entering into the field over the next few years (Leaver et al., 2022). Nursing programs were mandated to continue with their programs, as nursing education was deemed essential (CASN, 2020; NECBC, 2020).

Without newly trained nurses, our health-care system would inevitably face an increased shortage in highly qualified graduates in the near future (CASN, 2020). Nursing instructors had to continue their teaching and, therefore, transitioned into ERT for all courses, from theoretical and lab to clinical courses, with alternative ways to offer the learning experience, regardless of whether they thought that this type of learning strategy was conducive to nursing education or not. Additionally, their inexperience in online teaching had many instructors worried about their teaching skills and how to offer optimal learning.

Traditionally, nursing was taught in a didactic approach, where the teacher has been the expert and bearer of knowledge, and the one who imparted that knowledge to the learners (Betihavas et al., 2016). It has been well documented that most students in university were adults, and that for that reason, some academics argued that the principles of andragogy should apply (Betihavas et al., 2016). However, andragogical principles are not widely applied in higher education, especially in the field of nursing (Betihavas et al., 2016). Therefore, there has been a need for a shift in pedagogical approaches, so that learning becomes more active and student-



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centred, while the teachers' roles become that of facilitators of knowledge, rather than transmitters of information (Betihavas et al., 2016; Brooks, 2015).

In recent years, nursing education has begun to refocus its teaching approach to become more student-centred with the use of strategies like flipped learning (Bernard, 2015; Bernard & Ghaffari, 2019; Schlairet et al., 2014). Flipped learning has been a teaching and learning strategy that has allowed for core concepts to be studied independently as mandatory homework, and then has used class time to analyze, synthesize, and critically examine the concepts and knowledge application (Chen et al., 2017). With the current COVID-19 pandemic as a backdrop, this form of teaching and learning may be a useful and innovative teaching approach that is congruent with online learning, and could potentially enhance in-person instruction, once it resumes.

### **Nursing Instructors' Challenges During the Transition to ERT**

Nursing instructors, like other faculty, had to transition quickly into ERT environments at the start of the pandemic, resulting in many challenges for instructors and students (Jowsey et al., 2020; Li et al., 2021). Novice and inexperienced faculty were expected to teach in fully remote online environments, leading to mixed emotions and uncertainty about the quality of education that they were providing (Dorfsman & Horenczyk, 2022; Lederman, 2020a; Li et al., 2021). Although instructors transitioned to ERT, they were concerned about working with new, unknown technology, technological equity and access amongst students, replicating real environments in online platforms, and skill development. Therefore, instructors altered course expectations and assignments, and decreased workloads for the students in response to ERT (Dorfsman & Horenczyk, 2022; Lederman, 2020a, 2020b; Li et al., 2021;).

Another challenge was the feeling of being incapable or unprepared for online teaching. In a phenomenological study with 12 seasoned nursing faculty who had recently transitioned to

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online teaching for the first time, Johnson (2008) concluded that they did not feel adequately prepared to teach online. Participants also felt that they needed to reshape methods for teaching and learning as they transitioned into online instruction, and identified anxieties pertaining to the absence of direct communication as experienced in conventional classroom settings (Johnson, 2008). Moreover, faculty had to implement vital changes to their teaching philosophy and shift their thinking to provide facilitation (Johnson, 2008). These feelings and challenges that nursing instructors experienced years ago within this study were similar to those that have been shared by post-secondary nursing instructors who are currently teaching via ERT (Gisondi, 2020).

Being or feeling unprepared were not the only challenges. Sword (2012) conducted a phenomenological study to explore the perceptions, experiences, and needs of nurse educators who moved from traditional in-person teaching to online teaching. Twenty nursing faculty from seven different American Midwest colleges/universities in the department of nursing participated in the study. Findings indicated that participants felt increased time requirements for online teaching. They characterized online teaching as being “challenging work.” In addition, they felt a loss of traditional methods of teaching, a “loss of face-to-face connection,” and expressed concern about “lacking resources,” and the difficulty of adapting to change (pp. 269-270). Sword reiterated that challenges did exist for nursing instructors years ago when trying to transition into online teaching environment, which begs the following questions. “Are these challenges similar or different for nursing instructors who had to make a hasty move to online teaching in an emergency?” and, “What lessons from this previous move can be applied to future moves to online environments?” Sword recommended that faculty be a part of the transition and that the focus be geared towards the positives of new teaching methods (see also Delva et al., 2019; Wingo et al., 2017).

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Nursing is, of course, built on the ability to forge caring relationships with others. Although the heart of the nursing profession is caring, replicating care at a distance may be extremely challenging, as it requires a mixture of skill development in the cognitive, psychomotor, and affective domains. Students need to observe these domain skills from their instructors and to practice these skills with patients in a clinical environment (Jones et al., 2020; Wolf et al., 2017). Thus, a nursing curriculum needs to be carefully crafted to include elements that support the development of these domains (Brown, 2011). The question is, “how can this be fostered in an online environment?” In a qualitative study, Smith et al. (2017) interviewed 10 nurse educators and asked about their perceptions of the relationship between online teaching and learning. Challenges that plagued nursing instructors revolved around building relationships in an online environment and knowing their students so they could better help them. Since foundations for nursing and nursing education rely heavily on building caring relationships, nursing educators in this study were concerned about how to build, engage, and connect with nursing students in the absence of a traditional in-person environment. This study concluded that nurse educators need ongoing professional development to help with teaching in online synchronous and asynchronous environments, and in determining which environment would be best suited for various courses (Smith et al., 2017). Unfortunately, this study neglected to include how the transition into online teaching impacted the educators’ relationships with students.

Nevertheless, others have found that it appears quite possible to foster compassion and care in online settings. Frazer et al. (2017) conducted a qualitative descriptive study to examine instructors’ perceptions of teaching effectiveness within the online environment. They utilized focus groups for data collection. There were 11 participants, of which three were nursing instructors. Their findings around teaching effectiveness within an online environment were well

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aligned with what other literature had highlighted regarding building a social presence and compassion (Frazer et al., 2017). They concluded that effective online instruction required the instructor to “(a) facilitate student learning; (b) aim to feel connected with students in the classroom; (c) share experiences; (d) [be] approachable; (e) establish mutual comfort; and (f) [be] responsive to students” (Frazer et al., 2017, p. 5).

### **Implications for Nursing Education Post-Pandemic**

I spoke earlier about instructors’ sense of unpreparedness. Instructors who *are* prepared and technologically savvy turn out to have happier students. Among many factors that lead to student satisfaction (Jowsey et al., 2020) is preparedness; nursing instructors who are prepared and well versed in distance education pedagogy will have satisfied students (Jowsey et al., 2020; Ryan et al., 2004). After the pandemic is over, nursing education may look different—and there may be a need for learning environments to be flexible, designed to motivate learning, and prepare nursing students for the clinical environment (Jowsey et al., 2020; Leaver et al., 2022). Institutional, contextual, and social factors could play an influential role in how nursing instructors re-shape courses and curriculum post-pandemic.

It is time to reflect on, and have open discussions about, online teaching and learning within the context of nursing education, as it can provide ways for innovative facilitation practices (Bezzerra, 2020; Leaver et al., 2022). The COVID-19 pandemic may present a rare chance for revolutionizing undergraduate nursing programs; supporting nursing instructors during and beyond the pandemic may transform nursing education (Carolan et al., 2020; Leaver et al., 2022).

Online teaching and learning in the healthcare field is here to stay (Ritcher et al., 2019). The pandemic has forced all educational systems to rely upon ERT; even after the crisis has

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subsided, online teaching will continue to grow and advance. Nevertheless, a plethora of challenges need to be addressed and instructors need to be supported throughout the transition (Dorfsman & Horenczyk, 2022; Leaver et al., 2022; Li et al., 2021; Ritcher et al., 2019). With the lack of research on how nursing faculty have transitioned to ERT during the pandemic of COVID-19, it is crucial to investigate this area, as it can provide untold benefits and added knowledge around ERT and the incorporation of online teaching to the field of nursing education.

### **Conclusion**

The reviewed literature indicates that the shift to online teaching and learning prior to and during the pandemic have numerous benefits and challenges. However, there is little research within the literature regarding experiences of nursing instructors who transition to ERT due to a crisis. The impact of how various factors affect nursing instructors' transition to ERT is absent as well. This is a new and emerging situation; thus, research is needed to understand the many factors that contribute to the successes and pitfalls of transitioning to ERT within the field of nursing. Understanding the experiences of nursing instructors in the face of COVID-19, coupled with the rapid switch to ERT is important, so that nursing instructors have supports and resources in place as they transition. Moreover, if such a situation should arise in the future, it is critical to learn from these experiences, and to outline the strengths and weaknesses of this transition (Ramos-Morcillo et al., 2020).

To reiterate, this dissertation study has explored and described the lived experience of nursing instructors who had to rapidly transition to remote teaching as a consequence of an emergency. The aim of this research process has been to identify themes emerging from this transition and related insights that these participants may have gained from this experience in

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order to shed light on this phenomenon and subsequently offer recommendations for future practice in nursing education as well as other higher education fields. The next chapter outlines my research methodology.

## Chapter 3. Methodology

I discuss my methodology, data collection methods, sample size and recruitment strategy, data analysis procedures, ethical considerations, credibility, bias and limitations, and my role as researcher in this chapter.

### Social Constructivism and Descriptive Phenomenology

I use descriptive phenomenology as the guiding methodology to conduct this research study. I begin the discussion by introducing phenomenology in general before moving on to a review of the two branches of phenomenology, namely interpretive (hermeneutic) and descriptive phenomenology. I then provide a rationale for why I chose descriptive phenomenology methodology, and how it aligns with a social constructivist theoretical framework and the practice of nursing education.

**Phenomenology.** Phenomenology is about seeking to understand peoples' *lived experiences* and how they make meaning of their experiences (Ehrich, 2003; Ream et al., 1996; Taylor, 1993; van Manen, 1990). Phenomenology encompasses a “philosophical movement and a range of research approaches” (Finlay, 2012, p. 173). Finlay describes phenomenology as something larger than an approach to research and suggests that it “demands an open way of being—one that examines taken-for-granted human situations as they are experienced in everyday life, but which go typically unquestioned” (p. 173). Phenomenological inquiry helps one to see the meaning behind another's lived experience and how it shapes their world and ideas (van Manen, 1990). It also enhances one's perceptions and allows one to be in touch with how humans form relationships with their lived experiences (Ehrich, 2003; Ream et al., 1996; Taylor, 1993; van Manen, 1990).

Phenomenological research is grounded in the philosophical tradition developed by Husserl and Heidegger that seeks to understand people's lived experiences (Polit et al., 2012). Husserl's student, Heidegger (1962), leaned towards interpretive (hermeneutic) phenomenology, which focused upon interpreting the human experience instead of describing it (Polit et al., 2012). Interpretive phenomenological research is based on the belief that meanings are not always apparent to the participant, but meanings can be gleaned from narratives produced by the participant (Neubauer et al., 2019). Descriptive phenomenology, on the other hand, describes "the "essence" or "essential structure" of ...[the] phenomenon under investigation – that is, those features that make the phenomenon what it is, rather than something else (Marrow et al., 2015, p. 643). While descriptive and interpretive phenomenology both recognize that people attach different meanings to similar experiences, only descriptive phenomenology seeks to describe a phenomenon in its raw entity as it is *seen*, without additions to or deductions from it (Giorgi, 2012). The descriptive phenomenological methodology developed by Edmund Husserl (1962) was the foundational research framework for this study.

**Descriptive Phenomenology.** Descriptive phenomenology was originally developed by a German philosopher, Edmund Husserl (1962). Its focus was to "describe" peoples' "lived experiences." (Fochtman, 2008; Lopez et al., 2004; Wojnar et al., 2007). The aims of descriptive phenomenology were to (1) acquire a thorough understanding of the everyday experiences of humans (Polit & Beck, 2008; Van Manen, 1990), and (2) guide the experience "of phenomenon which is consciously experienced by people themselves" (Polifroni et al., 1999, as cited in Shosha, 2012, p. 32). Husserl describes the understanding of the lived experience is connected closely with the notion, *intentionality* of the consciousness; that is, to link our consciousness to an object or event that has meaning for us (Husserl, 1913/1982). Husserl theorized that the



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lifeworld is “pre-reflective” and that we give attention to *what* we understand instead of *how* we understand it (Brooks, 2015, p. 642; Husserl, 2004). Husserl explained that the researcher needs to isolate the “*essences*” to clearly describe the phenomena. To do this, the researcher uses an approach known as bracketing or epoché (Brooks, 2015; Husserl, 2004; Lopez et al., 2004). He identified two aspects of the phenomenological attitude, namely *epoché of natural science* and *the epoché of the natural attitude* (Wertz et al., 2011). Epoché of natural science requires one to reserve and set aside any prior attitudes regarding the phenomenon under exploration, while epoché of the natural attitude, or phenomenological reduction, is when “the researcher abstains from the natural tendency of consciousness to unreflectively posit and focus on the existence of objects independent of experience” (Wertz et al., 2011, p. 125). By doing so, the researcher identifies any preconceived notions about the phenomenon and holds these notions back during the research, allowing themselves to only look at the essence of the phenomena being investigated (Brooks, 2015; Lopez et al., 2004). Husserl asserts that by enacting epoché, the researcher temporarily sets aside any presumptions about the world, so that the phenomena can be investigated without filters, personal beliefs, preconceived notions, or biases. Adopting this phenomenological attitude allows the researcher to be reflective and to focus on how descriptions are attributed to experiences (Wertz et al., 2011). Therefore, a descriptive phenomenological method for obtaining “subjective insights into phenomena,” helps researchers to explore, in depth, the feelings of participants and how these participants make sense of their own experiences; these descriptions are uncontaminated and without interpretation by the researcher (Ream et al., 1996, p. 45). In conclusion, descriptive phenomenology seeks to explain the “essential structure of the phenomena in a manner that is free of interpretation” (Bradbury-Jones et al., p. 665).

### **Nursing and Descriptive Phenomenology**

In nursing, qualitative research methods assist in understanding the lived experience of clients, experts, and other people (Sundler et al., 2019). Phenomenology aligns well within nursing practice and education; it is therefore a prominent framework and inquiry method in nursing and health science disciplines (Matua et al., 2015). For this research study, I have used descriptive phenomenological methodology to gain in-depth understanding of the lived experiences of nursing instructors during their transition to ERT (Ehrich, 2003; Lopez & Willis, 2004; Sundler et al., 2019).

The merger of social constructivist theoretical and descriptive phenomenological methodological approaches guided the development of my research inquiry. The aim of this inquiry was to understand (1) the lived experience of the research participants during this time of adjustment, and (2) how their experience of adjustment influenced their understanding of this transition. Therefore, the primary research question that directed my study was, “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?”

To achieve the purpose of this study, the following key research sub-questions were also addressed:

- a. How did nursing instructors adjust their teaching during ERT?
- b. What factors influenced them in their transition?
- c. What is the meaning that nursing instructors assign to their experiences with this phenomenon?
- d. What implications does this hold for the future of nursing education?

### **Researcher Background and Role**

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My interest in this topic arose from my experiences as a nursing educator and my transition to teaching in an online Bachelor of Science Nursing program, including teaching classes that traditionally were taught on campus (e.g., lab). Although I enjoy teaching online, moving my in-person classes to online environments in an emergency presented challenges for my students and me. This was true for my nursing colleagues as well.

As a nursing instructor and bedside nurse, I am passionate about nursing education and educating future nurses. However, my passion and my ability to teach effectively are reliant on the support that other nursing educators and I receive—support that includes access to well-developed courses and supporting resources, as well as leadership guidance. Therefore, understanding the experiences of nursing instructors as they transitioned to ERT may help other nursing instructors and me to be better prepared to transition in the future, should such a crisis arise again.

My social constructivist world-view, coupled with descriptive phenomenology methodology, have supported the aim of this research project. I strongly believe that we continue to refine our reality based on experiences, connecting them to grow and broaden our perspectives. Applying this lens as a means to explore the transitions of nursing instructors to ERT did provide insight into the challenges that the participants faced, the meaning that they gleaned from their experiences, and the lessons that they learned during this time of adjustment. By drawing on nursing instructors' lived experience, as described by them, I have also been able to examine and reflect on how these experiences relate to my own lived experiences of the phenomenon of transitioning into ERT.

### **Data Collection**

This section is divided into two subsections. The first subsection details data collection methods. The second subsection explains data collection procedures.

### ***Methods***

According to Golafshani (2003), methods for data collection, such as focus group discussions and semi-structured individual interviews, should be considered as they afford convincing and trustworthy reality construction by the participants. Cohen et al. (2018) also contend that qualitative researchers should be open to multiple methods for data collection. They further pose that there is no best method for data collection in qualitative research, although they do place the utmost importance on what fits best with the purpose of the research at hand. Therefore, to encompass multiple realities, I selected two methods for data collection in this study: focus group discussions and semi-structured individual participant interviews. All data from the focus group discussions and individual interviews were collected in the Fall of 2021.

In addition to the focus group, individual interview, and demographic survey data, my research plans included two other data collection sources. First, I invited participants to include other data sources available to them to help explain their experience (for example, sources such as personal journals, notes, artwork, drawings, or blogs that they kept during their time of transition to ERT). However, no participant shared further resources. Second, I kept an ongoing research journal to record observations, ideas, and thoughts that occurred to me during the research process. This helped me as a researcher to bracket my own preconceived notions, as acknowledging my own biases in writing also helped identifying how my own thoughts and judgments changed over the course of the research.

### *Focus Groups*

A focus group interview is “an interview with a group of individuals assembled to answer a given topic” (Polit et al., 2012, p. 728). This method allows the researcher to be non-judgmental and open to the viewpoints and opinions of the participants, and to grasp and explore ideas that emerge (Krueger et al., 2009). The main objective of focus groups is to collect data (Robinson 1999; McLafferty 2004). However, focus groups are a distinctive kind of group, in that participants are selected on the basis that they all share specifics of the phenomenon under investigation (Krueger et al., 2009). Additionally, focus groups can be beneficial to participants, as they can connect with others regarding their experiences in ways that individual interviews would not afford (Krueger et al., 2009; Lichman, 2013). Craig and Smyth (2007) suggest that focus groups allow “informants to express and clarify their views in ways that are not easily accomplished in one-to-one interviews” and by “participating in a discussion, these particular informants may find it easier to uncover how they really feel about something” (p. 159). At the same time, a researcher has to be mindful that it may also be hard for some participants to discuss their viewpoints and experiences in front of others (Roulston, 2011).

Moreover, focus groups are compatible with phenomenology in multiple ways. For instance, they don’t give favour to the sole investigator and sole participant, but rather encourage the idea of teamwork and collaborative dialogue as a part of this type of research (Bradbury-Jones, 2009). Secondly, within descriptive phenomenology, a group method does apply, as this helps phenomenological researchers to bracket their pre-conceived notions since they may be challenged by other participants in the focus group (Halling et al., 1991; Halling et al., 1994). For example, my own judgments may be challenged by what participants are stating, but by using bracketing I can withhold these judgments, journal after about how I felt during the process

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of conducting focus groups and individual interviews and be reflexive about my evolving experiences and perceptions. Other researchers have cited focus groups to be advantageous, as they help participants to not only hear other viewpoints of the phenomenon, but encourage them to articulate personal beliefs (Krueger, 1995). In other words, a focus group method within phenomenology encourages dialogue, exposes new viewpoints, and stimulates rich discussions not limited only to defending one's viewpoint when challenged, but also explaining one's perspective further in response to other participants' comments (Krueger, 1995; Spiegelberg, 1975; Wilkinson, 1998). Others contend that the "the phenomenon being researched comes alive within the group" (Hallinget al., 1994. p 112) and leads the way for participants to communicate and disclose issues brought forward regarding the same phenomenon (Jasper, 1996). In this research study it was key to understanding the lived experience of nursing instructors as they transitioned to ERT. To fully understand this in a holistic manner, it was important to look at both realities; those of the individual participant and the collective group. The idea of teamwork, and collaborative practice and dialogue are foundations for nursing practice and education; therefore, it is essential to collect data that are congruent with lived realities of the study participants (Kalische et al., 2009).

In summary, I have used the partnership between descriptive phenomenology, social constructivism, and focus groups to uncover how nursing instructors transitioned collectively into ERT during the COVID-19 pandemic. Understanding the significant impacts on nursing instructors as they transitioned to online teaching and learning, and identifying strategies to mitigate these challenges may help support future transitions especially in ERT situations.

### *Semi-Structured Interviews*

Interviews are described by Cohen et al. (2018, p. 506) as “a social, interpersonal encounter, and not merely a data-collection exercise.” Interviews are “intersubjective,” as they allow for data to emerge, and reality to be co-constructed between interviewer and participant (Cohen et al., 2018). Holstein and Gubrium (2004) also believe that “both parties to the interview are necessarily and unavoidably active. Additionally, interviews allow for multiple ways to enhance data gathering, by observing non-verbal cues, seeing the participants’ actions and gestures, hearing differences in the voice, and interpreting written work (Cohen et al., 2018). Individual interviews allowed for the interviewee to speak openly, describe, and reflect on their lived experiences of transitioning into ERT, without the judgment that one might feel in a group setting. Davidovich et al. (2006) looked at research interviews conducted in an online environment, concluding that participants felt that their anonymity online was protected and that being in their own surrounding was comfortable. Additionally, whether the interaction was in a focus group setting or an individual interview, questions needed to be clear and not vague, as this could affect the interviewee’s ability to answer the questions (Flowers & Moore, 2003). When constructing the interview questions, clarity of wording was therefore carefully considered. Guiding questions focused on describing participants’ experience, how they felt initially about ERT, their experience with others involved in their transitions such as leaders (Dean’s Office and Program Chairs), Teaching and Learning teams, colleagues, and students, and how their own teaching methods have evolved (Appendix D: Focus Group and Interview Question Guides). In addition to the guiding questions used for focus group sessions and individual interviews, I also used prompting questions, such as “Tell me more about that,” “What

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did you mean by that?” and “Could you tell me more about that experience?” to elicit discussion and add clarity to the answers that participants were providing.

### *Procedure*

**Focus Group Sessions.** The focus group sessions were conducted over a two-week period. Each session was approximately one hour in length and was conducted online via Zoom video conferencing. The sessions were audio-visually recorded with consent from all participants as per the invitation (Appendix C: Informed Consent Form). Nevertheless, prior to starting each session, I reverified with the participants that all audio data would be transcribed and that only anonymous quotes, using pseudonyms, would be included in any writing.

During phenomenological research, interview questions should arise out of the interview itself. However, to adopt this approach—where the research participant is asked to describe their experience of the phenomenon and the researcher does not engage, but rather listens to the descriptions—is not the correct way to conduct a fruitful interview according to Zahavi (2020). Thus, to help the interview process and to explore the phenomenon while maintaining a pedagogical orientation to the main research question, a semi-structured interview guide was provided for the focus group discussions and the individual interviews (Appendix D: Focus Group and Interview Question Guides).

Focus groups sessions were conducted first. Upon review of the data generated from these sessions, I was able to determine what questions and clarifications were needed to gather additional information in the subsequent interviews. Yet I remained cognizant that other questions might arise as part of the interview process and that I needed to attend to these as well.

**Semi-Structured Interviews.** After completing the focus group sessions, participants from each focus group were invited via email to an individual interview session with me to



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further discuss their transition to ERT. Participants were provided with a copy of the semi-structured interview guide beforehand to help them prepare for the interview (Appendix D: Focus Group and Interview Question Guides).

Interviews in this study were also conducted and audio-visually recorded over Zoom, similar to the focus group sessions, over a period of six weeks in Fall, 2021. Prior to starting each individual interview, I reverified with the participant that all audio data would be transcribed and that only anonymous quotes, using pseudonyms, would be included in any writing. Each interview took between 20 and 40 minutes to complete. These individual, semi-structured interviews enabled each of the seven participants to share more in-depth information regarding their experience of transitioning into ERT and to address other questions that arose from the focus group session.

### **Sample Size and Recruitment Strategy**

The sample size in exploratory qualitative research should be large enough to produce meaningful data, yet not so large that it becomes overwhelming (Cohen et al., 2018). The nature of this study is exploratory. Thus, the sample size for this study included seven nursing instructors. The participant selection criteria included: (1) requiring participants to have facilitated a minimum of one online undergraduate nursing course during COVID-19, and (2) having a minimum of two years' experience as an adult educator in higher education.

In this type of study, a non-probability sample approach was taken, where the researcher seeks out a specific group in the awareness that this type of sampling does not represent the whole population (Cohen et al., 2018). In other words, I used purposive sampling for the recruitment of participants (Cohen et al., 2018). Therefore, a non-probability sample for this study came from one region in the Canadian province of British Columbia (B.C.), the Lower

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Mainland region. Nursing school faculty participants were from among four post-secondary institutions that offered nursing programs in this region. To recruit participants, I contacted post-secondary institution administrators and deans via email with a request to forward my invitation to partake in this study to faculty (see Appendix B: Participant Information & Invitation Letter). Of the four institutions that I contacted, participants from three institutions responded to the invitation.

Initially 14 potential respondents replied to the invitation. I then sent out the consent letter and demographic survey to them (Appendices C and E). Ten of these potential recruits returned the consent forms and demographic survey. The demographic data collected from the participants included number of years teaching, age, highest educational degree, program taught/teaching in, and number of labs, theory, or clinical courses taught during the COVID-19 pandemic (Appendix E).

After the demographic data were collected from the ten potential participants, they were invited by email to join one of two focus group discussion sessions. This email also reminded them that the focus group sessions would be audio-visually recorded. These focus group discussions were then followed with individual interviews among all of those who participated in the study.

To assist in determining mutually-agreeable meeting times for each focus group, I sent a Doodle poll (a meeting scheduling polling app) to all of the respondents. Of the ten potential recruits, only eight responded to the Doodle poll. Once I had a concrete time set for the focus group sessions, I sent out invitations to the eight participants who responded to the Doodle poll. I also sent invitations to join the focus groups to the two participants who did not respond in the Doodle poll, since they did submit their consent to partake in the study and demographic

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information. However, these latter two did not respond to any email invitation to join the focus group sessions. There were two dates when focus groups were held. On the first date, four participants were invited; three showed up. However, all four participants attended the second focus group session. In total, seven participants who initially responded to the invitation letter completed the study; only data collected from these seven participants were used.

### **Ethical Considerations**

The study was approved by the Research Ethics Board (REB) at Athabasca University, where I study, and by the REBs from the four participating post-secondary institutions included in the study (Appendix A: Office of Research Ethics Letters of Approval). Participants signed an informed consent document that explained the purpose of the study (Appendix C: Informed Consent Form). I ensured that participants understood that they could withdraw from the study at any point, without questions or consequences, and gave them the opportunity to ask questions about the study. I also informed participants that, in the unlikely event that distress arose as a result of the interview, the interview would be terminated at their request. If desired, upon request, they would be given referral information for counselling services. I adhered to confidentiality, as participants were addressed by pseudonyms in the results section. Emails were kept confidential. Pseudonyms were assigned numerically, in the order that they accepted the invitation to participate; for example, “SP01,” “SP02.” Transcription data were kept confidential. Data were downloaded to my personal laptop and then deleted from the Zoom account. I kept all physical data in a secure, locked filing cabinet at my home office. Data kept on my personal laptop were double password protected, with the files also being password protected. Participant information regarding pseudonyms was also stored in a password protected file on my personal laptop separate from the data. This was of the utmost importance, as I needed to maintain the

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confidentiality of this information. To ensure that anonymity within focus groups could be maintained, I replaced all participants' names in the transcripts with pseudonyms. All data will be kept by me until 2026, whereupon I will destroy it.

### **Trustworthiness**

In qualitative research, the assurance that the data are accurately collected and interpreted is known as “trustworthiness” or the “rigor” of the study (Pilot et al., 2014). The criteria used to authenticate study findings, and widely used within qualitative research, are credibility, dependability, conformability, and transferability (Creswell et al., 2018; Lincoln & Guba, 1985; Pilot et al., 2014). Pilot et al. (2014) describes the four criteria as:

1. Credibility refers to the researcher's interpretations and depictions of the participant's insights to the phenomenon, or the truthfulness of the data.
2. Dependability refers to the stability of the data throughout the study and in similar conditions.
3. Conformability refers to the capability of the researcher to present the data as stated by the research participants without being skewed by the researcher's viewpoint.
4. Transferability refers to the results being transferred to other groups within similar contexts.

To ensure trustworthiness, it is important to guarantee that all descriptions from the research are carefully recorded, so that when others look at the research, it is apparent how the researcher(s) arrived at the results (Neilsen, 1995). When considering trustworthiness of the study, data triangulation was applied during the analysis phase within and between focus groups and individual interviews, as this allowed for multiple perspectives to be considered, thereby increasing the trustworthiness of the research (Golafshani, 2003; Salkind, 2010). I also used

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other strategies, such as examining literature for theoretical data and literature regarding the phenomena, as well as including seminal works, to further verify the triangulated themes that emerged from this study.

Furthermore, to strengthen trustworthiness and credibility within my qualitative research design, multiple methods were used to authenticate the results, as suggested by Cohen et al. (2018). These methods included member checking (e.g., participant verification of transcriptions and themes emerging from analysis of data), persistent engagement in the field, checking for representativeness, rich and thick descriptions, and comparing and contrasting. Colaizzi (1978) also recommended returning to participants to verify credibility (Colaizzi, 1978; Reiners, 2012). This was important to ensure that participants validated the themes that emerged as result of their participation to improve the accuracy of study findings (Creswell et al., 2018).

When writing the findings section of the research, I made sure that I included rich and thick descriptions of the individual interviews and focus groups, as this allowed the readers to experience the interview as if they were present (Creswell et al., 2018). Moreover, having detailed descriptions regarding the situation or environment provided various views on themes, thus enabling “the results [to] become more realistic and richer” (Creswell et al., 2018, p. 200).

Credibility is further improved by the researcher explaining their own experiences of the research and acknowledging their biases by adopting reflexive practice (Creswell et al., 2018). Additionally, it is important when planning the research to acknowledge biases (more on bias below), and be able to reflect on how they can potentially overshadow one’s thoughts before and during the research. As a researcher, I acknowledged and kept track of my biases and viewpoints on the phenomena of interest as much as possible to eliminate any potential for preconceived notions. I was mindful of my biases prior to starting interviews and focus group sessions (Adom

et al., 2016). It was not possible to completely minimize biases, but stating them explicitly (in writing) and acknowledging them, was imperative. I did this by reporting in my research journal about any preconceived notions that I had prior to engaging with the participants. Additionally, it was not only important to recognize and acknowledge my own preconceived notion about the phenomenon, but to understand the influence that this may have had on the interview process. According to Johnson (1997) and Stenbacka (2001), this was important in my qualitative research project, as it allowed for maximum trustworthiness and credibility that would, in turn, lead to plausible results.

### **Bias and Limitations**

Limitations can affect the study outcomes and findings, and yet the researcher often has little control over this (Simon, 2011). Polit et al. (2012) contend that a qualitative study design in itself is a study limitation, as there is no truth or final answer, but rather understandings and perspectives on the phenomenon being studied. The results from a phenomenological study are generated by conversations between the researcher and the participant(s), and how the researcher understands their lived experience (Polit et al., 2012).

I chose to use a descriptive phenomenology method and adopt a phenomenological attitude by being aware of my own biases and using reflexivity to recognize them (Craig et al., 2007). I acknowledged my biases and viewpoints on the phenomena of interest as much as possible to eliminate preconceived notions and kept track of these views in my research journal (Adom et al., 2016). By keeping a research journal, I was able to track how my thoughts and feelings evolved regarding the phenomenon throughout the research process. Reviewing the research journal and recording further thoughts prior to data collection produced another layer of acknowledgment and awareness of my own viewpoint on the topic, and assisted me in being able

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to set this aside. This process is known as epoché, where the researcher transiently sets aside any presumptions, so that the data can be collected with minimal filters, personal beliefs, or biases (Husserl, 2004).

Embracing the phenomenological attitude helped me, as the researcher, to be transparent and reflective about my own notions, and to understand how the meaning was assigned to the experiences (Wertz et al., 2011). Denzin (1978) suggested that researcher biases needed to be curbed, as this could affect the accuracy of the findings. Additionally, reducing bias was an important step within descriptive phenomenological methodology (Bergum, 1992; Finch, 2017). Journaling throughout the research process was my reflexive tool during the study. Tracking my feelings prior to engaging in the focus groups and individual interviews, and bringing these feelings forward during the analysis process, helped to capture my biases and what influence, if any, these biases had in the interview process, thus allowing for transparency in the research process. It was imperative that I embarked on the process of reflexivity during the research process, as this helped me to become aware of myself, and therefore see how this may have impacted data collection or data analysis procedures (Clancy, 2013).

A small number of participants, as well as data collection through focus group interviews and individual, semi-structured interviews, are all congruent within a phenomenological research methodology. Therefore, engagement of this methodology has been an optimal way to address the purpose of this research study, which has been to explore the experiences of nursing instructors in transitioning to ERT in order to identify strategies that assist nursing instructors to effectively transition from in-person instruction to ERT and to offer lessons learned in this emergency transition. Thick and rich knowledge gained from a small sample group, chosen with certainty, are distinctive, strong points of qualitative research (Smith, 2018). It imperative to

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recognize that phenomenological research methods do not aim for generalization, such as, for example, from a small sample population to the wider population (van Manen, 2016).

Generalizability refers to the inference of the study in broader groups, situations, or populations (Smith, 2018). Generalizability of findings is not an aim of either my study nor other phenomenological studies (Leung, 2015). What is sought in phenomenological research, including this study, is transferability (Smith, 2018). Smith (2018) defines transferability “as occurring whenever a person or group in one setting considers adopting something from another that the research has identified” (p. 140). Although the findings of this study are specific to nursing instructors’ transition to ERT, many aspects of the transition within the context of ERT can be transferable to other health education disciplines. They may also be applicable to educators in various fields, such as K-12 and other post-secondary educators.

To further limit researcher bias, I did not recruit colleagues who are also friends, as this can skew the research results in my favour, given that we might share similar opinions regarding the phenomenon. When selecting participants from my workplace who had shown interest in taking part in this study, I was mindful to choose only those who were strictly co-workers belonging to my professional network rather than colleagues whom I had personal contact with. Lastly, participants needed to recall past experiences, which might cause memory recall issues. To overcome this, I asked probing questions, or offered breaks between questions in which we sat in quiet contemplation to strengthen memory recall.

### **Summary**

In this chapter, I outlined the research methodology used in this study. Discussion on sample size and strategy, methods for data collection and analysis, trustworthiness, biases, and



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ethical considerations were reviewed. I also discussed my role as a researcher. In the next chapter, I present the results from the study findings.

### Chapter 4. Results

In this chapter, I report the results collected from the demographic data, two focus group discussions, and follow up interviews with each of the seven focus group participants who completed the study in full (The data collected from three participants who did not complete the study is not included for data analysis or reporting purposes in this study.). The primary research question that guided this study was: “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?” The following key sub-questions were also addressed:

- a. How did nursing instructors adjust their teaching during ERT?
- b. What factors influenced the nursing instructors in their transition?
- c. What is the meaning that nursing instructors assign to their experiences with this phenomenon?
- d. What implications does this hold for the future of nursing education?

The chapter is divided into four sections. The initial section presents a demographic description of the participants who completed the study. The second section discusses the data analysis process. The data analysis process section describes how the themes that portrayed the respondents’ lived experiences emerged during the analysis process, and also includes discussion on coding reliability and agreement. This section is followed by a third section on the themes that emerged from the data analysis. In the final section, a summary of all results is offered.

The data results from the focus groups and individual interviews are reported in a thematic manner. Presentation of data within each thematic area is offered in a manner to describe any evolving experiences and perceptions from the time when respondents had to first transition to ERT in Spring of 2020, during ERT, and to the time when the data were collected in

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the Fall of 2021. This presentation of data for each theme is then followed by respondents' perceptions of any meaning drawn from their teaching experiences and lessons learned in relation to that theme.

### **Description of Participants**

Demographic information from each participant was gathered separately from the data that was thematically coded in this study. Five types of demographic information were collected from each participant. These included age, years of teaching experience, education level, current employment status, and type of nursing courses taught during ERT.

Seven nursing instructors agreed to participate in this study. Most of the respondents in this study were fairly young (Table 1). They ranged in age from 30 to over 60, with the majority being in the 30 to 39 years old age range. Four participants were in their 30s, two were in their 40s, and one participant was over the age of 60 years.

For the remaining three demographic areas, data were collected on: education level, current employment status, and type of courses taught during ERT. All respondents were well educated. Everyone held a Master's degree; one also possessed a Doctorate. Five were working on a full-time basis. One was working on a part-time basis and the remaining participant was employed on a sessional contract basis. Finally, there were four types of courses taught by respondents during ERT: clinical practice, theory, labs, and simulation labs; some respondents taught more than one type of course. Five of the seven respondents taught clinical practice courses, three taught theory or simulation labs, and one taught a lab course. Research indicates that teaching practice, hands-on skills courses, such as lab and clinical are challenging for nursing instructors in online environments outside of ERT; thus, it is important to examine if this phenomenon existed within the participants' current experience within ERT (Jones et al., 2020;

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Wolf et al., 2017). In summary, the typical respondent in this study was a young nursing instructor who held a Master's degree, worked on a full-time basis, and taught clinical practice as well as theory or simulation lab courses.

**Table 1**

*Participant Demographics*

Demographic details	n (*%)
Age	
30 – 39 years	4 (57.1%)
40 – 49 years	2 (28.6%)
60 years and over	1 (14.3%)
Education	
Master's degree	6 (85.7%)
Doctorate	1 (14.3%)
Number of years teaching	
0 – 5 years	3 (42.9%)
6 – 10 years	1 (14.3%)
15 – 20 years	3 (42.9%)
Nursing courses taught during ERT	
Clinical practice	5 (41.7%)
Theory	3 (25.0%)
Simulation lab	3 (25.0%)
Lab	1 (8.3%)

*Note.* Percentages are rounded to the nearest tenth of a percent.

### Data Analysis

The discussion on the data analysis process is separated into two sub-sections. The first sub-section describes how the themes emerged from the focus group and individual interview data. The second sub-section reviews how reliability was established during the coding process.

### *Emerging Themes*

In a phenomenological descriptive study, the aim of data analysis is to describe the lived experience. This requires the researcher to identify and distill what was meaningful to the participant in making sense of their experience (Giorgi, 1997). In this study, this was achieved by using a data analysis technique put forth by Colaizzi (1978). Cohen et al. (2018) assert that data analysis is a complex procedure aimed at interpreting what the collected data means in relation to the phenomenon under investigation. They describe qualitative data analysis as “organizing, describing, understanding, accounting for, and explaining data, making sense of data in terms of participants’ definition of the situation (of which the researcher is one), noting patterns, themes, categories and regularities” (p. 643). Qualitative data analysis is an inductive process wherein the researcher reads, clarifies, decodes, revisits themes, and summarizes raw data; this process requires interpretation and reflexivity by the researcher. Careful reduction is key to the integrity of the research data (Cohen et al., 2018). Additionally, I used a reflexive technique whereby I kept a research journal of my thoughts (as I read and re-read the transcripts for common themes that emerged across the data set) and my evolving feelings about the phenomenon being studied.

Each unit was carefully synthesized and coded into meaningful units by utilizing Colaizzi’s (1978) seven step process for data analysis (Table 2: Seven step process for data analysis in descriptive phenomenological framework). Colaizzi’s framework has been widely utilized for data analysis within health science research (Marrow et al., 2015) and was congruent with this study. Each step of Colaizzi’s (1978) framework required the researchers to remain near the data, making it a rigorous process for analysis, thus formulating results that were succinct, descriptive, and corroborated with research participants (Marrow et al., 2015). This

framework was systematic and easy to follow, and allowed for a simple, yet rigorous way to formulate themes.

**Table 2**

*Seven Step Process for Data Analysis in Descriptive Phenomenological Framework*

Step	Description
1	Read, examine, and revisit all transcribed data multiple times to become familiar with the data.
2	Detect statements that are relevant to the phenomenon under investigation.
3	Formulate meanings from these statements by examining them closely.
4	Group meanings into clusters of themes that are common across all data.
5	Develop an exhaustive description of the essence of the phenomenon, including all themes identified.
6	Produce a short description that encapsulates the fundamental structure of the phenomenon.
7	Seek out verification and validation of study findings through participant feedback to verify that the essence of the experience has been captured.
<p><i>Note.</i> Adapted from “Psychological Research as a Phenomenologist Views It,” by P. Colaizzi, 1978,” <i>Existential Phenomenological Alternatives for Psychology</i>, 48-71. Copyright 1978 by the Open University Press.</p>	

Following Colaizzi’s (1978) steps enabled me to systematically organize, analyze, and present the data by themes. During the first step, I employed a descriptive phenomenological technique known as *bracketing*. At this point, it should be noted that the ongoing nebulous disposition of bracketing has caused some controversy of what it is and how it should be employed (Tufford et al., 2012). Husserl’s (1962) descriptive phenomenological approach calls for researchers to hold their biases and viewpoint at bay throughout the research process. This has led to numerous debates about the aptness of bracketing as a technique that truly builds on

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respondents' viewpoints and experiences of the phenomenon (Tufford et al., 2012). The majority of the debates focus upon varying definitions of bracketing; lack of agreement of when in the research process bracketing should be endorsed; who partakes in bracketing (i.e., researcher and/or participants); and the method of how it is carried out (Tufford et al., 2012). Nonetheless, by employing bracketing, I sought to suspend my pre-conceived notions, biases, feeling, beliefs, and thoughts regarding the phenomenon to explore the phenomena experienced by the nursing instructors as expressed in their own words. I understand that it is not possible to completely eliminate biases, but stating them explicitly (in writing) and acknowledging them, is imperative in phenomenological research. For the purpose of this study, bracketing is being reflexive and withholding my pre-judgements during data collection and analysis process, including when engaging in interactions with participants.

In the second step, I read the transcripts from the focus groups and the individual interviews repeatedly, to acquire an understanding of the nursing instructors' experiences during the transition to ERT. This step allowed me to see how the data were distributed, including the ability to determine what areas yielded the most significant discussions. During the third step, I extracted meaningful words and phrases that were identified in step two. Then underlying meaningful phrases were coded into minor thematic categories that reflected the description of that category theme. To ensure coding reliability, a second coder then assisted me during the fourth, fifth, and sixth steps of the thematic coding process. The fourth step involved grouping all of the related themes from the third step into increasingly larger categories that reflected commonality amongst the related smaller categories until the highest level of each category representing a common theme was created. In the fifth step, the thematic categories that were formulated were then collated to describe the phenomenon at hand, that is to delineate, "What

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constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?” In the sixth step, similar to the fifth step, we searched for any redundancy between themes or any themes that could be merged into other themes. The final step involved seeking validation from the study participants by employing a strategy called *member checking*. In other words, all study participants were contacted via email with the thematic findings and asked to express any further viewpoints regarding the phenomena identified during the data analysis process. No participants responded to my email communication regarding the thematic findings.

### ***Coding Reliability and Agreement***

Cohen et al. (2018) defined *coding* as a process where participant data were sorted into descriptive categories. NVivo Pro qualitative data analysis software appeared to be a good choice for this project because this software enabled the importation of the focus group and interview files, sorting of the data from these files into sub-themes and themes, and then exportation of results into Word and Excel file formats. Analysis and management of data for this study was therefore completed using NVivo Pro data analysis and Excel 2019 software. An external coder was also used to validate that the themes being generated were accurate, as well as to ensure *inter-coder/inter-rater reliability* (replicability of coding results between coders; Campbell et al., 2013; Krippendorff, 2004; Stemler, 2013).

The percent of coded units that the second coder and I disagreed on during the co-coding process was subtracted from the total number of co-coded units to determine the level of intercoder reliability (Campbell et al., 2013). The total number of co-coded units was 313, or 19.1% of all coded units. Initially, we coded 234 units (or 74.8% of all co-coded units) together while establishing the emerging themes, using purposively-selected data from Focus Group 1.



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During this stage of the co-coding process, unit agreement was 100%. We then purposively selected 79 coded units (or 25.2% of all co-coded units) to code independently. These units were selected as a sampling to test the viability of the thematic framework. We agreed on 76 (or 96.2%) of the independently coded units. Given reviewed literature indicated that 70% or higher agreement between coders was an acceptable level of agreement between coders (Fahy, 2001; Hodson, 1999; Hruschka et al., 2004; Krippendorff, 2004; Kurasaki, 2000), I determined that we had attained a fairly reasonable level of inter-coder reliability after this co-coding process.

### Themes

During the analysis process, seven themes emerged that reflected the lived experience of the nursing instructors' transitioning to and during ERT. These themes were: *Evolving Perspectives, Finding Support, Adapting Instructional Strategies, Using Online Technology, Responding to Students, Evolving Emotions, and Personal and Peer Challenges.*

Each of the seven themes emerging from the data collected are presented next. Each theme is explained and discussed in depth to describe how they represent the participants' experiences of ERT. Sample quotes are taken from the data to assist in describing each theme and to illustrate respondents' varied experiences and perceptions between the time that their institutions transitioned to ERT and during ERT, to the time that the data was collected in the Fall of 2021. This presentation of data for each theme is then followed by any respondent perceptions of the meaning of their teaching experiences and lessons learned in relation to that theme. To help capture and describe the change that participants described in their experiences and perceptions from the initial move into ERT to the time that data was gathered for the study, the themes are presented in the following order: (1) participants' perceptions of the experience from the time they had to initially transition to ERT, (2) their perceptions of experiences during

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ERT, (3) the meaning of their teaching experience, and (4) lessons learned from their experiences.

### *Evolving Perspectives*

The theme, *Evolving Perspectives*, is about how the thinking of nursing instructors involved in this study evolved or changed over the duration of ERT. This theme highlights the evolution of participants' perspectives as they moved through a tough, primarily unguided transition to ERT. This was followed by being in ERT and having to learn about and adapt to the unknown situation. Next, I present the understanding of what meaning this experience had for them, and the emphasis that was placed on the critical function of leadership teams (e.g., Dean's Office and Program Chairs); that is, leadership teams needed to have a strong presence in guiding and supporting instructors during times of crisis and beyond. Finally, I describe the lessons learned from this experience, namely by remaining flexible, continuing to adapt, and using online technology, they were able to make the best of the situation in order to promote the success of their students. Evolving perspectives was the dominant theme among all participants' reflections, a theme that catalogued the evolution of their perspectives from the time when they initially transitioned into ERT, during ERT and to the time of data collection.

**Transition to ERT.** Transition to ERT reflected in participant discussions on how they initially felt when they began their transition. Most participants expressed the undesirable aspects of their transition, describing how challenging and difficult the initial few weeks of the transition were. They identified a lack of direction from leadership teams (specifically, the Dean's Office and Program Chairs), the unpredictability of the situation, and global chaos as challenges impacting their move to ERT. Some participants felt that direction from leadership teams should have guided participants on how to move into ERT, how to teach in ERT, how long the plan was

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for being in ERT, and how much time was needed to teach online. Here is what some respondents expressed as they reflected upon their transition to ERT:

[Respondent 1]: There's no conversation.... discussion as to whether [what] the pros and cons [are], as opposed to let's do a rapid change from what we've been doing this entire time, to, to move back to what we felt was better, there was no conversation and it just seems like a constant snap of the fingers, adapting.

[Respondent 2]: I guess the very definition of what it [ERT] is, I mean, it's very last minute you know; you're trying to adjust your delivery based on changing circumstances, and these are pretty unique circumstances, but I think most people would agree it just happened so quickly, and we had to learn to use a new modality.

[Respondent 3]: It's a global pandemic; a terrifying situation to see people were dying in such huge numbers; I'm a bit of bad news junkie and that certainly impacted me.”

[Respondent 4]: In terms of the Dean's Office, there wasn't much [support]... I didn't hear much coming from them.

[Respondent 5]: Just a lot of stuff just being thrown at you with like the virtual stuff and transitioning to online, trying to figure out all the resources [including vSim resources] of what we can use in Canada, the ones from the States, the Europe resources, there is a ton of information, all at once.

Participants also noted that during the transitory period, not only did they lack support and direction from leaderships teams, but from their peers as well. One respondent stated that:

I think everyone did their best, but when it came down to brainstorming ideas, it was just like no one was really around to help with the brainstorming [ideas for teaching online with virtual simulation programs], so I just did it myself...then I did some work and that's

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how I chose the programs [virtual simulation programs] that we have now, so that's how it went.

Another respondent also noted that:

For me, I found that I felt that I lacked preparedness and then, when you asked for someone to support you in the transition, as they were also undergoing transition in the same period of time, it was lacking that support or expertise.

Participants also identified other factors that influenced their transition to ERT. They identified having limited workspace at home as a challenge for themselves and students. The ability to work from home was not something that they had in mind and thus lacked this space within their homes. Here is what some respondents thought:

[Respondent 1]: I think it would have been really challenging for a lot of students, and also faculty because I don't think we all have guaranteed locked off space in your home environment to set up shop—like it sort of had to be manufactured with the demand.

[Respondent 2]: The resources, and then just resources at home, as well, like finding space to work and all of that.

Technology was another factor that impacted the transition to ERT. Participants had to learn how to use online technology to continue to teach their students. Participant's needed to virtually meet with their students to continue to teach them. This required them to: (1) work with online technology, and (2) learn to navigate remote teaching. To illustrate, one participant offered these insights regarding technology and their transition:

For the students so basically all I had to do with, I think there were there was about a month left in the Semester at that time that was when we went under quarantine, so I just had to transfer all my resources on there [Moodle] and then set up online sessions with

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the students who had to learn the technology, because I hadn't used [the] BigBlueButton [app] before.

**During ERT.** After instructors transitioned to ERT, many discussed the impact of how peer support, technology, leadership teams, such as teaching and learning, and student engagement had affected their perspectives during the time of ERT. Peer support was described by participants in conversations as a supporting pillar, as they readily acknowledged that during ERT, they were supported by their colleagues. They were able to share resources, communicate similar feelings, and generate solutions together. Here is what some respondents shared regarding evolving perspectives during ERT related to peer support:

[Respondent 1]: So there was lots of communication within the semester teams and, even between, the document was shared.

[Respondent 2]: I would say that, as a team we responded well; we were efficient, we were task oriented.

[Respondent 3]: The support was really good amongst faculty; you know, we were virtual, so there was a lot of people that we could reach out to.

Although the majority of the participants expressed satisfaction with regards to peer support, one participant did not. This participant said, “It felt really isolating, especially with my peers, like our faculty peers as well, because we used to [meet] when I was going on campus twice a week for lab; [it's] nice to have our meetings face-to-face in person, whether it's our faculty meetings or other team meetings.” From this insight, one can gather that, this participant, enjoyed interacting physically, in-person with their peers, and within the context of ERT, this affected her ability to feel connected with her peers.

Most participants talked highly about Teaching and Learning teams at their institutions:

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[Respondent 1]: Teaching and Learning did a really good job on having that template, so that template really helped with kind of organizing your thoughts and how you want to make it interactive online while you can still spend some time with students, like [how to] do that [during] the synchronous times and the asynchronous times.

[Respondent 2]: Teaching and Learning was a good resource; they were helpful getting data technology pieces that you needed.

[Respondent 3]: And then they [Teaching and Learning] would send out weekly emails with tips for how to do an online session and different features that were within BigBlueButton [a videoconferencing platform] or that Microsoft teams were doing.

During ERT many participants felt a lack of communication and direction from their senior leadership team (such as Dean's Office and Program Chairs). Many also recalled an absence of conversation as to what the next steps were and felt the lost during this situation. Here were what participants stated regarding leadership directives during ERT:

[Respondent 1]: But there was no discussion or conversation about now that we've implemented this virtual situation, is it actually beneficial to go back to the way it was, or not?

[Respondent 2]: There's no conversation, it's just, you know, now that we've tried something different, can we have a discussion as to whether... let's weigh the pros and cons, as opposed to let's do a rapid change from what we've been doing this entire time, to move back to what we felt was better.

[Respondent 3]: However, if I was teaching a course that I had been teaching consistently before the pandemic and then had to switch it, I think that would have been a significant stressor, especially when it was unclear throughout time if it could be 100% virtual, half

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virtual half in-person, or some other level. And ensuring each student had the devices, so that they could access the information virtually was another challenge.

While many participants found technology to be helpful during ERT, they still struggled with the amount of time they had to spend on online. One participant stated their dissatisfaction as, “What really added to my stress and growing pains and challenges through the transition is how much communication was virtual.”

Other respondents found technological issues to be challenging even after they had learned to navigate the technology. Compounding this was the challenge of learning how to assist students who had issues using similar technologies. To illustrate, some participants stated the following regarding technological issues during ERT:

[Respondent 1]: ...but it doesn't matter how much prep you put into it, there was always some sort of glitch or issue.

[Respondent 2]: We had three different software programs and just kind of learning the different programs and the differences between them and the software requirements, it was a bit challenging especially with the students, because they wouldn't know how to set it up; and half the time their webcams aren't working, and this isn't working, and they can't screen share or they can't hear; there was a lot of issues.

As a part of their evolving perspectives, nursing instructors in this study were also concerned with how their students were doing during ERT. During this time, they made an effort to start communicating with students more, as there was a change in their interaction; that is from physically in-person to remotely teaching. Some participants offered these insights:

[Respondent 1]: I think I've said it before—it's just really forced me to be interact with my students a little bit more to make more of an effort to get back into interacting with them.

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[Respondent 2]: And the whole idea of doing work at home; trying to be motivated to do the work at home is hard for some people; they need to be in a classroom setting or around other people to motivate them.

[Respondent 3]: Well, a huge piece of my interaction is coming to know each client, each student, and so I felt really handicapped...significant barrier in coming to know the students.

**Meaning of Teaching Experience.** Some conversations related to the theme of evolving perspective discussed the meaning of participants' teaching experience. This discussion mainly involved the positive aspects of the teaching experience related to peer support and technological resources. Here are how some respondents portrayed the meaning of their teaching experience during ERT:

[Respondent 1]: I think I'm really grateful for online and the technology that we have and that this pandemic happened in a time where we have access to all these resources online and the ability to communicate with each other online.

[Respondent 2]: I think; it got me more comfortable with teaching and more comfortable with—more competent with my own teaching style.

[Respondent 3]: I was open to many ways, yeah, and so I feel like I picked up more tools.

[Respondent 4]: I think it was a good challenge; I think it really pushed me, because I was a little bit like nervous at first because I was novice.

While many talked about the positive meanings that they had drawn from their ERT experience, one participant did not concur. Here is what this participant had to say:

I think, as far as far as clinical in the setting I'm in, it's the one-to-one, it's the face-to-face, it's the person-to-person experiences that really enrich and consolidate their



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learning—so, have I changed my teaching methods. I have had to adapt to work with the online [environment]. Will I continue to use online? Hmm, probably I'll just be really glad to be able to be back with them in face-to-face.

**Lessons Learned.** In consideration of evolving perspectives, lessons learned from the experience of ERT mainly concentrated on conversations around flexibility and adaptability, the value of technology, and building on strengths. Some even talked about balance within their lives. Participants offered these insights regarding lessons learned about flexibility and adaptability:

[Respondent 1]: Also, different ways of getting feedback; so I use the survey tools that we have in our Moodle sites now because I find that feedback is so important when you're not seeing students face-to-face, so I've incorporated that into my classes, which is new for me.

[Respondent 2]: I'm cognizant about this [how technology changes a learner's experience] when I think about my teaching methods moving forward.

[Respondent 3]: Again, I would agree; I'd say being more flexible, understanding that you know there are some things that you could get away doing in an online session, rather than being on campus, because it could make it easier for people's schedules.

[Respondent 4]: I'm more flexible; there's no doubt about that you've learned to be more flexible versus doing it a certain way that worked and trying to stick with it.

[Respondent 6]: So, I think it's finding or being familiar with how to deliver that if an emergency situation comes up for a course to be switched over, I'll be more familiar with the process and hopefully it'll be a smoother transition.

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[Respondent 7]: So I think after all that we've been through, it's just trying to put it into perspective, and then you know, like I said, stick to the course outcomes, have some flexibility, but keep it open dialogue between you and your students to ensure that you know you're meeting the objectives and that they feel supported.

Balance, was also identified as a component of lessons learned from the transition to ERT. Participants conversed about how their students and them learned to balance home and work life. Here are some insights into what participants learned about balance:

[Respondent 1]: So just kind of balancing all that kind of stuff in the house could be very difficult [for students].

[Respondent 2]: It can be really stressful, so you have suddenly kids jumping in and you're having to maintain set and maintain boundaries.

[Respondent 3]: I had to learn from my own personal life to balance everything; at a certain time, the phone goes away, notifications—let them pile up, deal with them in the morning.

While most of the lessons learned focused upon flexibility, adaptability, and balance, a few participants also described building on strengths as a lesson learned from their ERT experiences. Many instructors relied on their peers' strengths as they moved through ERT. For instance, here is what respondents had to offer about building upon strengths:

[Respondent 1]: So, we all were aware of our strengths and everybody certainly worked to their strengths.

[Respondent 2]: Just looking back...I think everyone did the very best that they could and people didn't choose; we have people on the team who are more adept with technology, we have people on the team who created case scenarios for students' study.

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Participants also reflected upon the lessons learned about the value of technology through this time of ERT. To illustrate, some participants offered these insights regarding the value of online technology:

[Respondent 1]: I think [for the future] just being able to develop better tools for engagement with students online, like if we had to be primarily online again, especially for me teaching clinical and lab.

[Respondent 2]: Also, different ways of getting feedback, so I use the survey tools that we have in our Moodle sites now, because I find that feedback is so important when you're not seeing students face-to-face. So I've incorporated that into my classes, which is new for me.

[Respondent 3]: So that was really helpful, because you're just learning all these technologies and exploring whatever you can add.

[Respondent 4]: I was able to do online work with the students that way and learn how to use the BigBlueButton.

### ***Finding Support***

The theme, *Finding Support* constituted the search for, discovery of, and analysis of human and other support resources. Finding support from peers and leaders alike was quite important for the participants in this study. They felt the lack thereof initially, but the transition to ERT prompted them search for and discover support systems—from peers to leadership teams and other resources, such as teaching and learning departments. (Teaching and learning departments are a small faculty within post-secondary institutions that have IT support networks and provide support to a small number of faculty who are interested in teaching and learning online; Hodges et al., 2020.) Nonetheless, participants went on to describe how nursing

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instructors united as teams, working together to support each other in this time of uncertainty.

Discourses identified within this theme included such illustrative examples as:

[Respondent 1]: So there's a lot of that communication, because it was centralized then; there was dissemination where I took some of that and then sent it to the Semester teams.

[Respondent 2]: So I was able to solve for clinical, use some other resources and materials that our lab coordinator had for simulation; so you used what they use.

Conversations about finding support accumulated when respondents talked about their transition to ERT. The discussions on finding support occurred when respondents spoke about their experiences during ERT. While all respondents reflected somewhat on what finding support meant in relation to their teaching experience, some respondents expressed thoughts on lessons that they had experienced about finding support during the transition to ERT and in the months following ERT.

**Transition to ERT.** The transition to ERT took everyone – administration, faculty, staff, and students – by surprise. The immediacy of the transition left nursing instructors scrambling to find supporting human and other resources. One respondent explains the situation like this:

I think the factors were multiple—so there's the personal, the professional, the relationship with colleagues, the general sense of urgency; the sense of perhaps a crisis, because this is very big; it was a global pandemic. So I think we felt—on a lot of different levels—we felt very impacted. And we needed to focus on the immediacy of the moment. Well, retrospectively, probably I would say that, as a team we responded well, we were efficient, we were task oriented. We certainly all stepped up to volunteer versus needing to be allocated tasks.

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From this quote, one gains not only the sense of how urgent the initial ERT situation was, but also of how nursing instructors responded to the crisis by pulling together as a team.

Other respondents also spoke about the search for human support such as from their peers and Dean's Office for affirmation that the respondents were doing the right thing, and that respondents were supported through this time. In some cases, respondents reported opposing experiences about support from leadership. For instance, some indicated a lack of leadership support during the initial transition to ERT:

[Respondent 1]: We also had a new Dean's Office at that time as well, so our Associate Dean was new and then she also covered the Dean's role...Yes, yeah, new leadership [was the reason for the lack of leadership support].

[Respondent 2]: In terms of the Dean's Office, there wasn't much... I didn't hear much coming from them.

Conversely, others felt well supported by their administrative leaders as they transitioned into ERT. Here is what some of these respondents had to say:

[Respondent 1]: I feel like the initial support was from our leadership was good.

[Respondent 2]: I found that the Faculty of Health was great; the Dean's Office was really good, the coordinators were good with getting everything set up, and IT was accessible.

[Respondent 3]: I found that initially there was a lot of involvement with the Dean's Office; I know they were constantly checking in.

Most respondents felt that support from the Teaching and Learning team was timely, pertinent, and greatly appreciated by nursing instructors during the transition:

[Respondent 1]: With the teaching and learning commons, they were constantly sending out emails and resources to check in as well, so I really appreciated that.

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[Respondent 2]: Just to reiterate, Teaching and Learning was really good; I mean I was really impressed really happy with them, like they were so helpful.

[Respondent 3]: Teaching and Learning was a good resource; they were helpful getting data technology pieces that you needed. If you needed a MAC or a laptop or anything like that set up, they were good with transitioning you through that phase. And then they would send out weekly emails with tips for how to do an online session, and different features that were within BigBlueButton, or that Microsoft teams were doing.

Respondents also spoke about the camaraderie and collegial support that they experienced as they turned to each other while transitioning into ERT. Some even likened the experience to the typical team approach of nurses working in the field. Here are some comments to illustrate descriptions of their experiences:

[Respondent 1]: Well, retrospectively, probably I would say that, as a team we responded well, we were efficient, we were task oriented. We certainly all stepped up to volunteer versus needing to be allocated tasks. I think that we responded very well as a team to a situation that hopefully is never replicated again... We made it work, but generally that's what nurses do, right?

[Respondent 2]: I think generally most nurses do that, they just step up and do what needs to be done.

[Respondent 3]: We were all given the unlimited Zoom time, which was really valuable so we could spend, you know, two and a half hours brainstorming about how we were going to provide on learning online, and I think, generally, there was a cohesiveness about...let's just do what we need to do.

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Most respondents reflected on the need for different types of support. Such forms of support included not only the search for human resources, such as leadership, Teaching and Learning teams, and fellow colleagues, as mentioned above, but also other resource supports, like technologies and instructional resources. While expanded discussions are included in descriptions related to the themes, Using Online Technology and Adapting Instructional Strategies, a couple examples of finding these latter support resources while transitioning to ERT are included here as well:

[Respondent 1]: So, something that influenced my choice on how I did things—I usually used the MAC Book before and then some of these simulation programs didn't work for the MAC, so I had to quickly scramble and find out how I could get a PC and I scrambled to use my wife's old one for the first week. Then I found out that [our] [respondent's institution] had some laptops they could lend us.

[Respondent 2]: [S]o that template really helped with kind of organizing your thoughts and how you want to make it interactive online while you can still spend some time with students, like do that the synchronous times and do like the asynchronous times.

**During ERT.** Reflecting upon finding human and other support resources during ERT, the focus of conversations shifted to a near balance between human and other support; while focus of most conversations during the transition to ERT was on human resources.

Respondents expressed the need to find leadership and peer support during ERT. As with the transition to ERT, the discussion on leadership support was divided between respondents when reflecting upon their experiences during ERT. Some felt that there continued to be a lack of leadership support, while others did not. The following quotes illustrate this division between respondents:

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[Respondent 1]: So with that, there was a little bit of lack of support, so a lot of it fell kind of onto me to kind of figure out what kind of virtual Sims we needed for clinical and the focus was mainly clinical for the virtual Sims, only because that's where the hours were quite lessened or changed, like clinical looks different from what it does, what I did, normally.

[Respondent 1]: I really felt the [leadership] support was not there. And so, making those adjustments, when do they happen, if there's a transition back to campus in the middle of the semester?

[Respondent 2]: I found that the program chair was the most helpful to me.

[Respondent 3]: And then, since everything had been teed up for me [by leadership], offering that continuity of care to work... learning to be able to support the students and transition from one instructor to the next.

Discussions about finding peer support remained as positive during ERT as they were when the respondents transitioned to ERT. To illustrate, here is what some respondents said:

[Respondent 1]: So would we do anything differently? I think we, as a team and even as a school, everyone did their very best technologically.

[Respondent 2]: I think the support was really good amongst faculty; you know, we were virtual so there was a lot of people that we could reach out to.

[Respondent 3]: I think that was good in the way because people were working together and basically shared a working document about what the contingency plans were, how it was going to be delivered, and what the alternate ways were for doing that. So there was lots of communication within the semester teams and, even between, the document was shared.



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Some respondents talked about how peers helped each other to find supportive resources.

For example, one respondent said:

In terms of reaching out, I know [participant name], you were like pretty indispensable during that time, because you were the one that was trying to find this sort of stuff for us, but you had the logistical issues with this, you know, and we're trying to get legal to sort out whether we could use this one, or that one with a confidentiality piece.

Finding the right resources to support teaching goals during ERT became as important to respondents during ERT as finding human resources was. While some dialogue focused specifically on the use of virtual Sims, others were of a more general nature. Here is what some respondents had to say about finding supportive resources during ERT:

[Respondent 1]: So with that, there was a little bit of lack of support so a lot of it fell kind of onto me to kind of figure out what kind of virtual Sims we needed for clinical and the focus was mainly clinical for the virtual Sims, only because that's where the hours were quite lessened or changed, like clinical looks different from what it does, what I did, normally.

[Respondent 2]: I think at that time we had some enrichment materials that were (that I personally had done through a course on brain certification) very valuable in the clinical setting as far as understanding the physiology.

[Respondent 3]: So it did give me plenty of time to kind of go through some of the information to see what resources were available and what had worked for other people.

**Meaning of Teaching Experience.** Respondents' discussions on finding human and other resource supports led to varying reflections on the meaning that these processes held in

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relation to the respondents' teaching experiences. Some comments, like the following examples focused upon peer support and other supportive resources:

[Respondent 1]: No, it was a hard process, but it was nice getting through it and like knowing the fact that we had each other to gather other resources.

[Respondent 2]: That [peer support] was best for me, because of a lack of leadership and so that's how I gauged it, as well of what software we would use for our school and our programs.

[Respondent 3]: I think what's coming out now is people making their own kind of virtual, because now I guess there are webinars and online, like virtual webinars to go over for how to make your own games, and that's what people can use, even still going forward, I feel like we can use this going forward as well.

While some comments related to the meaning of the teaching experience focused upon finding peer and other non-human supportive resources, while other comments were about finding leadership support. These insights indicated that participants were seeking things to help them facilitate their experience of ERT and at times, they indicated that this need was not fulfilled. For example, this is what some respondents said about what finding leadership support meant to their teaching experience:

[Respondent 1]: So I feel like there should be a lot more support, because everybody was going through this at the same time, all senior and new faculty were going through learning how to teach remotely together.

[Respondent 2]: So I felt unsupported and unprepared by the college.

Some also shared their insights of not finding peer support when they needed it. For instance, this is what some respondents shared:

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[Respondent 1]: I won't get into this because, like the orientation, the whole mentorship, our orientation, I didn't really receive that when I came in.

[Respondent 2]: I think we need to give them [students] more credit, and then just be on board with what works for them and try to change maybe the viewpoint of other people who are more set in their ways in terms of delivering courses.

**Lessons Learned.** The theme of finding support included reflections on lessons learned. Looking back, a couple of respondents perceived the lessons that they had learned from the ERT experience as follows:

[Respondent 1]: And so, having some mentorship from them would have supported me, but now knowing that that wasn't available, I would have looked for support elsewhere.

[Respondent 2]: So, I think being more flexible, and kind of thinking about the situation, "Do we need these resources, or can it be that I'm taking up a lab when we don't need to take up a lab?"

### *Adapting Instructional Strategies*

The theme, *Adapting Instructional Strategies*, is about how participants revised their instructional strategies as they transitioned to ERT and during ERT, as well as the meaning and lessons learned from altering their instructional strategies. This was a theme that was heavily reflected upon during the focus group discussions as well as in the individual interviews.

**Transition to ERT.** While transitioning into ERT, instructional strategies required adaptation to be congruent with the delivery of online instruction. The participants described the adaptation of instructional strategies to be most challenging as they transitioned into ERT. They discussed the challenges that they faced in replicating hands-on skills in the online environment,

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as well as challenges that students faced in adapting to these new instructional strategies. To illustrate, here is what some participants stated:

[Respondent 1]: And then...that was very, very challenging to be prepared in three weeks for a whole semester.

[Respondent 2]: I don't understand; I don't even know how that would work [a virtual lab class].

[Respondent 3]: I can't teach feeding, I can't teach brushing teeth, I can't teach oral care like, just all of these different pieces of learning, that was just sort of, "I'll tell you about it [the skill]."

[Respondent 4]: They've [students have] never practiced it or performed it before, there is no consolidation or application of learning that occurred from video based, or from PowerPoint, or from textbook to actually practice the skill.

Although it was challenging to be online, one participant pointed out that, with no other option, nursing instructors needed to pivot and adapt, "You know, really you had no other option, so when it comes time to go into online teaching, we had to be open to alternatives, and just to really understand what this can deliver and how it can help us meet the course outcomes."

**During ERT.** Participants also discussed how they adapted their instructional strategies during ERT. Some offered remarks on how they adjusted practical classes such as lab to be online, while others conversed about the use of learning management system (LMS) tools to engage students. Here are how some participants described adapting instructional strategies during ERT:

[Respondent 1]: Then [in] the final simulation, we had to really adjust because we were going to have different scenarios in the simulation lab, and in the simulation lab you can

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do so much more with the technology and having the mannequins there. So we had to just revise our final simulation scenario and skill testing and how we were going to do that all like last minute adjustments to the way that we're delivering and receiving student assignments.

[Respondent 2]: So I think... yeah, so I appreciate that [learning about the LMS and its tools], so I'm more willing to learn more about what other activities and tools are available to me as well.

[Respondent 3]: I think we've been receptive to student feedback as well.

**Meaning of Teaching Experience.** The meaning of the teaching experience in relation to the main theme of adapting instructional strategies was mostly seen in a positive light. Participants' discussions were often situated around the positive attributes of online teaching, and giving flexibility to students and faculty alike when finding various tools to use for teaching:

[Respondent 1]: So, finding ways to accepting that you know it's [online instruction] a viable way of delivering the content and still having quality instruction.

[Respondent 2]: If it's a theory-based course, for example, whether you're having more than one option—whether it's for testing or for marking or evaluation, for example, so there has to be some flexibility [and you have to be] open to numerous approaches, and it's making the most of the situation.

[Respondent 3]: Right, just because I can't see them, like I find that I'm constantly seeking feedback and so, in a way, like, I found it to be a very rich experience as well.

One participant remained skeptical of online teaching and wondered how to evaluate a student effectively if the student was not in-person, and how to know if the student is actually present in the online seminars:

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I find that there's always students that are really tired in class, so what happens to those students when they're online? It doesn't mean they're not suddenly tired, sitting in their pajamas at home, so I wonder the amount that students are actually... like, if you compare their learning like you say, like a live, in-person versus a lab distance, that the outcome of that student is less strong, I wonder. I think it's interesting because it's such a slippery slope, where I enjoy the flexibility of online learning. I also find it much more difficult to engage in online learning or distance education than it is to engage in in-person.

**Lessons Learned.** When reviewing participants' discussions on the importance of lessons learned in relation to the theme, adapting instructional strategies, four areas were identified as helping them move forward with adapting their instructional strategies; these were learning to be more flexible and adaptable, as well as using a variety of teaching techniques and understanding students' needs. For instance, here is what some participants had to say about lessons learned in adapting their instructional strategies:

[Respondent 1]: So you have to be flexible yourself, but also allow flexibility for your students in terms of how they could meet course objectives.

[Respondent 2]: So, definitely, I find that a little more organic dialogue would help myself and the students in terms of how things are going, and not just from in terms of meeting course objectives.

[Respondent 3]: So you're open to more modalities and, even with teaching online, in terms of effectively teaching online.

### ***Using Online Technology***

The theme, *Using Online Technology*, is about how study participants used technology online, as well as the various attributes of the online technologies being used. Technology

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entailed respondents using online LMS for teaching such as Moodle; online video conferencing tools such as Zoom; virtual simulations to replace clinical time; and online grading tools.

**Transition to ERT.** According to study participants, using online technology during the transition to ERT was most frequently regarded in a negative light by most nursing instructors. Frustrations stemmed from the lack of understanding on how to teach in an online environment, to technical glitches, advanced software for teaching certain courses online, and the fatigue experienced from the overwhelming amount of time spent online. These experiences are illustrated in the following comments from respondents as they reflected upon the use of online technology during their transition to ERT:

[Respondent 1]: So, you know, a lot of us have never taught online before and I think that's the big challenge.

[Respondent 2]: Yeah, it was a lot for the faculty as well, because then we had to transition all online, and then we had to learn how to use the virtual sims.

[Respondent 3]: It was very frustrating because everybody's doing their best and trying to get everything sorted and working out, but it doesn't matter how much prep you put into it, there was always some sort of glitch or issue.

[Respondent 4]: But I find like, for the research course, the statistical software [was] not...like I find that generally [respondent's institution] people aren't super familiar with it.

[Respondent 5]: So, it was just electronic fatigue, and, and just, you know, reading the emails and interpreting things differently and miscommunications constantly.

On the other hand, one participant reported that they were comfortable with the use of online technology and that peers reached out to them for help, “A lot of people were asking me

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because I guess I was more tech savvy than some of the others, so they were asking, ‘how are you doing this or already setting this up?’, so it was a lot of work and like very minimal support.”

One participant described transitioning to online in more optimistic manner, as she already had a Moodle shell:

So, I host content in it [Moodle], so it had my course resources up, because you know how we've gone paperless now right, so I had my articles on there, the readings were up there, and then the weekly activities and all of that that was already up on Moodle. So it was nice to have that shell right ready, and then I just had to sort of modify some things like do more discussion, because otherwise that discussion would be happening in the classroom.

Another participant also felt comfortable using online technology when transitioning to ERT. This participant said, “I think I was more comfortable also with technologies than my other colleagues; so, I think that was a positive for me during this transition and helped me during the transition as well.”

**During ERT.** During the period of ERT, all participants had to use online technology to continue teaching. As they remained working in the online ERT environment, participants began to feel more comfortable with the technological aspects of online teaching. For instance, here is what a few participants had to offer:

[Respondent 1]: Just trying to quickly go through it as best as you can to get your class up and running and knowing which resources [included vSim resources] to use [was chaotic].



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[Respondent 2]: So we started with the platforms and we went down to one, but that seemed to work well once people got more familiar with that one [platform] and just understanding how the virtual sim went.

**Lessons Learned.** Moving forward during ERT, lessons learned about using online technology were mainly described as being rewarding. Some participants expressed openness to the idea of sampling a greater variety of online technologies; others expressed increased levels of comfort in online teaching as their skill with technologies improved. Some further acknowledged how the use of online tools enabled them to expand upon existing pedagogies and instructional strategies. Here are some insights that participants offered on the lessons that they learned about using technology during ERT:

[Respondent 1]: But within terms of what I learned through this, I think it was really positive, because I feel like I've learned more tools through online—like I'm more comfortable with Moodle—so a lot of the online resources and activities that we built when we worked primarily online for lab and clinical.

[Respondent 2]: I feel like I've been able to incorporate them [technological tools] for a better learning experience in person now for students [now] that we're using the online tools more effectively.

[Respondent 3]: I feel like my teaching methods have definitely changed as well. I was pretty novice when this all started, to be honest, anyway, so I don't really think I had a really good footing with my teaching style pre-pandemic anyways. I was still very much in the learning phase, and I still am. But I really appreciate all the online tools that I've been able to learn and adapt and I feel like I'm less scared of doing a hybrid with online and in-person.

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[Respondent 4]: Different ways of getting feedback; so I use the survey tools that we have in our Moodle sites now because I find that feedback is so important when you're not seeing students face-to-face. So I've incorporated that into my classes, which is new for me.

### ***Responding to Students***

*Responding to Students* was also a theme that emerged from the data. This theme encompassed discussions about how participants and other nursing instructors responded to what they perceived to be the learning needs and goals of students. In exploring the experience of participants in this transition to ERT, responding to students was very much a part of their experience in this transition. Conversations related to students tended to mostly be about students learning practical nursing skills and skills consolidation in an online remote setting.

**Transition to ERT.** During the initial state of transition, faculty worried about students in the online environment. They were compelled to reach out to their students because they were not seeing them physically face-to-face in classroom settings. To illustrate, some participants offered these insights:

[Respondent 1]: It's [online teaching] just really forced me to be interact with my students a little bit more to make more of an effort to get back into interacting with them.

[Respondent 2]: I know the dialogue doesn't happen at the same level or with the same intensity as it did in the classroom with my students... so that's one of the drawbacks of it, but because of that I'm also making more of an effort to engage with my students, I find.

**During ERT.** After they had made the initial transition to ERT, participants discussed how overwhelmed students were with making the adjustment to taking multiple classes online.

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Participants explained that this added other stressors for nursing instructors, as they needed to take into consideration how much work was being assigned to students. For example, participants discussed students struggles as follows:

[Respondent 1]: I think the students had to adjust quite a bit as well, having it all online, making sure they're attending the synchronous classes, understanding asynchronous as well understanding of the online forums.

[Respondent 2]: I think they [the students] also struggled with it having it all online.

Student struggles also impacted how much energy participants had in each course. One participant described their experience of meeting students online, “Then we had to [meet over Zoom] and yes it's definitely talking to a wall when you're trying to engage students via Zoom it's really not easy.”

Another participant stated that “[The students] still feel, at the end of the day, not as adequately prepared, even though we're doing the best that we can with the resources that we do have.” This illustrated that participant’s feelings about being unsatisfied with student outcomes, and explained how participants sincerely tried, to the best of their abilities, to engage students and prepare them for the profession.

Moreover, other participants stated that learning practical skills virtually was frustrating for students as they were not having direct, in-the-moment feedback. Part of the experience of teaching in-person was providing in-the-moment feedback to students, and this type of feedback was something that participants felt that they lost in ERT. Here is what some participants had to say:

[Respondent 1]: I feel in lab they've been feeling a little more frustrated because in fall and spring, they only had five sessions in lab to learn five different skills and they only

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had one hour versus we normally have six hours a week, so I think that was a little frustrating for students to learn skills virtually.

[Respondent 2]: [This creates] sort of a little more stress for the students, because they need more validation in terms of if they are doing it correctly.

[Respondent 3]: In lab...it's face-to-face and hands-on, so [online], you are not receiving that experience, and being disconnected from them [the students].

**Meaning of Teaching Experience.** Participants found many advantages to online teaching. Their discussions centered primarily upon student engagement and the accessibility of courses, which enabled recording lecture for students to reference at later times. For instance, they talked about how online teaching provided rich experiences and opportunities for students. They found that with online teaching, they were more focused on the actual courses and how to meet student needs. Online teaching and learning made courses more accessible. The online experience gave students opportunities to review class material. In fact, online teaching provided opportunities that in-person lectures did not. Some participants offered the following perspectives of meanings that they discovered in relation to responding to students:

[Respondent 1]: I had found it to be actually a rich experience, because I think it really gets you to focus on your course and your students' needs.

[Respondent 2]: And ensuring that we're meeting the needs of students with accessibility needs, I think that distance from the presenter; that online learning helps with that, and also having the option to record a lecture and a student can watch it later if they were not paying attention during the initial presentation, or they want to review it because that's the way they learn; it provides other opportunities that in-person lectures didn't as well.

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One participant reflected about feeling a greater connection between themselves and their students with the use of technologies in the online environment, while simultaneously mulling over the difficulty in measuring that connection. “I guess it would depend specifically if they had something to compare it to or measure outcomes, but it's interesting to me because it makes us able to connect easier by having [online] technology increased.”

**Lessons Learned.** When considering lessons learned in relation to responding to students, some nursing instructors in this study reflected on the fact that they now had experience teaching online and observed an increase in how they valued their students as learners. While other participants focused upon how they felt about the loss of face-to-face, in-person experience of teaching and the significant impact it would have on students. Participants offered these insights regarding lessons learned in response to students:

[Respondent 1]: I'm more open to technology and the students value their time as adult learners.

[Respondent 2]: The personal contact was a huge loss, because of the situation, but I think we're going to retrospectively find that losing three semesters will have an effect on the nurses that were graduating.

### ***Evolving Emotions***

*Evolving Emotions* was another theme that all participants reflected upon from their experience of ERT. This theme described the various emotions that nursing instructors experienced and how these emotions changed over the time of transitioning to ERT and during ERT. These perceptions of their experiences included reflections on how their emotions evolved, the emotions related to meanings derived from their ERT teaching experiences, and the emotions expressed from some lessons that they had learned.

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**Transition to ERT.** During the initial period of transition many participants assigned negative emotions to their transition. Such emotions included feelings of being overwhelmed, stressed out, and chaotic, as well as feeling a loss of control. Here are some comments from participants that illustrate how they felt during the period of transition:

[ Respondent 1]: It was a mess [the transition to emergency remote teaching]; that's a good way to start, because you're not prepared for it; it's just it's thrust upon you

[ Respondent 2]: I would say it's really an overwhelming experience and just trying to get through everything and making sure we're making the best decisions along the way.

[Respondent 3]: It was just obviously rushed, but very, very stressful because it was unexplored territory.

[Respondent 4]: Not really having a choice; it's something that has been pressed upon us without our control.

**During ERT.** Some participants continued to feel stressed during ERT as they did during the initial transition phase. These participants offered the following reflections:

[Respondent 1]: But it was a lot of communication consultation, and a lot of stress, to make it work.

[ Respondent 2]: It was very frustrating because everybody's doing their best and trying to get everything sorted and working out.

**Meaning of Teaching Experience.** Generally, an optimistic attitude was reflected regarding the meaning of teaching experience by participants after they had shifted into online teaching during ERT. For instance, they generally discussed online technology in a more promising manner than when they started ERT. To illustrate, participants offered these insights regarding evolving emotions and the meaning that it had for them:

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[Respondent 1]: If I had more time to prep things then it wouldn't be that much of a concern because I enjoy online teaching.

[Respondent 2]: I can't imagine if this was before the era of Zoom and Wi-Fi and how that would have impacted students and everybody; so I think it was really positive overall.

**Lessons Learned.** In considering the lessons learned from the ERT experience, one respondent reflected upon how involved parties were evolving emotionally by saying, “But even the mental health piece about how people are doing, how are they managing, and making them aware of resources, just to help everybody stick it out, because we're still dealing with this as we speak.” From this quote, one gains not only the sense of how emotionally challenging the situation was for nursing instructors, but they also worried about their fellow colleagues. They learned to follow up on their co-workers, because they have come to understand the emotionally challenging nature of ERT.

### ***Personal and Peer Challenges***

*Personal and Peer Challenges* was another theme that emerged from the data analysis process. Reflections entailed descriptions of experiences on how participants perceived their peers' personal struggles, as well as perceptions of their own personal difficulties in transitioning to ERT, during ERT, and the lessons learned from this period of adjustment.

**Transition to ERT.** During the initial transitory period participants discussed how their peers perceived the transition by saying such things as, “I think contextually what each colleague was going through in their own individual lives impacted by the pandemic also played a role into how they coped with the changes, and so their experience was impacted positively or negatively, based on what support system they have underlying.”

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Other challenges for some participants stemmed from the lack of resources and space in their homes to teach from, as well as having others, like their children, at home during this initial transition. For instance, here is what some respondents had to say regarding personal challenges when transitioning into ERT:

[Respondent 1]: The resources, and then just resources at home, as well, like finding space to work and all of that.

[Respondent 2]: But because it was quarantine everything was shut down so figuring all that out with the kids being at home.

**During ERT.** Personal and peer challenges during ERT, as one participant stated, regarded addressing expectations for teaching from home. This participant said, “Being aware of like expectations, because there was a great shift from classroom teaching.” From this, one can gain insights as to the uncertain, unguided conditions of teaching remotely, and that it required a shift in how nursing instructors taught their courses.

One participant noted that personal and peer challenges during ERT were also related to mental health, and being aware of, and ready to assist peers with such challenges. This participant said, “But even the mental health piece about how people are doing, how are they managing, and making them aware of resources, just to help everybody stick it out, because we're still dealing with this as we speak.”

**Lessons Learned.** From the experiences of personal and peer challenges, two lessons learned were how to balance personal and professional time, and how to set boundaries. One participant stated, “My office hours are, you know, X, Y, and Z and I'll be there to answer if somebody wants a one-on-one session and then, just like typical nine-to-five responding during that time, and then after 5 p.m., just taking the time off and doing things myself.”



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Others also discussed the importance of resources. For instance, one respondent expressed, “Just having my resources set up also; just making sure that I’ve got, you know, like my computer, I have office space, and I guess, child care.” This was important too, since at the time of transitioning to ERT, children were off at home in quarantine. Some children were transitioning to online learning at home as well. Thus, the presence of children at home also impacted nursing instructors’ experiences of adjusting to ERT.

### Summary

In summary, this chapter begins by explaining the coding process during the themes arising from two focus group discussions, as well as individual interviews from the seven focus group participants in this qualitative study. The data analysis process was described using Colaizzi’s (1978) seven step process for data analysis. The chapter then went on to provide the results from a demographic survey given to the seven participants. Next, collective thematic results from the focus group and interview data were offered. Using Colaizzi’s (1978) approach, seven salient themes emerged as integral to the participants lived experiences of ERT. The themes were: *Evolving Perspectives*, *Finding Support*, *Adapting Instructional Strategy*, *Using Online Technology*, *Responding to Students*, *Evolving Emotions*, and *Personal and Peer Challenges*. Descriptions of these themes, along with illustrative quotes from participant data, were presented in this chapter.

The next chapter, Chapter 5, will merge participant quotes and findings from the results of this current chapter with reviewed literature from previous chapters and my own reflections. The aim of Chapter 5 is to explore each theme in detail and to answer the research questions by describing themes emerging from the lived experiences and perceptions of study participants

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within the context of reviewed literature, and in relation to my perceptions of my lived experiences as a nursing instructor during ERT and as the researcher in this study.

### **Chapter 5. Discussion of Results**

In this chapter, I discuss findings from the results presented in the previous chapter on the experiences of seven nursing instructors as they transitioned into ERT during the pandemic of COVID-19. I start by offering a brief conversation on the description of participants. Next, each of the major themes—evolving perspectives, finding support, adapting instructional strategy, using online technology, responding to students, evolving emotions, and personal and peer challenges—are discussed with triangulation from literature and reflexive thoughts from my research journal. Next, each research sub-question in this study is answered, based upon the findings presented in Chapter 4. Chapter 5 concludes by the offering a descriptive summary of lived experiences of the nursing instructors involved in this study within the contexts of current literature and my own lived experiences. Throughout this discussion chapter, direct quotes from the research participants and various relevant resources are used to deepen, broaden, and enrich the dialogue.

#### **Demographics**

Many participants in this study were fairly young. Among the seven participants, about two thirds belonged to the 30 to 39 years age group. These young participants devoted a fair portion of their adult lives to obtaining a Master's degree and working in the field, possibly explaining why they typically had five or fewer years of teaching experience. The Canadian Association of Schools of Nursing (CASN) reported that the majority of the educators within Canadian Schools of Nursing were over the age of fifty years (CASN, 2021). Therefore, most participants in this study tended to be somewhat younger than the Canadian average.

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At the time that data were gathered for this study, five of the seven respondents were working on a full-time basis, one was working on a part-time basis, and one was employed on a sessional contract basis. The 2021 CASN survey reported that 26.8% of faculty had permanent full-time positions and 63.2% were contractual, suggesting that participants in this study were more permanently employed than the average nursing faculty in Canada.

There were four types of courses taught by respondents during ERT, namely clinical practice, theory, labs, and simulation labs; some respondents taught more than one type of course. Five of the seven respondents taught clinical practice courses, three taught theory or simulation labs, and one taught a lab course. Research indicates that teaching practical, hands-on skills courses, such as lab and clinical, are challenging for nursing instructors in online environments outside of ERT; thus, it is important to examine if this phenomenon also existed within the participants' current experience within ERT (Jones et al., 2020; Wolf et al., 2017). When cross-referencing the type of course taught with the years of teaching experience and age of the respondents, I learned that clinical and lab courses were typically taught by the younger, less experienced participants, whereas the theory courses were taught by the older, more seasoned participants. These findings reflect the reality and nature of the workforce in nursing education as I have experienced it; newer and younger educators are mostly employed in clinical practice areas and are therefore more likely to teach clinical courses than theory courses. What is interesting to note is that, although the younger participants were faced with the additional challenge of trying to teach hands-on skills in a virtual setting, it was mostly the younger participants who indicated that they saw many advantages to online learning. In contrast, it was the more experienced participants teaching theory courses who tended to dwell upon the

shortcomings of online learning and who looked forward to returning to in-person face-to-face instruction.

### **Theme 1: Evolving Perspectives**

A major theme that emerged from this research study was one of evolving perspectives: that is, participants described how perceptions changed as nursing instructors made the transition from traditional teaching to ERT and learned to adapt to the ERT environment. When participants first transitioned to the ERT, they felt a loss of control navigating uncharted territory; there was a sense of urgency, a lack of direction from leadership teams and peer support that exacerbated this sense of feeling lost. This was illustrated by participants commenting that “[they] never taught online before,” “the Dean's Office, there wasn't much [support],” “[they] lacked preparedness,” “the support was not there” and that they were “trying to figure [it all] out,” with “a lot of stuff just being thrown” their way. Mohammed et al. (2020) found similar challenges amongst students and faculty; in that study their respondents, too, had a challenging time to adjust to the hitherto unknown realm of online teaching and learning. Additionally, literature reiterates that, in general, teachers experienced anxiety, stress, and fear of the unknown in fully online and remote environments during the COVID-19 pandemic (Hodges et al., 2020; Lederman, 2020a, 2020b). One of the key factors in nurturing positive connections amongst faculty, career advancement, and assignment organization, among other factors within nursing schools, is leadership support (Cash et al., 2011; Kirkham, 2016; Tourangeau et al., 2014). Toor et al. (2009) further stated that inadequate communication and lack of experience were among the leading negative factors identified in the workplace. They also recognized that leaders may be impacted by organizational factors in relation to insufficient resources and lack of control (Toor et al., 2009). Such findings were exemplified by the respondent data in this study

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as well. These respondents expressed a lack of guidance from their leadership teams during this time of hasty transition. This may be due to the fact that their leaders were also adjusting to the same situation and were maybe just as lost, thus helping to explain why leadership guidance was limited.

Eventually, as nursing instructors transitioned from the initial ERT and continued to use ERT, their perspectives about ERT started to shift and evolve. Participants began to dwell on the positive support that they received from leadership teams, teaching and learning, and their peers, noting how important these connections were in helping them to develop and grow within the online ERT arena. They discussed how “support was really good amongst faculty” and how “Teaching and Learning did a really good job,” and that the “leadership was good.” Literature also contends that support and guidance from leadership teams can help to prepare faculty with what the expectations are for teaching online (Mansbach et al., 2018; Shea, 2007). Instructors need to be supported in their teaching efforts when there is an emergency. Transitions to unknown teaching environments may cause distress and can be emotionally challenging for everyone involved, and can therefore impact how the transition occurs.

Flexibility and adaptability, the value of technology, building on strengths and balance within their lives were important lessons learned as participants in this study moved through the journey of ERT. Participants shared that, moving forward, they were “being more flexible,” providing “different ways of getting feedback,” “balancing all ... kind[s] of stuff,” “aware of our [each other’s] strengths,” and using technology for “engagement with students online.” Therefore, study participants reported that they did learn and grow from the experience, despite all of the turmoil. Literature around online teaching and flexibility concurs that flexibility was the most important incentive to online teaching (Mansbach et al., 2018). Consequently, having

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the experience of teaching remotely online during an emergency has provided faculty with an opportunity to adapt and change their teaching pedagogies. Ultimately, it is important for faculty to remain flexible, adaptable, and build on each other's strengths during times of emergency, and continue to learn and grow from these experiences.

I was also able to examine how my own thoughts and perspectives evolved as we moved through this uncertain period of ERT. I was well versed with using technology, but transitioning my in-person, hands-on lab to the virtual class setting was a challenge. During the initial leap, I also felt that I was looking for direction as to what was expected in an "online lab." However, just as participants in this study mentioned, I initially experienced a lack of leadership and loss of direction. As time passed, I learned that it was not so bad after all, I was able to adjust by remaining open and flexible while learning to teach hands-on skills in an online environment.

### **Theme 2: Finding Support**

Finding support was another major area that participants identified as being of importance to them during this time of adjustment. Nursing instructors explored how the experience of finding support was imperative when they had to rapidly transition to teaching remotely as a consequence of an emergency. This theme constituted the search for, discovery of, and analysis of human and other support resources. In the beginning of their journey into novel ERT situations, nursing instructors within this study reiterated that, when they initially searched for support, they discovered that it was lacking. As participants moved past the early transition, they realized that their support systems were indeed their fellow peers and leadership teams. Most participants spoke positively about the amount and quality of communication among faculty and leadership teams: "there's a lot of that communication," "the Dean's Office was really good," and "lot of involvement with the Dean's Office; I know they were constantly checking

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in.” Kalische et al. (2009) suggested that team work was vital within nursing practice and education. Nursing practice is built on team work; this was an important lesson for many nursing instructors to learn during ERT. Being prepared for an emergency requires everyone to work together and support one another, whether in the field or in the formal instructional setting.

Initially, the more novice instructors in my study initially felt isolated, as they were not able to meet their colleagues face-to-face before and after teaching classes like they had done before the pandemic. Lederman (2020a, 2020b), conveyed that novice and inexperienced faculty who were expected to teach in fully remote online environments had mixed emotions and uncertainty about the quality of education that they were providing. Nonetheless, nursing instructors in my study indicated that they soon formed networks, created new content, and also found other ways to break free from feelings of isolation through this period of chaos and adjustment. They relied on each other’s areas of expertise to navigate the situation to the best of their collective abilities. Literature, too, contended that mentorship and supportive peers were two important resources for novice nurse educators (Gardner, 2014).

Junior and novice faculty members need to feel supported and connected to their community of educators, thus it important for faculty to be supportive and check in with novice and junior faculty so that they feel a part of the team, especially during at time of adjustment and change related to emergency teaching. Disseminating information about what teaching tools and strategies work for some faculty helps other faculty to learn from that experience.

Finding support was a major theme amongst the participants within this research study. I also viewed support from my peers as being invaluable as we struggled to adapt in similar circumstances. Initially during the chaos, my sentiments about finding support from leadership mirrored those of the participants in this study. Unlike the participants, though, I felt that peer



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support was there from the beginning. Generally speaking, I was able to support my peers with best practices and other advice for teaching online from what I was learning at Athabasca University's EdD program. My peers reciprocated by helping me to transition hands-on courses to the online learning environment.

### **Theme 3: Adapting Instructional Strategies**

The theme, adapting instructional strategies, is about how nursing instructors in this study had to hastily pivot their instructional strategies to transition to teaching remotely as a consequence of an emergency and adapt strategies to become congruent within the online arena. When the pandemic started, nursing education had to make a move from in-person face-to-face classroom teaching to an online educational format. This online format required teachers to teach from home, with the facilitation of online technology. The participants' experience of adapting instructional strategies was more challenging as they initially transitioned, causing them to reflect upon the challenges of replicating hands-on skills online, including the challenges that students faced in learning such skills in the online environment. Participants wondered "If they've [the students] never practiced it or performed it before, there is no consolidation or application of learning that occurred from video based or from PowerPoint or from textbook to actually practice the skill."

Researchers also contended that teaching hands-on skills, and the caring and interpersonal aspect of nursing, could be a challenging task within remote learning environments (Jones et al., 2020; Wolf et al., 2017). Additionally, it was challenging to adapt to teaching fully online, but with no other option, they needed to pivot and adapt to unique online teaching strategies. One participant illustrates this point of view, "You know, really you had no other

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option, so when it comes time to go into online teaching, we had to be open to alternatives and just to really understand what this can deliver and how it can help us meet the course outcomes.”

Nursing and nursing education are built on forging relationships and teaching hands-on skills in-person; this custom was hampered when nursing instructors could not physically demonstrate this in online teaching and learning settings during ERT. It has always been an important part of the nursing profession to model roles using a mix of techniques, including cognitive and psychomotor; and students have needed to observe and practice these techniques in the clinical practice environments (Jones et al., 2020; Wolf et al., 2017). Interestingly, upon observation, most respondents tended to make more positive comments about the adjustment to ERT after they had begun to adapt to online teaching. The following quotes illustrated the adaption of instructional strategy, “But within terms of what I learned through this, I think it was really positive, because I feel like I've learned more tools, through online... I'm more comfortable with Moodle” and “I really appreciate all the online tools that I've been able to learn and adapt, and I feel like I'm less scared of doing a hybrid with online and in-person [course].”

Adaption to change is a well-known phenomenon: when the driving force, COVID-19, was stronger than the restraining force, instructors’ teaching pedagogy, then change was the only option. This led into an acceptance phase, which was the use and incorporation of the change (Kaminski, 2011; Lewin, 1951). In adapting to remote teaching in an emergency situation, the participants learned to be more open to different teaching pedagogies in the online environment. Without being challenged, most faculty said that they would have not chosen to teach online. Literature supports the fact that, prior to COVID-19, it was hard to convince educators about the efficacy of online teaching and learning, as many educators remained skeptical, and therefore hesitant to adopt this type of teaching pedagogy (Allen et al., 2011; Jaschik et al., 2016). Once

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nursing instructors' in this study were engaged in online teaching, many of them described it as a freeing experience, which enabled them to not only expand and adapt their previous instructional strategies, but also encouraged them to create and explore new instructional strategies. Having the ERT experience has not only helped nursing faculty to be more open to different approaches to teaching nursing education, but also enabled them to contemplate innovative ways to offer learning to nursing students. It is important to note that, although nursing faculty had little choice in the COVID 19 ERT experience, this experience enabled them to become more knowledgeable and better prepared to teach in emergency remote learning environments.

Initially, adapting instructional strategies, was a struggle for me as well. When I was in ERT, I felt at a loss—especially for instructional strategies that focused on the development of the hands-on skills that are so important in nursing education. Not being able to give feedback to the students “in the moment” also fostered a sense of loss for me. I had to learn how to adapt to giving feedback asynchronously. Yet, this adjustment was hard, I learned how to use tools within Moodle to help students learn and engage with course materials asynchronously.

### **Theme 4: Using Online Technology**

The theme, using online technology, is about how study participants used online technology, as well as the positive and negative attributes of it. The use of online technology initially influenced nursing instructors' views on technology in a negative manner. Frustrations stemmed from the lack of understanding of how to teach in an online environment, to technical glitches, advanced software for teaching certain courses online, and fatigue from the overwhelming amount of time spent online.

Literature also contends that multiple factors can contribute to negative views towards blended and online courses, such as: lack of motivation, pressure to stay current with perpetually

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evolving technologies, perceived impracticality or other personal attitudes towards technology, overall job satisfaction, and lack of understanding of the pedagogical nature of online teaching, which prompts resistance to adopt online technologies for teaching (Allen et al., 2017; Bates, 2019; Golden, 2016; Holten et al., 2013; Lackey, 2011; Siegel et al, 2017; Yang et al., 2005).

Participants in this study portrayed their experience of using online technology by making such statements as “A lot of us have never taught online before and I think that's the big challenge,” “There was always some sort of glitch or issue [with technology],” “We had to transition all online, and then we had to learn how to use the virtual sims” and “It was just electronic fatigue.” During their experiences of teaching online, at times frustrations arose when, during videoconferencing, they lost Internet connectivity, which meant their online classroom and students disappeared. Sometimes this was brief; the class came back when the Internet connection was re-established. However, other times it meant that the lesson for that day was over even though the class wasn't finished. Respondents explained that this led to feelings of frustration and anxiety about required course content needing to be offered in an asynchronous manner. Sharma et al. (2020) argued that remote teaching required technology and seamless Internet capability, and thus should be given precedence when delivering courses online to maintain the value of teaching and learning. In short, having reliable Internet, coupled with the experience of ERT, paves the path for blended/hybrid teaching in nursing education. Furthermore, learning to manipulate course content in an emergency helps nursing faculty to be better prepared for emergency teaching and also builds their online teaching experience.

Being able to teach effectively in an online environment requires reliable, good quality Internet connectivity. When connectivity not consistent, participants explained that nursing instructors experienced frustration, as they worried that students missed important lesson context

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and content. Furthermore, some participants explained that instructors felt inadequate in teaching the required course content, which left them worrying about “not doing a good job,” as one participant explained. Literature states that when faculty are expected to teach in fully remote online environments, it can lead to mixed emotions and uncertainty about the quality of education that faculty were providing (Dorfsman & Horenczyk, 2022; Lederman, 2020a; Li et al., 2021). Since being prepared to teach in remote online environments requires faculty to have experience with online teaching approaches, institutions need to provide this type of learning for their faculty. This training is not only critical now as we navigate current pandemic-invoked teaching, but also as we prepare for future emergencies.

In the end, peers capitalized on each other’s technological strengths. One participant stated that they were comfortable with the use of technology and that peers reached out to them for help, “A lot of people were asking me because I guess I was more tech savvy.” As their skill with technologies improved, some expressed openness to the idea of testing a greater variety of technologies; others expressed increased levels of comfort in online teaching. Some also acknowledged how the use of online tools enabled them to expand upon existing pedagogies and instructional strategies by commenting that “I’ve learned more tools, through online,” and “I’ve been able to learn and adapt, and I feel like I’m less scared of doing a hybrid with online and in-person.” Other research also reports an increase in technical astuteness among faculty and students as they learned to adapt to teaching and learning online. For example, Awad et al. (2019) posit that, prior to the pandemic, LMS sites were used as content storage by faculty and students, however, in the months since the pandemic began, more LMS site functionalities were being adopted. Education and support are needed for nursing faculty to be prepared for teaching in remote online environments and blended/hybrid formats to become comfortable with this style

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of teaching, so that they can work out any glitches while also learning to teach effectively online. In terms of emergency preparedness, having an LMS site and using it for various asynchronous and synchronous activities can help with transitioning to fully remote teaching in case of an emergency, as well as for transitioning to a more blended/hybrid teaching environment when the emergency subsides.

When transitioning to ERT, I already possessed background experience with teaching theory courses online. Therefore, unlike most of the participants in this study, I understood the role that online technology, including LMSs, played in students' learning and engagement. Since I did not struggle with using online technology, I was able to provide technical support for my colleagues. Therefore, my experience was different from that of most participants in terms of using online technology in ERT. Nonetheless, I worried about my ability to teach hands-on skills using online technological platforms such as Zoom, and wondered how much students were actually consolidating the practical skill.

### **Theme 5: Responding to Students**

Responding to students was another theme that was identified as being of importance during the data analysis process. Participants pointed out that responding to students was very much a part of nursing instructors' experience in the transition to ERT. Their discussions around responding to students ranged from building relationships with students in online teaching, and increasing their engagement with students, to understanding that students, too, were making a transition to remote learning.

Most nursing instructors were concerned about not being able to physically teach students "in the moment" like participants could in the clinical or laboratory settings. Respondents saw this as a barrier, causing them to feel disabled in the online environment. This was most likely

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because the foundations for nursing and nursing education rely heavily on building caring relationships in person; this was lost during ERT (Smith et al., 2017). Moreover, reviewed literature also stated that, during remote learning, there was a loss of direct feedback and response from instructors, thus leading to learners being not fully engaged in course content which, in turn, resulted in a decrease in student expectations (Sharma et al., 2020). Nursing instructors in this study described their concerns responding to students as “it's face-to-face and hands-on, so [online], you are not receiving that experience, and being disconnected from them [the students].” It is vital to nursing education to build connections with students, in an in-person setting, thus allowing for in-the-moment teaching to occur, that is, in clinical and laboratory settings; however, with ERT, the ability to do this was hampered by the transition to an online teaching environment. Ultimately, nursing instructors had to adapt to online teaching strategies and respond to their students' needs in a novel manner.

Moving forward from the initial transition to ERT, nursing instructors were compelled to reach out to students, stating, “it just really forced me to be interact with my students,” and “I'm also making more of an effort to engage with my students.” They too, understood that responding to students was important, because the students were also in transition to learning remotely online, and had “to adjust quite a bit as well” and they “struggled with it having it all online.” Nursing instructors in this study, explained how they used Moodle functions more to engage students by providing feedback in a timely manner. They had learned that it was important because instructors and students were distanced by space and time in the online environment; this was one way to enhance more timely feedback in the online environment. Recent research also concluded that, during the COVID-19 pandemic, when nursing instructors checked in with students, it helped the students manage the situation. Thus, touching base with

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students was proven to be of importance to them (McKay et al., 2022). Literature also indicated that, in remote learning environments, nursing students needed to feel a sense of belonging and community. This helped to increase student engagement, decrease isolative feelings, and enhance their learning (Mayne et al. 2011; Rovai, 2002). Additionally, a sense of belonging and community was vital in promoting student engagement within online learning. One major factor that promotes this is a strong partnership between nursing instructors and students (Martin et al., 2018; Gares et al., 2020). Nevertheless, maintaining and nurturing this type of engagement online were still the biggest challenges that nursing instructors needed to tackle (Ghasemi et al., 2020). It is important in nursing education to give in-the-moment feedback, however when this is not possible, such as in the experience of the nursing instructors in this study, different ways of giving feedback were sought in a fully remote way. Having various techniques for providing feedback are integral to engaging learners online and providing learners with a sense of belonging. Thus, it becomes important for faculty to be trained on various ways of providing online feedback within LMSs and to further be prepared to provide guidance to remote students, while simultaneously pivoting as needed for ERT.

In my experience of transitioning to ERT I, too felt compelled to check in with my students. The students were also adjusting to a new way of learning and thus faced their own struggles. I felt that, as an instructor, I was not able to see this when students were communicating online. In a face-to-face setting, I was able to see when a student is withdrawn, or doesn't attend class, but such things were hard to gauge in a remote teaching. Similar to study participants, I was worried about students and was therefore engaging in more frequent check-ins with my students.



### **Theme 6: Evolving Emotions**

Evolving emotions was another theme that emerged from this study. This theme entailed the various emotions related to nursing instructors as they experienced ERT and how these emotions changed during this time of transition and adjustment. In the beginning of their transition, nursing instructors heavily portrayed how stressful, chaotic, and overwhelming the entire situation was, and how this led to a feeling of the loss of control. The following quotes exemplify these feelings, “It was a mess,” “rushed, but very, very stressful,” and “without our control.” Sacco et al. (2021) also indicated stress related to unknown situations was reported by many nursing faculty (Sacco et al., 2021). However, as they moved through ERT, most participants’ emotions evolved into being more hopeful and promising; they “enjoy[ed] online teaching” and could not imagine “if this was before the era of Zoom and Wi-Fi, and how that would have impacted students and everybody; I think it was really positive overall.” Evolving emotions was important for participants to reflect on, as this situation was emotionally challenging and this evolution of emotions played a role in the transition to and during ERT.

This study showed that nursing instructors’ initial feelings and emotions of being overwhelmed and battling chaos changed as they moved through their experience of transitioning and began to adjust to ERT. Other research indicates that teaching experience was also notably impacted by emotions and thus had an overall effect on the instructors’ philosophies, viewpoints, and purpose (Chen, 2018; Schutz et al., 2006). Change can be emotionally challenging when there is no guidance or support especially during ERT. Having gone through ERT and experiencing their ever-evolving emotional journey, nursing faculty now have a sense of what ERT may look like in the future, and know what they want and need to be emotionally prepared.

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In comparing how I felt as a nurse in relation to the emotions expressed by my participants and in other studies, I would concur that I, too, initially felt emotionally overwhelmed. As a frontline- worker, I felt the emotional and physical trauma at work. While teaching, I felt stressed as well, in general, as we had no direction and the situation was perpetually changing on a daily basis. However, technology kept us all connected. I also relied upon my peers for emotional support. It helped to know that I was not going through this alone; my feelings of stress were reflected in the experiences of my peers as well.

### **Theme 7: Personal and Peer Challenges**

Another theme that emerged was personal and peer challenges. Personal and peer challenges included reflections on how participants perceived their peers' personal challenges, as well as perceptions of their own personal challenges in transitioning to ERT and during ERT. Nursing instructors in the study acknowledged that, for their peers and themselves, it was a "great shift from classroom teaching;" in that they had never taught in fully online environment before and, now with no choice, they had to transition hastily into ERT, though no one knew how to navigate the situation. Moreover, this situation challenged not only the logistics in a novel way for teaching nursing, but also mental exhaustion this transition had on participants and their peers. One participant felt that the "mental health piece about how people are doing, how are they managing, and making them aware of resources, just to help everybody stick it out," was a significant personal challenge for many nursing instructors to overcome. Norwell (2021) asserted that pandemics have the ability to profoundly increase the mental, emotional, and psychological burden on nursing staff and nursing educators alike. Leadership teams also needed to be aware of these negative stresses and mitigate them, so nursing educators and front-line nurses could continue to function (Nowell, 2021). Moreover, personal challenges and lessons

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learned through these challenges included balancing of personal and professional time, setting boundaries, and working a “typical nine-to-five responding during that time and then after 5 p.m. ... taking the time off.”

Other personal challenges stemmed from the lack of resources within the participants’ homes and personal spaces to “[find] space to work” and carry out remote work-related activities. Sacco et al. (2021) also report that maintaining work-life balance was a challenge for nursing faculty during the pandemic (Sacco et al., 2021). Nursing instructors were required to make major adjustments to their personal lives, and learn to navigate the situation from home, and that was not easy. They moved from on-campus locations, to teaching from their own homes. Often where it was necessary to create a space and schedules for this, there were children and other family members at home, too, because the pandemic forced closure of schools and businesses. Quarantining occurred during this time as well.

While nursing instructors in this study pointed out that finding resources at home, including establishing a space to work, I felt that I was well equipped to deal with this personal challenge. I had a home office and I had designated specific times when I would be doing “work-related” activities. During such times, I taught my children, who were also home from school due to the pandemic, not to disrupt me. Although this worked quite well most of the time, division of my attention between work and my children remained challenging on a handful of occasions. Nevertheless, I had already established a convenient work place, sufficient other work-related resources, and a balance between work and home life prior to COVID-19, so I did not seem to share the personal challenges identified by the participants in this study or in the cited literature.

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Having now presented the data as collated into the main themes derived from the data analysis process, I will now move on to use these thematic findings to answer the research questions raised in this study. I begin by answering the research sub-questions.

### **Research Sub-Questions**

The primary research question that guided this study was: “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency? The following sub-questions were also addressed

- a. How did nursing instructors adjust their teaching during ERT?
- b. What factors influenced them in their transition?
- c. What is the meaning that nursing instructors assign to their experiences with this phenomenon?
- d. What implications does this hold for the future of nursing education?

### **Adjust Teaching During ERT**

In this section, I address and discuss the key finding from the research sub-question, “How did nursing instructors adjust their teaching during ERT?” Participants discussed how they adapted their instructional strategies during ERT. Some offered remarks on how they adjusted practical classes, such as lab, for the online learning environment, while others conversed about the use of LMS tools to engage students. Overall, during this period of adjustment, many factors played a role in *how* nursing instructors altered their teaching. Such factors include: finding support, adapting instructions strategies to be congruent within online environments, and learning to use online technology in a haste, while simultaneously responding to students, managing personal and peer challenges, and working through an emotionally-charged, perpetually unpredictable situation. Additionally, the combination of having to learn

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how to adjust instructional strategies, while navigating the waters with leaders and peers who were also struggling to cope with these adjustments, created a lot of stress and heightened emotional responses. The majority of this discussion was centered around finding leadership and peer support. Participants felt that the lack of such support systems negatively impacted their ability to adjust their teaching, as they had no prior experience in online settings. As they moved past the initial adjustment period, they were able to rely more on peer support and expertise.

### **Factors Influencing Transition**

In this section I discuss the key finding from the research in relations to the sub-question, “What factors influenced the nursing instructors in their transition?” From descriptions of the nursing instructors’ experience in this study, they sought to remain optimistic. They learned how to adapt to produce the best outcomes for their students, given the circumstantial constraints. While many initially expressed initial negative emotions about the transition, most participants discovered positive elements to teaching online as they learned to adapt to the new situation. Other factors that influenced their transition to ERT ranged from finding support from leadership teams (Dean’s Office and Program Chairs) and peers, to online technological resources and dealing with evolving emotions. In fact, some were even glad that they had experienced such a transition, declaring that otherwise they would have never taught online, nor used the wide range of new tools and other resources available to engage learners and create meaningful dialogue in remote teaching.

### **Meaning of Teaching Experience**

In this section, I describe responses to the research sub-question, “What is the meaning that nursing instructors assign to their experiences with this phenomenon?” In other words, now that nursing instructors had made the adjustment to teaching online, and have looked at the good,

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the bad, and the ugly, what did this mean for them? Nursing instructors reflected and provided various insights into the meanings assigned to their teaching experience as they transitioned to ERT and during ERT. They learned to become flexible and adaptable, and to understand the value of online technology, while building on each other's strengths, finding balance, and making the most of a situation that they had little to no control over.

Nursing instructors in this study adapted to the situation and remained open to change. These changes were ones that they will possibly continue to adopt once the pandemic is over. Paradoxically, having the tragedy of a pandemic not only helped them to reflect on the changes needed in the current nursing curriculum, but also forced nursing instructors to move away from traditional ways of teaching and give students more autonomy over their learning. Ultimately, in having to transition to ERT, a major sense of positive, meaningful experiences arose among the participants in this study.

### **Future Implications**

In this last section I discuss the final sub-question, "What implications, does this hold for the future of nursing education?" The combination of factors that influenced nursing instructors' transitions to ERT, the adjustments they had to make, and the meaning that they derived from this whole experience will have implications for the future of nursing education. Nursing instructors felt that, moving forward, they had the tools in their toolkits to be able to teach online, provided that they continued to have strong peer support, as well as support from Teaching and Learning teams. They also expressed a desire to have direction from senior leadership teams as well. Moreover, online teaching has forever changed what we thought was the right way to teach nursing curricula.

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How we deliver course content, the development of our network of professionals, and the use of online technology-enhanced learning are all part of how nursing instructors will adapt to changes brought on by the pandemic. Having now had the experience of online teaching, participants felt better equipped to approach it, given that leadership was now in a position to support them. They also discovered that they had found unwavering support among their Teaching and Learning teams, peers, and professional networks. Ultimately, the changes brought on by the pandemic that prompted teaching nursing education online, and led most participants to conclude that they will continue to use online learning and blended learning to enhance in-person instruction. One respondent may revert back to their traditional methods of teaching, since this is what felt most comfortable to them and they were confident that these methods worked prior to the pandemic. Moreover, the disconnect some nursing instructors felt with students was a major deterrent in embracing online teaching. Therefore, when nursing faculties are making a significant change or transition in their approach to teaching and learning, it is important to:

1. Have support and direction from their leaders,
2. Assess learning needs of faculty and provide relevant training, and
3. Provide support for new learning.

Overall, more leadership support, continued peer support, and instructors maintaining flexibility and adaptability are all part and parcel of the implications for the future of nursing practice.

### **Summary**

In this chapter, I discussed the results by first examining the demographic findings. I then moved to the major themes that emerged from the data. These themes were: evolving perspectives, finding support, adapting instructional strategy, using online technology,

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responding to students, evolving emotions, and personal and peer challenges. I then discussed how the research sub-questions, from the adjustments made during ERT, factors influencing their transitions, the meaning of their teaching experience, and future implications.

From the initial hasty transition to ERT to during the time of ERT, nursing instructors in this research study shared their evolving perspectives. They felt that initially it was a chaotic situation. They identified a paucity of direction and support from peers and leaders alike, and even more so, the urgency of the situation and their fear of unknown. Eventually, their perspectives evolved; they found support, remained flexible, adapted to the changing situation, used online technologies, built on the strengths of their peers, and were able to see the transition as a more positive one.

Finding support from peers and leaders alike was quite important for the participants in this study. They felt the lack thereof initially, but the transition to ERT made them search for and discover support systems—from peers to leadership teams and other resources, such as Teaching and Learning departments. Together as teams, they worked to support each other in this time of uncertainty. Moreover, they adapted their instructional strategies, not by choice, but by the only option remaining—to forge ahead. This type of shift to unknown instructional strategies was hard for many to adjust to. Most worries stemmed from the absence of online instructional strategies; this was often related to learning how to teach hands-on skills in a virtual environment. However, by remaining open and flexible, they altered their teaching strategies to be congruent in online learning environments.

Not only was adapting their instructional strategies a key area of adjustment through the transition to ERT, participants also had to adjust to using new online technologies. In the beginning, feelings of frustration and fatigue emerged, as nursing instructors grappled with how



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to use online technology and the various programs, to dealing with technological glitches. As they continued to work in the online ERT environment, participants began to feel more comfortable navigating and understanding the technology used. Once again, they found support from peers and networked to see how online technology could be further be used to enhance nursing education.

Responding to students during ERT was also a concern for many nursing faculties. Initially participants described how felt disconnected from the students as they made the transition to remote teaching. This change prompted them to check in more frequently with their students and to consider alternative ways to engage students through their learning trajectories. The key takeaway was that instructors became more aware of engaging students in an online space, because they could not physically see them as they were able to in an in-person setting. Additionally, participants reflected their understanding that students, too, had home life stressors that may impact their engagement during ERT.

The period of ERT had many challenges and left nursing instructors with a number of new lessons learned, but it also came with an ever-evolving emotional journey. Reflecting upon the initial transition to ERT led all participants to describe feelings of being overwhelmed, fearful, stressed, and having a sense of a loss of control over the situation. Once their journey into ERT had progressed for a few months, their emotions settled, they discovered support, learned to navigate the situation, and saw how online technology enabled them to continue to teach. These factors ultimately led them to look at the transition in a more emotionally optimistic manner.

The transition to ERT also came with personal and peer challenges; these were ones that participants perceived their peers to possess, as well as their own personal challenges. These

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challenges stemmed from having a lack of resources at home, balancing life and work at home, and understanding peers' mental health and the toll ERT may have had on them. They learned that at home they needed to set work versus home life boundaries. They also learned the importance of having a designated office space at home moving forward.

From ever changing perspectives, to finding peer support, adapting instructional strategies, using online technology, responding to students, while simultaneously dealing with evolving emotions and personal and peer challenges, nursing instructors grappled with many challenges during this time of ERT. Being flexible, adaptable, and pivoting in time of crisis, combined with unwavering support from peers and leaders, as well as the use of online technology, nursing instructors were able to navigate through ERT. While the situation of the COVID-19 pandemic was (and still is) disruptive, it provided an opportunity for nursing education to become more innovative by using creative online teaching and learning strategies that encompass flexibility and welcome technology (Hassmiller et al., 2020; Institute of Medicine, 2011).

In this chapter, I have placed the lived experiences of the nursing instructors involved in this study within the contexts of current literature and my own lived experiences. These lived experiences were first described in a thematic manner, and then used to answer the questions poised in this study.

The following chapter addresses the main research question, "What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?" This chapter also offers implications to practice for emergency preparedness for online educators in nursing and other fields, as well as providing concluding thoughts on this study.

### **Chapter 6. Conclusion**

I stated in the beginning that war, revolution, natural disasters, and pandemics are historically known to cause hastening of emergency measure procedures; from this viewpoint, the COVID-19 pandemic has hastened the coupling of technology with education in traditional brick and mortar institutions (Lira et al., 2020). The COVID-19 pandemic has been challenging our educational systems worldwide. At this time, we are still grappling with various variants of COVID-19 and the hold that they have on our healthcare systems, educational systems, societies, and economies. Although we may move past the ERT period, there remains much uncertainty of what may happen in the coming months as we continue to navigate this tumultuous pandemic world. In the past two years, faculty has had to pivot and transition, at first hastily, when the COVID-19 pandemic began, but as more pandemic waves keep emerging, most schools have chosen to either place capacity limits for safely returning to in-person instruction, or to remain with online teaching.

This exploratory, descriptive phenomenological study was conducted during the Fall of 2021 to investigate the experiences of nursing instructors who had to rapidly shift into ERT due to COVID-19. The aim of this inquiry was to understand (1) the lived experience of the research participants during this time of adjustment, and (2) how their experience of adjustment influenced their understanding of this transition. Therefore, I explored nursing instructors' experiences with transitioning to ERT, describing how these experiences are similar, or different, from one another. In doing so, this study sought to determine whether new or revised teaching pedagogies, strategies, and activities could be identified to accommodate ERT and beyond.

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This concluding chapter begins with offering a response to the main research question that guided this study. The chapter moves on to outlines the assumptions, limitations, and delimitations of my study. It then considers future implications for practice for online educators.

The chapter draws to a close with discussion on future research initiatives.

### **Main Research Question**

The main research question that has guided the research was, “What constitutes the lived experience of nursing instructors who had to rapidly transition to teaching remotely as a consequence of an emergency?” This study aimed to explore the lived experience of the research participants, and in doing so, discovered themes of adaption, evolving perspectives flexibility, and maturation. In response to that question, this study has highlighted the vulnerability of nursing instructors who had to transition to ERT and adapt to a new normal, as well as their resiliency to accept change, remain hopeful, and support one another. In brief, this study demonstrated how online technology-enabled learning was able to save the day. Participants added new tools to their teaching kit; however, at the time of this study, they described their reality as one in which they did not yet have the time to reflect on their online teaching pedagogy. They were still in the midst of dealing with the uncertainty of perpetually changing provincial mandates. Participants expressed gratitude towards online teaching because, if it was not for online teaching and learning, education for future nurses would have been put on hold. Given the current demand for nurses, COVID-19 could have had a devastating impact on the health industry during this ongoing crisis. Nursing educators relied heavily upon their peers, finding support and uniting with each other to identify useful, innovative, and shareable online resources. Moreover, there was the self-discovery by some respondents that flexibility and

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adaptability, coupled with team effort and support, could turn a sudden and unknown beginning into a positive, hopeful, and more resilient future for nurse educators and their students.

The growth and transition of nursing instructors through the ERT experience is reflective of social constructivist approaches. Social constructivist is the theoretical framework employed by this study; as such, this study has clearly illustrated the main social constructivist tenant that reality is collectively and socially constructed (Mann et al., 2015). From the research participants' experience of transition during ERT, social constructivism manifests as the lived realities among the participants. In their own words, participants have described how nursing instructors pulled together in a time of crisis, learning from one another in a collective manner, and further creating networks with others beyond the institution and the local geographic community.

Participants have also reiterated the point that “as a team, we responded well...” and “as a team, and even as a school, everyone did their very best .... I think generally most nurses do that, they just step up and do what needs to be done.” These quotes highlight that the nature of nursing practice and nursing education is rooted in team work and collaboration, as well as the need to work and learn together (Handweker, 2012). This, in turn, reflects the worldview of social constructivism, in that our cultural beliefs, contexts, environments, and relations are in a process of constant evolution, thus influencing our socially constructed realities (Appleton et al., 1997; Doolittle, 2003; Mann et al., 2015).

Social constructivism provided the theoretical lens through which this study was conducted. This decision was based upon the premise that the theory of social constructivism acknowledged that multiple realities exist for people (Golafshani, 2003; Vygotsky, 1978). Furthermore, I selected descriptive phenomenology for my research methodology, because

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descriptive phenomenology was about examining the lived experiences of individuals and of how those realities came to be (Husserl, 2004; Ream et al., 1996). Therefore, I focused on socially constructed experiences and related understandings of nursing instructors as they transitioned to ERT. In this study, participants drew upon their past experiences of teaching, and then worked with their colleagues to adapt existing approaches and construct new approaches to their teaching styles. They continued to build on these experiences and describe their evolving perceptions of these experiences as they moved through ERT. This was reflective of social constructivist approaches, such as the reliance upon peers to learn how to use technologies and to create resources, emanated throughout the findings of this research study. By employing a descriptive phenomenological methodology, I was able to capture, explore, describe, and illustrate—in the participants’ own voices—what these lived experiences were through a social constructivist lens.

At the beginning of my research journey, there had been limited attention given to instructors who transitioned to online teaching during the COVID-19 pandemic; the majority of available research addressed student concerns, especially in the field of nursing (Jowsey et al., 2020). Nursing education has traditionally been built on theoretical and hands-on, in-person practical knowledge. However, this tradition has been disrupted with the COVID-19 pandemic, since students and instructors have had to move into ERT. Transitioning into ERT has not been an ideal situation for nursing, as students needed to consolidate knowledge and hands-on skills in the clinical practice area: without this type of practice during ERT, instructors have been worried about how students would thrive once they had moved on to new semesters or graduated from their nursing programs. Reviewed literature has also recognized this as a stressor for nursing instructors, documenting how nursing instructors have worried about how to adapt hands-on

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practice to online environments, for it is difficult to assess and evaluate psychomotor skills in a virtual environment (Gisondi, 2020; Li et al., 2021). Consequently, during ERT, nursing instructors have made great use of virtual technology, such as Zoom meetings for online face-to-face instruction, online platforms for engagement, and virtual simulations to enhance student experiences, while simultaneously encountering a number of challenges along the way.

This study highlighted a major theme of evolution, the evolution of nursing instructors' perspectives, as they moved through a tough, primarily unguided transition to ERT. Having to learn about and adapt to the situation was hard, if not unimaginable for some when ERT first began. Emphasis was placed on the critical function of leadership teams; that is, leadership teams needed to have a strong presence in guiding and supporting instructors during times of crisis and beyond. As work continued during ERT, nursing instructors learned that by remaining flexible, continuing to adapt, and using online technology, they were able to make the best of the situation in order to promote the success of their students. Notable descriptions of experiences within the main evolution of perspectives theme were of, self-discovery, flexibility, and progressive mindsets, coupled with team effort and support. Descriptions of the lived experiences from participants emerging from their reflections and the main theme, evolving perspectives underscore throughout this study that a sudden unpredictable, and challenging beginning can evolve into a positive, encouraging, and more resilient future.

Finding support was also invaluable for nursing instructors. Peers supported each other by building on each other's strengths and offering advice. They created networks when leadership was unable to provide guidance and support. With no real direction at the beginning of ERT, instructors adopted personal approaches and teaching strategies. Teaching and Learning teams also offered significant support throughout the transition. Although the Teaching and

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Learning teams proved to be the cornerstone for online technological support and some pedagogical guidance, it was nursing instructors who endured this transition and, in turn, provided a significant amount of the assurance and other supports that their peers needed. This study therefore highlighted the importance of peers uniting and supporting each other by sharing experiences and concerns, as well as valuable and often innovative online resources.

Adapting their instructional strategies to meld better with online teaching and learning was a difficult task for the participants, a task that was exacerbated by needing to learn how to use online technology in the various facets of nursing education. However, nursing instructors quickly adapted and then moved forward with new tools to use for online teaching and learning. Additionally, participants learned that it was important for nursing instructors to respond in new ways to students in remote learning, as this helped to promote student engagement as well as staying connected to the students.

By drawing on nursing instructors' lived experiences, as described by them, I was also able to examine and reflect on how these experiences related to my own lived experiences of the phenomenon of transitioning into ERT. I, too, felt overwhelmed and anxious at the beginning of ERT. I shared the same worries about the students in my lab class and how they were supposed to replicate real life skills in an online environment. Overall, I also learned from my network of peers; they were my main support system. Unlike most participants in this study, however, I was familiar with learning and working in the home environment, and had used many of the online learning technologies prior to ERT. Yet, I also learned many techniques and ways to use Moodle functions to make my courses more interactive. In the end, I discovered that my experience of transitioning to ERT was similar in many ways to those of the nursing instructors in this study.



### **Assumptions, Limitations, and Delimitations**

Boundaries placed on this study stemmed from various assumptions, limitations, and delimitations. It was presumed that the participants would want to be a part of the study. I assumed that all participants would not enjoy teaching online, would not want to add hybrid online learning to their teaching pedagogy and, thus, would address online teaching in a negative manner.

According to Simon (2011) limitations could affect the study outcomes and findings, and yet the researcher often had little control over this (Simon, 2011). In this study, one limitation was that I invited participating instructors to include other data sources available to them to help explain their experience, such as personal journals, notes, artwork, and drawings, but no participant offered any other resources. This impacted my ability to assess what theoretical approaches and strategies participants were employing, thus limiting insights into what worked for them; for example, I do not know if they used e-flipped classroom strategies or not.

Researchers place delimitations to control the extent of the study (Simon, 2011). The first limit that I set was choosing to invite instructor participants from four post-secondary institutions that offered nursing programs in the Lower Mainland region of the Canadian province of British Columbia. Furthermore, research participants were all English-speaking nursing instructors who made the shift of teaching theory, lab, or practice courses from in-person to ERT teaching. Restrictions of inviting only potential English-speaking participants from four post-secondary institutions were related to time, financial, and researcher language constraints. Moreover, this was a phenomenological research study, which meant that it required a small group of participants and was not meant to be representative of the larger community, but rather be transferable in nature (Cohen et al., 2018; Leung, 2015).

### **Future Implications**

This study investigated how nursing instructors transitioned into ERT using a descriptive phenomenological methodology. Strategies to mitigate institutional and other contextual factors that challenged ERT were identified for nursing education institutions, programs, and instructors. These strategies included (1) uniform support from leadership teams, (2) continued support from Teaching and Learning departments, and (3) a strong peer support network. When nursing faculties are making a significant change or transition in their approach to teaching and learning, it is important to:

1. Have support and direction from the leadership,
2. Assess learning needs of faculty and provide relevant education and training, and
3. Provide support for new learning.

Furthermore, this study highlighted the importance of the use of LMS technology across all courses, in case an emergency arose and instructors needed to return to online teaching. Based on this study's findings, it is recommended that post-secondary institutions' strategic plans should include access to an LMS, faculty training around online teaching and online teaching pedagogy, and ERT plans.

Nursing has its own challenges when it comes to hands-on practice in the online environment, so it may be important for nursing instructors to be exposed to, and to practice using various online tools to enhance the learning experience, even though students might practice in-person. A hybrid model for nursing curriculum is highly recommended: one, as most faculty have used online teaching methods during ERT, they now have experience on how to use ERT in an online or hybrid manner for theoretical courses and know the value in using these delivery methods in the future. Secondly, for practice courses, they can use online tools in pre-

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and post-clinical, or laboratory classes to enhance student learning; this could incorporate the use of tools embedded within an LMS, such as surveys, quizzes, and online modules.

Now that students have had this ERT experience, they may also want to learn online; instructors should be flexible and open to providing these types of learning environments, especially if the instructors' aim is to enhance students' self-directed learning abilities.

Leadership teams need to do more to assist in developing online teaching and learning within nursing education; a first priority should be to provide guidance and support for nursing faculty and students.

The work of nurses within the practical environment is most often team work (Kalische et al., 2009); this was the strong point that was highlighted in this study, even in the academic world of nursing education. This is supported by the ability to be open to change. Remaining flexible and working with supportive peers can help an unknown and challenging experience become a more positive one.

The lessons learned from this exploratory research can be transferable to other departments within the post-secondary institution system and outside the context of COVID-19.

### **Looking Forward - Emergency Preparedness for Educators**

Although nursing instructors in this study made hasty transitions to the uncharted territory of ERT, in order to provide quality learning for their students, these instructors knew that it is was imperative to learn and grow from such experiences. Being prepared to teach in remote online environments requires faculty to have experience with online teaching approaches, therefore institutions need to provide this type of training for their faculty. This has become even more important now as nursing instructors not only navigate through pandemic teaching, but to also be prepared for future emergencies. Not only are education and support needed for nursing

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faculty to be prepared to teach in remote online environments, but also for nursing faculty to work out glitches and become more comfortable with blended/hybrid learning formats as institutions move away from ERT. In terms of emergency preparedness, having an LMS site and using it for various asynchronous and synchronous activities can help with transitioning to fully remote teaching in case of an emergency, as well as in subsequently transitioning to a blended/hybrid approach to teaching. Part of this training should include instruction on various ways of providing online feedback within LMSs, in addition to providing guidance to students in remote teaching if a pivot is needed again for ERT.

Drawing from the lived experience of participants in this study of ERT, I put forth implications for practice for educators who are making a transition to emergency teaching.

### ***Emergency Preparedness for Online Educators: Implications for Practice***

Educators need to be *supported* and guided by their leadership teams, as well as their Teaching and Learning teams in times of emergency and beyond when teaching online. For example, it is recommended that leadership teams initiate open avenues for communication, provide resource lists for educators, and offer flexible, ongoing, and timely support based on faculty needs. Furthermore, supportive peers and peer mentorship are crucial for educators who are new to online teaching.

*Training* needs to be provided that is geared towards best practices for basic LMS usage, online technologies (e.g., virtual simulations) and technological tools that enhance online teaching such as laptops, webcams, and extension screens. Additionally, *learning* needs of individual and collective educators need to be identified so that relevant training can be provided, rather than being limited just to online course development and basic use of technologies. For example, learning can be related to the various advanced functions of an LMS

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(e.g., grading tools, student engagement tools). In addition, *ongoing education and training are* vital to the process of emergency preparedness, as these provide continuous support for new learning. As online technology continues to change and evolve, educators need to be supported for perpetual training on new online tools and technologies. Therefore, targeted professional development planning and time are vital for educators to learn, and enhance understanding and practice with technologies for teaching online, which are integral elements of emergency preparedness.

### **Future Research**

One area for future research would be to repeat this study with an exclusive focus on the experience of adjunct or sessional educators within nursing. In this study, there was no limitation on whether nursing instructors were full time, part-time, or adjunct nursing instructors. Another suggestion would be to replicate this study with other departments that have learning activities in clinical settings, as this study was focused solely on investigating nursing education theoretical and practical courses. Geographically, this study was limited to having participants who were located within institutions in the Lower Mainland area of British Columbia, Canada. In Canada, allocation of educational funding and curricula are determined by each province, so transitioning to ERT could vary accordingly. Therefore, future research might include all post-secondary nursing schools across Canada.

Students were also a major part of the transition to ERT, so future research might involve a mix of students and/or instructors' perceptions of the transition. This study offered insights into how nursing instructors adjusted during ERT; exploring how nursing instructors adjusted after the pandemic is another area for future research. More areas for future research might address other health disciplines that have had traditional in-person laboratory experiences, in order to

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understand how they adjusted during the pandemic. Other options for future research could explore how a study that gathers data from research participants' personal sources, such as blogs and journals, might provide further evidence and insights into the strategies that were being used versus strategies that might also be considered.

This descriptive phenomenological dissertation study of nursing instructors, who had to make a rapid transition to ERT during the pandemic of COVID-19, provided an in-depth view of their lived experiences as told from their perspectives. I am hopeful that the lived experiences during this transition shared by nursing instructors in this study will improve not only nursing education for the future, but also other educational curricula as well. Furthermore, I hope that anticipated changes are not limited to faculty supports or program designs, but also consider avenues to success within the fields of distance online education and nursing education for students as well. In closing, this study indicates that through hardship and trouble, and with no choice but to move into online environments, nursing instructors have endured the ERT journey and evolved. Resiliency, peer support, flexibility and adaption—paired with distance online education and technology—has ultimately made the transition to ERT a positive one for the nursing instructors in this study.

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**Appendix A: Ethics Approval, Athabasca University**



**CERTIFICATION OF ETHICAL APPROVAL**

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

**Ethics File No.:** 24414

**Principal Investigator:**

Mrs. Harjinder Sandhu, Graduate Student  
Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education

**Supervisor:**

Dr. Agnieszka Palalas (Supervisor)  
Dr. Mohamed Ally (Supervisor)

**Project Title:**

Rapid Transition to Emergency Remote Teaching: Nursing Instructors' Experiences

**Effective Date:** July 20, 2021

**Expiry Date:** July 19, 2022

**Restrictions:**

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

**Approved by:**

**Date:** July 20, 2021

Michael Lithgow, Chair  
Faculty of Humanities & Social Sciences, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board  
University Research Services, Research Centre  
1 University Drive, Athabasca AB Canada T9S 3A3  
E-mail rebsec@athabascau.ca  
Telephone: 780.213.2033



# RAPID TRANSITION TO EMERGENCY REMOTE TEACHING

## Appendix B: Ethics Approval Renewal, Athabasca University



### CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

**Ethics File No.:** 24414

**Principal Investigator:**

Mrs. Harjinder Sandhu, Graduate Student  
Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education

**Supervisor/Project Team:**

Dr. Agnieszka Palalas (Supervisor)  
Dr. Mohamed Ally (Supervisor)

**Project Title:**

Rapid Transition to Emergency Remote Teaching: Nursing Instructors' Experiences

**Effective Date:** July 6, 2022

**Expiry Date:** July 05, 2023

**Restrictions:**

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

**Approved by:**

**Date:** July 06, 2022

Paul Jerry, Chair  
Athabasca University Research Ethics Board

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Athabasca University Research Ethics Board  
University Research Services Office  
1 University Drive, Athabasca AB Canada T9S 3A3  
E-mail: rebsec@athabascau.ca  
Telephone: 780.213.2033

## Appendix C: Ethics Approval, Kwantlen Polytechnic University



Kwantlen Polytechnic University  
12666 – 72 Avenue  
Surrey, BC V3W 2M8

## Certificate of Ethical Approval for Harmonized Minimal Risk Behavioural Study

Also reviewed and approved by:

- Langara Research Ethics Board
- UBC Behavioural Research Ethics Board
- British Columbia Institute of Technology

**Langara.**  
THE COLLEGE OF HIGHER LEARNING.



<b>Principal Investigator:</b>  Harjinder K Sandhu	<b>Primary Appointment:</b>  	<b>Board of Record REB Number:</b>  <b>Board of Record:</b> Kwantlen Polytechnic University REB	<b>UBC REB Number:</b>  H21-02190																								
<b>Study Title:</b> Rapid Transition to Emergency Remote Teaching: Nursing Instructors' Experiences																											
<b>Study Approved: September 7, 2021</b>		<b>Expiry Date: September 7, 2022</b>																									
<b>Research Team Members:</b> N/A																											
<b>Sponsoring Agencies:</b> N/A																											
<b>Documents included in this approval:</b>	<table border="1"> <thead> <tr> <th>Document Name</th> <th>Version</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>Consent Forms:</b></td> </tr> <tr> <td>Participant consent form</td> <td>3</td> <td>September 6, 2021</td> </tr> <tr> <td colspan="3"><b>Advertisements:</b></td> </tr> <tr> <td>Invitation Letter</td> <td>2</td> <td>September 1, 2021</td> </tr> <tr> <td colspan="3"><b>Questionnaire, Questionnaire Cover Letter, Tests:</b></td> </tr> <tr> <td>Demographic Survey</td> <td>N/A</td> <td>July 26, 2021</td> </tr> <tr> <td>Focus group and Individual Interview question guide</td> <td>N/A</td> <td>July 26, 2021</td> </tr> </tbody> </table>			Document Name	Version	Date	<b>Consent Forms:</b>			Participant consent form	3	September 6, 2021	<b>Advertisements:</b>			Invitation Letter	2	September 1, 2021	<b>Questionnaire, Questionnaire Cover Letter, Tests:</b>			Demographic Survey	N/A	July 26, 2021	Focus group and Individual Interview question guide	N/A	July 26, 2021
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Focus group and Individual Interview question guide	N/A	July 26, 2021																									
This ethics approval applies to research ethics issues only and does not include provision for any administrative approvals required from individual institutions before research activities can commence.																											
The Board of Record (as noted above) has reviewed and approved this study in accordance with the requirements of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2, 2018).																											
The "Board of Record" is the Research Ethics Board delegated by the participating REBs involved in a harmonized study to facilitate the ethics review and approval process.																											
The application for ethical review and the document(s) listed above have been reviewed and the																											

## RAPID TRANSITION TO EMERGENCY REMOTE TEACHING

procedures were found to be acceptable on ethical grounds for research involving human subjects.

**This study has been approved either by the Board of Record's full REB or by an authorized delegated reviewer.**

**Appendix D: Participant Information & Invitation Letter**

**PARTICIPANTS NEEDED FOR RESEARCH IN EMERGENCY REMOTE  
TEACHING**

Dear Nursing Instructor,

My name is Harjinder Sandhu and I am a doctoral student at Athabasca University. As a requirement to complete my degree of Doctor of Education in Distance Education, I am conducting a research project about nursing instructors' experiences of transitioning to remote teaching during a crisis. I am conducting this project under the supervision of Dr. Mohamed Ally and Dr. Aga Palalas.

I am looking for volunteers who are Nursing instructors to partake in a study to examine their transitions to emergency remote teaching (ERT) during a crisis. As participant in this study, you would be interviewed about your experiences transitioning to emergency remote teaching. Your participation is entirely voluntary and would take approximately 90 minutes of your time in a focus group setting and individually. By participating in this study, you will help us to better understand how nursing instructors made their transition to ERT, and their lived experiences during these adjustments.

As a Nursing instructor, your input is very valuable to help us understand this experience. If you would like to participate and/or hear more information about this study, please email me directly.

To learn more about, or participate in, this study, please contact:

Principal Investigator: Harjinder Sandhu

Email: Harjsandhu86@gmail.com

phone: 604-537-5374

This study is supervised by:

Dr. Mohamed Ally Email: [Mohameda@athabascau.ca](mailto:Mohameda@athabascau.ca)

&

Dr. Aga Palalas

Email: [Agapalalas@athabascau.ca](mailto:Agapalalas@athabascau.ca)

This study has been reviewed by the Athabasca University Research Ethics Board.

**Appendix E: Informed Consent Form**

**PARTICIPANT CONSENT FORM**

**Rapid Transition to Emergency Remote Teaching: Nursing instructors' Experiences  
[Approval #24414]**

**STUDY TEAM**

**Principal Investigator (Researcher):**

Harjinder Sandhu,  
Graduate Student, Faculty of Humanities & Social Sciences  
Athabasca University, Alberta  
Email: [Harjsandhu86@gmail.com](mailto:Harjsandhu86@gmail.com)  
Phone: 604-537-5374

**Co- Supervisors:**

Dr. Mohamed Ally  
Faculty of Humanities & Social Sciences  
Athabasca University, Alberta  
Email: [MohamedA@athabascau.ca](mailto:MohamedA@athabascau.ca)

Dr. Aga Palalas  
Faculty of Humanities & Social Sciences  
Athabasca University, Alberta  
[Agapalalas@athabascau.ca](mailto:Agapalalas@athabascau.ca)

1 University Drive  
Athabasca, Alberta AB  
T9S 3A3

Dear Nursing Instructor,

My name is Harjinder Sandhu and I am a doctoral student at Athabasca University. As a requirement to complete my degree of Doctor of Education in Distance Education, I am conducting a research project about nursing instructors' experiences of transitioning to remote teaching during a crisis. I am conducting this project under the supervision of Dr. Mohamed Ally and Dr. Aga Palalas.

This form is a part of the process of informed consent. The information provided should help you understand what this research is about and what your participation will involve, should you choose to participate. Please contact the principal investigator, Harjinder Sandhu, if you have any questions about the research project or would like further information before you consent to participate. If you have any further questions, you may also contact my research supervisors Dr. Mohamed Ally and Dr. Aga Palalas.

As a participant, you are asked to take part in one audio-video recorded interview and one focus group about your experience of rapidly transitioning to remote teaching during a crisis. All

## RAPID TRANSITION TO EMERGENCY REMOTE TEACHING

interviews and focus groups will take place via Zoom videoconference software. Participation in each element will take approximately 60-90 minutes of your time.

The main benefit of participation in this study is the opportunity to contribute to the development of knowledge in the field of online nursing education within undergraduate nursing programs. The aim of study is to better understand what supports are needed for the transition to online teaching.

There are no known risks associated with participating in this study. Any information that is obtained with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. I may present a summary of the findings at conferences and publications. There will be no way of linking individual names with a particular response, unless you wish to have your comments attributed specifically to you. While I do not anticipate any risk, it is important to acknowledge that talking about the COVID-19 experience could generate feelings of stress. If this occurs, you will be offered an opportunity to follow up with a counsellor at your institution to speak more specifically about these feelings.

If you choose not to participate, or if you decide to withdraw from the research once it has started (by notifying me that you no longer wish to participate), there will be no negative consequences at any time. Your participation in this study is entirely voluntary, and if at any time you become uncomfortable, you may refuse to answer any questions or share information. Within 3 weeks following the interview, you will receive an interview transcript via email and be given the opportunity to alter/clarify any comments that you have made.

I will make every effort to ensure your confidentiality is maintained. You will not be identified in publications. In focus groups, participants will be asked to maintain confidentiality of the information presented in the group unless you wish to have your comments attributed specifically to you. I will be responsible for maintaining confidentiality of any data that I possess. All participants will be given a pseudonym that will be used if there is a need to refer to a specific participant in the written version of the research. All data, both audio-video and written, will be stored safely in a locked cabinet. My dissertation supervisors and I will be the only people with access to the data. Data kept on my personal laptop will be double password protected along with the files being password protected.

This study will be using Zoom Videoconferencing which is a U.S. company and as such is subject to U.S. laws including the U.S. CLOUD Act and U.S. Patriot Act. As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US laws. The security and privacy policy for the web survey company can be found at the following link: <https://zoom.us/privacy>

Once the research is completed, participants and members of the public can obtain a written copy of the results through the Athabasca University Library's Digital Thesis and Project Room.

You may keep a copy of this form that explains the nature of your participation and the handling of the information you supply. If you have any questions about this study or require further

## RAPID TRANSITION TO EMERGENCY REMOTE TEACHING

information, now or anytime during the study, please contact Harjinder Sandhu or Dr. Mohamed Ally and Dr. Aga Palalas using the contact information above.

*This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact the Office of Research Ethics at 1-800-788-9041, ext. 6718 or by e-mail to rebsec@athabascau.ca.*

Thank you for your assistance in this project, your participation is greatly appreciated,

### **Informed Consent:**

Your signature indicates that you have read this information provided above and have decided to participate in this study. You may withdraw at any time after signing this form, if you decide you do not wish to participate. The information that you have provided up to that time can be retained by the researchers in their reports or you can request that we don't use it and it will be withdrawn. (If you decide to withdraw, we will ask you for your preference at that time).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

By initialing the statement(s) below,

\_\_\_\_\_ I would like to receive a copy of the results of this research study by email.

e- mail address:

\_\_\_\_\_

## Appendix F: Focus Group and Interview Question Guides

### Focus Group Question Guide

1. Describe the time when you had to transition to emergency remote teaching.
2. What factors influenced your transition? And how?
3. Did you notice that you experienced this transition in a similar way, or different from, that your colleagues?
4. What did that experience feel like?
5. During the experience, how were you feeling about the other(s) involved? For example, your Program directors, the Deans office, and the Teaching and Learning department?
6. What is your understanding about how students fared through this process of ERT?
7. How would you describe how your teaching methods have changed (or not) moving forward?
8. Describe how you have adjusted your teaching after ERT (*this may not be answered depending on the situation*)

### Possible Prompting questions:

1. Tell me about that?
2. Could you say more about that?
3. What do you mean by that...?

### Possible Structuring questions:

1. I would now like to move on to the next question



**Individual Interview Question Guide**

1. What other factors influenced your experience into ERT?
2. Consider if you had to do ERT again, what would you change? Or not? And why?
3. Is there anything else you would like to add to your whole experience of ERT?

**Appendix G: Demographic Survey Questions**

**1. Which category below includes your age?**

- ☐ 21-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60 or older

**2. What is the highest level of school you have completed or the highest degree you have received?**

- ☐ Bachelor degree
- ☐ Master degree
- ☐ Master degree in progress
- ☐ Doctorate
- ☐ Doctoral degree in progress

**3. Which category below includes the number of years you have been teaching in a Nursing Program:**

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 15- 20 years
- ☐ 21+ years

**4. What is your current employment status at your post-secondary institution?**

- ☐ Full-time
- ☐ Part-time
- ☐ Sessional

**5. During your time of transition to ERT, which Nursing courses were you teaching?**

- ☐ Theory
- ☐ Laboratory
- ☐ Simulation labs
- ☐ Clinical Practice