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The Lived Experience of Nursing Faculty at Rural Community Colleges in East Texas During the COVID-19 Pandemic

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Walden University
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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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Abstract

The COVID-19 pandemic highlighted the need for public health (PH) emergency preparedness and for the formal training of frontline workers, primarily nurses, on how to manage PH emergencies. The need for the latter was especially evident at U.S. rural community colleges (RCC), a subset of institutions of higher education (IHEs), which, due to a lack of resources, lacked PH-trained nursing faculty members (NFMs). The purpose of this qualitative study was to discover the lived experience of NFMs in RCC in East Texas during the COVID-19 pandemic. The phenomenological theoretical (PT) framework assisted in understanding the lived experience of the NFMs who participated in this study. Semi-structured individual interviews were conducted with 11 NFMs in two RCCs in East Texas. The audio-recorded responses were transcribed, coded, and thematically analyzed to reveal the following five themes: (a) PH services offered, changes, and the impact of the pandemic; (b) PH emergency preparedness; (c) available resources and PH experience with mitigation; (d) social, mental, and psychological effects and challenges; and (e) coping strategies to manage the COVID-19 pandemic. The study's implications for positive social change (PSC) include highlighting the need for training of NFMs on PH emergency skills, developing PH emergency protocols and blueprints, and creating a streamlined PH communication channel in IHEs. It is anticipated that implementing these identified PSCs will result in enhanced PH emergency preparedness in the future. It is also expected that the changes would lead to or result in better and robust PH outcomes during and after the occurrence of potential PH crises like the COVID-19 pandemic.

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Dedication

I dedicate this dissertation to my Creator and Almighty God with humility and immense gratitude. This dissertation is also dedicated to my beloved husband and children: Anthony I. Isichei, Joan C. Isichei, Benedict C. Isichei, and Charles I. Isichei. In addition, I dedicate this work to my parents of blessed memory, Elizabeth and Felix Onwudinjo.

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This acknowledgment would be incomplete without recognizing my immediate family members' vital roles. They include my sweetheart and loving husband, Anthony Ifeanyi Isichei, and my three most precious gifts from Almighty God, my adorable children—my daughter, Joan C. Isichei, and my two sons, Benedict Isichei and Charles Isichei—for their endless love, relentless support, and words of encouragement.

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Chapter 1: Introduction to the Study

The World Health Organization (WHO, 2020) declared the Coronavirus 2019 (COVID-19) a pandemic on March 11, 2020. Internationally and locally, cases of the disease are still being reported, and all societal institutions have been negatively affected (WHO, 2022). One sector of society that has been adversely affected by the pandemic is higher education. In the United States, students and academic and administrative staff in institutions of higher education (IHE) have reported anxiety, depression, mental fatigue, and inability to sleep due to fear of contracting the disease and a lack of support from public health (PH) authorities (Sacco & Kelly, 2021; Sessions et al., 2022; U.S. Department of Health and Human Services, 2021).

Adverse COVID-19 impacts are particularly prevalent in IHEs located in rural areas of the United States. According to the National Institutes of Health (2021), a surge in the COVID-19 pandemic was reported in U.S. rural counties in 2020. Specifically, Platoff et al. (2020), the Texas Department of Health and Human Services (2020), and Wilson-Summer (2020) reported a surge in cases and deaths in IHEs in rural counties in all 50 states, including Texas. These authors asserted that this was due to the lack of practice of infection control measures and poor preventive health behaviors among students and faculty. Such poor health behaviors, among other behavioral issues, included refusal to use masks and refusal to comply with social distancing and quarantine protocols (Seguin-Fowler et al., 2022).

Local PH officials and other frontline health care workers, including nursing faculty, embarked on community and preventive health education to mitigate this lack of

awareness about preventive health behavior. This action was aimed at infection control in the community and college settings (Seguin-Fowler et al., 2022). The effort of these frontline health workers contributed largely to controlling the spread of the COVID-19 pandemic among the rural population in all 50 states, particularly in Texas. Still, little is known about the lived experience of the nursing faculty members (NFMs) who actively participated in pandemic mitigation (Gardner, 2020; Iheduru-Anderson & Foley, 2021; Johnson et al., 2022; Leal Filho et al., 2021). There is a need to explore these nurse educators' experiences to determine how their role during the pandemic affected them, their families, their colleges, and their communities. Such knowledge may have implications for PH approaches to future pandemics.

In this study, I used the phenomenological design approach to discover the lived experiences of NFMs in rural community colleges (RCCs) in East Texas related to the COVID-19 pandemic. I also attempted to discover how these nurse educators transitioned from their nurse faculty function to PH practice role during the COVID-19 pandemic. I sought to ascertain any likely challenges they might have encountered and how they coped. The study findings may help identify PH strategies to better prepare nursing faculty at RCC for any potential PH crisis like the COVID-19 pandemic.

In this chapter, I provide an overview of the study, beginning with further background information about the research topic. I address the research problem, the purpose of the study, and the research questions (RQs). This chapter also includes discussions of the theoretical framework nature of the study. Additionally, the

assumptions, scope and delimitations, limitations, and significance of the study are also explained. The chapter concludes with a summary of key points.

Background

COVID-19, also known as “coronavirus disease 2019,” is contagious. It is caused by a newly discovered type of coronavirus identified as SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2. COVID-19 disease ruined individuals' and families' mental, emotional, and physical health, resulting in global economic, physical, social, and mental health impairment (Das et al., 2021; Lee, 2020). By the end of 2020, about 770,964 cases daily (or 281,401,860 cases in 12 months) and 14,121 deaths daily (or 5,154,165 deaths in 12 months) were reported globally (Worldometer, 2022). The pandemic had affected 229 nations worldwide during the period (Worldometer, 2022).

In the United States, by the end of 2020, a total of 20,781,764 cases and 372,619 deaths had been reported (Worldometer, 2022). Due to the rapid spread of the COVID-19 pandemic in the United States and the delay in addressing the pandemic due to politicizing the scourge, the United States became one of the nations most affected globally at the onset of the pandemic in 2020 (Blaylock, 2022). All 50 states were affected, including Texas, which was the setting of this study. To address this situation, federal, state, and local leaders established mitigation measures that involved the closure of schools at all levels, compulsory lockdown of public places, mandatory stay-at-home orders, and the creation of the Centers for Disease Control and Prevention (CDC) IHE COVID guidelines (CDC, 2022a, 2022b, 2022c, 2022d).

Urban areas of the United States were adversely affected by the COVID-19 pandemic, but it was rural communities and populations that faced the most adverse impacts (Callaghan et al., 2021). The two colleges that served as this study's setting are geographically located in rural areas. According to *The Chronicle of Higher Education* (2020), IHEs located in rural areas of the United States and lacking infection control resources were particularly affected during the COVID-19 pandemic. Corroborating this viewpoint, Leider et al. (2020) reported that the PH sector in the rural areas of the United States lacks sufficient resources due to underfunding.

To alleviate COVID-19 problems, local PH authorities, in collaboration with community-based groups and local IHEs, organized available human and material resources, including faculties from nursing and allied health and other relevant departments in colleges to assist with containing the pandemic (American Association of Colleges of Nursing [AACN], 2021). The U.S. Department of Education's Office of Planning, Evaluation, and Policy Development (2021) reported that IHE faculty, including the nursing faculty, were actively involved in designing strategies to help mitigate the impact in the rural communities during COVID-19. However, the report did not declare whether these faculty members were formerly trained as PH nurses (PHNs). According to the AACN (2016), PHNs constitute the most significant population segment among PH practitioners in the United States.

AACN (2016) also acknowledged that not all nursing schools in rural colleges are approved to teach PH nursing at the college level. Thus, the need to explore the experiences of these rural-based NFMs prompted this study. This segment of nurse

professionals (i.e., NFMs), who presumably were not teaching PH nursing courses before the emergence of COVID-19, were also not formally trained in PH skills (AACN, 2016). They were not provided adequate infection control resources during a significant PH emergency and humanitarian crisis like the COVID-19 pandemic (Chang-Martinez, 2020). There was a need to explore how nurse faculty managed this unprecedented issue.

Problem Statement

About 80 to 90 million people resided in rural America in 2017, including community college students, staff, and faculty members (Mueller et al., 2021). Mueller et al. (2021) posited that rural dwellers are disproportionately poor, lack resources, and fall within the economy's low social and economic status. Thus, rural residents are vulnerable to conditions such as COVID-19 infection that compromise their health status (Mueller et al., 2021). The rural American population comprises different segments and sectors, including educational institutions like the IHE affected by the COVID-19 disease. One clear way that RCCs were affected was that they were mandated to shut down due to the rapid spread of the disease (*The Chronicle of Higher Education*, 2020).

This unplanned shutdown, subsequent isolation, infection prevention and control measures, quarantine guidelines, and conflicting press releases from the CDC caused some information mix-ups in IHEs (*The Chronicle of Higher Education*, 2020). Consequently, the ensuing fear, confusion, and concern in the IHE setting affected the well-being of students, staff, and faculty members (Donnelly et al., 2020). This view was corroborated by authors like Wilson-Summer (2020) and White et al. (2021), who reported that COVID-19 caused frustrations, mental exhaustion, and stress. Many faculty

and staff members sought to ensure that students were safe and compliant with CDC directives. Aside from staff and faculty, students reported having had social issues and problems such as loneliness (Leal Filho et al., 2021).

Students who tested for COVID-19 infection and were confirmed positive were directed to commence quarantine and be managed at home because their conditions did not require oxygen intake via ventilation (CDC, 2022a, 2022b, 2022c, 2022d). Faculty members enforced this mandate to control the COVID-19 pandemic (Johnson et al., 2022). The faculty members cared for students and staff and thus played the dual roles of instructors and frontline workers during the COVID-19 pandemic. Leal Filho et al. (2021) studied the social impact of the shutdown on U.S. students, staff, and faculty; 90% of the participants in their research felt socially isolated because they could not execute their day-to-day functions on campus due to the shutdown. The authors reported that about 70% indicated that the pandemic adversely affected their work productivity. Despite these reports, very little is known about the specific experiences of nursing faculty members in the rural eastern region of Texas during COVID-19 (*The Chronicle of Higher Education*, 2020; Ratledge et al., 2020). The need to address this gap in the literature, combined with identified social problems created by the COVID-19 pandemic within this population segment (i.e., nursing faculty), prompted this investigation.

Purpose of the Study

The purpose of this qualitative study was to use phenomenological methodology to explore and understand the lived experience of the nursing faculty in RCCs during the COVID-19 pandemic.

Research Questions

The four RQs that I sought to answer in this study were

RQ1. How did nursing faculty in RCCs in East Texas transition from their nursing instructors' role to the role of PH workers during COVID-19?

RQ2. What resources, support, and mitigation measures were available to the nursing faculty during the COVID-19 pandemic?

RQ3. What challenges did nursing faculty encounter as PH workers?

RQ4. What coping strategies did nursing faculty adopt during their transition to PH workers as a result of the COVID-19 pandemic?

Theoretical Framework

The American Psychological Association (2023) defined phenomenological theory as " an approach to personality theory that places questions of individuals' current experiences of themselves and their world at the center of analyses of personality functioning and change" (para. 1). The phenomenological theoretical framework was created in the early 1900s by a Jewish German philosopher and mathematician, Edmund Husserl (Moran, 2005). The framework is commonly used in PH and is advocated for use in qualitative research by several authors (Creswell & Poth, 2016; Larsen & Adu, 2021; Ravitch & Carl, 2016). Based on the preceding evidence and the nature of my study, I concluded that the phenomenological theoretical framework was best suited for utilization in this research. By using this framework, I was able to discover and thoroughly explore the various aspects of my research participants' views and my role as a researcher. Such roles and actions included my beliefs, biases, and assumptions (see Ravitch & Carl,

2016). The concept of phenomenology rests on the premise that human behaviors are based on reflective thoughts (Beyer, 2010). By using this approach, I was able to be conscious of the expected issues and biases that arose in the research process, and it offered me the capacity/ability to address such issues. The use of the approach helped me determine and understand how the pandemic impacted nurse faculty's unanticipated PH frontline role during the COVID-19 crisis.

Nature of the Study

The nature of this study was qualitative. I used the phenomenological method to discover NFMs' lived experiences during COVID-19. The phenomenological approach entailed recognizing and describing the major themes that facilitated an understanding of the experiences of the NFM. For this study, I explored the coping mechanism that NFMs utilized during COVID-19. I examined how they could transition from their routine nursing education role into the specialized role of PHN. This investigation also allowed me to explore the available resources and support to help the faculty members mitigate and effectively perform the PH role. This study may promote positive social change by informing the development and implementation of PH practices in IHEs in rural communities similar to East Texas in the United States. Lastly, this study identified the need for improved pandemic resources and the implications for training NFM in PH emergency preparedness in IHEs, especially in RCCs across the United States.

Definitions

Community college: A 2-year program leading to the award of an Associate of Arts or Associate of Science degree. (U.S. Department of Education, n.d.).

Community health: A term used to describe the state of health of a group of individuals in a community and the situations that contribute to the prevention, promotion, and sustenance of their physical, mental, emotional, and social health (Green & Mckenzie, 2018).

Coronavirus disease (COVID): An infectious respiratory disease caused by the SARS-CoV-2 virus. It transmits from one person to another via small liquid particles when a person coughs, sneezes, speaks, sings, or breathes (WHO, 2022).

Institutions of higher education (IHE): Community colleges and universities in the United States (Hussar et al., 2020). The CDC (2021) classified individuals aged 18 years or older as typical IHE students.

Mental health: Emotional, psychological, and social well-being. It affects how an individual thinks, feels, and acts. It aids in ascertaining how the individual copes with stress, relates to others and makes choices (U.S. Department of Health and Human Services, 2022).

Pandemic: An epidemic occurring worldwide or over a wide area, crossing international boundaries and usually affecting many people (Kelly, 2011).

Public health: A discipline that is concerned with the prevention and control of diseases, the improvement in life expectancy, and the enhancement of life via the coordinated efforts and knowledgeable choices of the individuals and families in the community and the public and private sectors (CDC, 2021).

Public health nursing: The “practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (American

Public Health Association [APHA], Public Health Nursing Section, 2013, Definition section).

Rural community or *rural area*: Open country and settlements with fewer than 2,500 residents (U.S. Department of Agriculture, Economic Research Service, 2019).

Assumptions

The central assumption of this study is that although the lived experiences of the study participants differed, their stories were real and were viewed without any form of bias. The study participants and the geographical setting of the study were homogenous. For example, the participants were all from the nursing departments of the two identified RCCs involved, and both colleges were located in rural areas of East Texas. I selected two colleges in anticipation of the fact that the number of participant volunteers from only one college might not meet the minimum number required for the study. It was also assumed that the participants would voluntarily share how they were able to manage, cope, and deal with potential challenges during the pandemic. Finally, I assumed that participants would honestly respond to the interview questions based on the interview guidelines or protocol.

Scope and Delimitations

This study was centered on the NFM instructors in a couple of community colleges in rural East Texas. The setting of this investigation was on the campus of two community colleges located in rural East Texas. Researchers like Donnelly et al. (2020), Mueller et al. (2021), Nair et al. (2020), and Polinard et al. (2022) have explored many aspects of COVID-19's on the U.S. educational sector. However, a few investigations

have been focused on specific faculty members in various disciplines within community colleges (Arcadi et al., 2021). Also, in a few of these scholarly works, Arcadi et al. (2021) examined how faculty members' sudden need to provide PH service without formal training on campus affected these educators during COVID-19.

Limitations

I anticipated that the rural setting of the study would pose a challenge. Rural areas of the United States typically lack resources such as internet access (Vogels, 2021). But, according to this author, other means, such as hotspots, are available to access the internet. The participants effectively used their hotspots to connect to the internet via their cell phones. The uninterrupted access to the internet made the Zoom communication strategy for the individual interview sessions run smoothly. Thus, this potential to cause a study limitation was significantly avoided. The provision of incentives assisted in offsetting the cost of cell phone data usage, enabling the successful use of the hotspot via their cell phones.

The possibility of performing face-to-face individual interviews was very remote for a few reasons. One was fear of exposing the study participants to the potential of contracting the COVID-19 infection. Other issues, such as time availability, convenience, and location, posed some restrictions. The gender of the study participants was a limitation, as only women were recruited for this study. Last, a bias in response due to each participant's differences in self-appraisal was observed as a limitation.

Significance

This study is significant as it is one of the first to examine the impact of the COVID-19 pandemic among the NFMs in community colleges located in East Texas. The discoveries from the research provided insight into the hardships that the pandemic inflicted on the emotional, mental, physical, and psychosocial health of the nursing faculty in RCCs due to a lack of resources and a lack of training in emergency preparedness (see Vogels, 2021). Scholars who have investigated the experiences of NFMs during COVID-19 have mainly focused on their transition from face-to-face to online teaching (Agu et al., 2021). This study is the first, according to my knowledge, to examine rural East Texas nurse faculty roles and offer insight into the sudden shift from nursing education to PH roles without training. Thus, this study is valuable for advancing PH advocacy and for the formal preparation of nurse educators for the safe and seamless management of PH crises like the COVID-19 pandemic.

This research is also significant because it may foster positive social changes by providing NFM with practical infection control approaches they can use during PH crises such as a pandemic. If the nursing faculty members are not adequately equipped, they could be infected and can pass the infection not only to their students but to their family members at home. Another positive social change would be preventing nurse faculty shortage by addressing the identified COVID-19 challenges that could make them quit their jobs as NFMs. Replacing their positions in rural settings could be a challenge. Nooney et al. (2014) posited that 66% of RNs working in rural U.S. communities are products of community colleges. Thus, the possibility of averting nursing faculty

attrition, as posited by AACN (2020) in rural colleges by preventing issues concerning their health, clearly makes studies of this type significant and ultimately supports realizing positive social change (Morris, 2017; Nashwan et al., 2021). The feedback from participants in this study indicated that NFMs had several recommendations for better management of future PH crises in community college settings and among rural dwellers in rural counties in the United States.

Summary

In this first chapter, I provided an overview of the research I conducted on the lived experience of nursing faculty in community colleges in East Texas during COVID-19. I introduced the research topic, shared the background, and discussed some literature on the topic under focus. I identified the problem and justified the social need for this research. The background of the study, the purpose, and the RQs were addressed, including how they would inform the research design and methodology. The phenomenological theory developed by Husserl was identified as the conceptual framework for this investigation. This study's inherent assumptions and significance were discussed. I illuminated the relevance of educating and training NFM on PH skills and knowledge needed to manage pandemics. Finally, the scope and delimitations and the limitations of the study were described. In Chapter 2, I provide a detailed literature review and overview of the theoretical framework for this investigation.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore the lived experiences of NFMs in RCCs in East Texas during the COVID-19 pandemic. The lessons learned from the COVID-19 pandemic highlighted the need to re-examine and re-appraise all aspects of the health care system internationally and nationally here in the United States. During the pandemic, all aspects of life and all sectors of the U.S. economy, particularly the rural communities, and the IHE, especially community colleges, were all negatively impacted (Johnson et al., 2022; Platoff et al., 2020; U.S. Department of Education, Office of Planning, Evaluation and Policy Development, 2021). The CDC (2020a) reported that the United States recorded its first community transmission of the COVID-19 infection in the first quarter (February) of 2020. By the end of the last quarter of 2020, the United States had recorded over 13,386,255 confirmed cases of COVID-19, making it the country with the highest reported disease incidence globally that year (Cuadros et al., 2021). This data set was reported just a year into the global scourge. Cromartie et al. (2020) also reported that within the same year, 2020, COVID-19 disease had affected rural communities more than urban settings.

The incidence of COVID-19 in rural communities exposed the vulnerabilities of rural America and the lack of preparedness for PH emergencies such as the COVID-19 pandemic (Dearinger, 2020). Due to the rising number of cases of COVID-19 and deaths from the disease within rural communities, the PH authorities at the county level mobilized the help of the health care workforce, including nursing faculty at IHE and

other frontline workers (CDC, 2020). However, most health professionals lacked the needed resources, requisite PH emergency response skills, and experience to manage a pandemic in rural and college settings (Chang-Martinez, 2020; Rebmann et al., 2021). The situation created a source of frustration and stress for the professionals. Thus, many of the faculty members experienced physical, mental, emotional, and psychosocial problems (Chan et al., 2022; Dohrn et al., 2022; Fawaz et al., 2020). The earlier views notwithstanding, there is little evidence from the available literature that studied the lived experiences of the nursing faculty in RCCs, such as those in Texas specifically (Flaubert et al., 2021; Mueller et al., 2021; Platoff et al., 2020). Therefore, I wanted to investigate and understand the lived experiences of this segment of nursing professionals during the COVID-19 pandemic between 2019 and 2022.

The rest of this chapter reviewed and summarized the extensive literature related to the focus of my investigation. It identified some of the challenges and interventions found in the literature that were used to mitigate the COVID-19 infection, especially on campus and in rural communities in the United States. The media's roles in mitigating the pandemic were considered, mainly social media. The value of accurate and reliable communication during pandemics and similar crises was highlighted. The identified gap in the literature concerning this study and the implications for positive social change was once more covered. Finally, the potential for positive social change based on identified interventions was elucidated.

Literature Search Strategy

The keywords that were searched for, concerning this study, included the

COVID-19 pandemic and community colleges or RCCs and nursing instructors or faculty or professors, PHNs, case investigation, PH emergency preparedness, and contact tracing. Other keywords were quarantine, infection control, mental exhaustion, emotional experience, physical health, social isolation, burnout, and psychosocial experience. For databases search, the following were identified and searched: Google Scholar, CINAHL Plus with full text, ProQuest One Academic, ERIC, and Education Combined Search, Thoreau Multi-Databases, PubMed, and MEDLINE, with full text included. Other resources searched included credible professional organizations' research data centers, including the AACN Research and Data Center, APHA, *The Chronicle of Higher Education*, and Rural Community College Alliance.

The first hit of the search revealed about 570 articles. Then, some inclusion and exclusion criteria were applied to help determine the ideal and needed articles for this literature review. Articles published more than 5 years ago (i.e., 2017 and before) were excluded, and the websites of selected globally and nationally recognized agencies and organizations like the WHO, CDC, and AACN were included. The articles not selected from the 570 articles were dropped because they did not meet the inclusion and exclusion criteria or capture the identified keywords and terms. Additional resources employed included articles from the National Academies of Sciences, Engineering, and Medicine; the National Academy of Medicine and Committee on the Future of Nursing 2020–2030.

Evidence-based articles from notable institutional and university PH websites like the National Institutes of Health and the Institute for Healthcare Improvement were also utilized. Additional keywords used were chaos and complexity theory and conceptual

framework. Other sources searched were credible blog websites and some accredited universities. In summary, the inclusion and exclusion criteria strategies utilized were of much value. Strictly using the identified keywords made it possible to narrow down only the relevant and needed peer-reviewed articles for this study. There is a need to state that some articles selected were published more than 5 years ago and have not been revised. But they were used due to the value they offered.

Theoretical Framework

Phenomenological theory, which Husserl (1970) developed, was the most appropriate conceptual framework to vividly describe the feedback from study participants. This theoretical lens helped me explore and understand the lived experiences of my study participants following the in-depth interview I had with each of them. According to Larsen and Adu (2021), the use of phenomenological theory enables researchers to obtain in-depth data concerning study participants' real-life and on-time experiences. Similarly, Smith (2013) postulated that phenomenological theory operates on the notion that individuals have varying types of life experiences that revolve around notions that include but are not limited to “perception, imagination, thought, emotion, desire, volition, and action” (para.12). This concept made it possible for me to discover the varying individual perspectives of the COVID-19 pandemic as expressed by each participant while sharing their stories. Furthermore, Creswell and Poth (2016) asserted that the phenomenological theory focuses more on people's conscious experiences and how they live through such experiences. These authors' opinions and standpoints best align with the purpose of my study, RQs, research design, and methodology. Thus, their affirmations

strongly support my choice of phenomenological theory as the most suitable theoretical framework for my qualitative inquiry.

In the United States, the COVID-19 pandemic created various experiences mainly focused on emotions, confusion, agony, misery, hardship, and so on for individuals and families in society (Dohrn et al., 2022; Donnelly et al., 2020). Since the emergence of the COVID-19 pandemic, researchers have used phenomenological theory to explore the lived experiences of frontline health care workers, including nurses, medical doctors, and other health workers during the COVID-19 pandemic. For example, Philips et al. (2022) examined the experiences of 23 frontline nurses, and Jang et al. (2022) examined 12 frontline nurses' experiences in different geographical settings during the COVID-19 pandemic. Similarly, Afshan et al. (2022) explored the COVID-19 experiences of 12 medical doctors in Pakistan.

Several scholars have used phenomenological theory. Luong et al. (2022) utilized the theory to explore the COVID-19 pandemic experiences of participants from various medical education community groups consisting of eight medical trainees, eight physicians, three graduate students, and eight Ph.D. scientists in Canada and Switzerland. Applying the tenets of phenomenological theory helped me address the four RQs for the study (see Chapter 1). The theory enabled me to play my role effectively throughout the research process, especially during the data collection. According to Ravitch and Carl (2016), the theory offers ways of managing relationships with the study participants during the individual interview sessions. Thus, I utilized the theory to clearly describe my research findings and ensure that my study was trustworthy (Rietmeijer & Veen, 2020).

Literature Review Related to Key Variables and Concepts

Mandatory Shutdown and the Effect on Community Colleges

My study focused on the experience of nursing faculty members working in RCCs during COVID-19 between 2019 and 2022. Within this period, all public facilities, schools, offices, restaurants, movie theaters, saloons, and other public places were required to be shut down by the government authorities. A study performed among 44 community college faculty members spread across 16 colleges in rural areas during the COVID-19 pandemic showed that the instructors reported an inability to communicate with students and the absence of needed resources to combat the COVID-19 disease (Mazur et al., 2021). On the contrary, Dewart et al. (2020) reported that although NFMs in Canada were required to work as frontline health care workers in the community, they work with only the campus population. Yet, the NFM reported stress, anxiety, and fear of contracting COVID-19 and spreading it among family members and loved ones (Dewart et al., 2020). The authors described the crises created by COVID-19 and lessons learned in nursing schools as "a real-time lesson in equity, leadership, social justice, ethics, and patient care" (Dewart et al., 2020, p. 2).

From the IHE perspective in the United States, Boston University researchers McKoy (2021) and McAlpine (2021) acknowledged the roles played by IHE faculty members during the COVID-19 pandemic. The authors reported that during COVID-19, about 80% of IHE faculty members admitted managing students with social and mental health issues that arose due to the pandemic. McKoy (2021) specifically observed that the faculty members functioned as the gatekeepers to the issue of mental health. Yet, they

were not trained in mental health practice (para. 3). Some common issues seen among the students included but were not limited to anxiety and depression. There were also increased social problems among students due to COVID-19 that faculty members had to tackle. For example, McAlpine (2021) and Nair et al. (2020) reported that faculty members and students complained of a lack of resources and social isolation due to the stay-at-home mandate.

Lack of Resources and Effect on Faculty Members

The lack of resources presented a cause for anxiety and fear of contracting the COVID-19 infection and spreading it among students, staff members, individuals, and family members (Ratledge et al., 2020). To further bolster the stance of these scholars, Sacco and Kelly (2021) explored the experiences of 117 nursing faculty during the COVID-19 pandemic. The findings from their study showed that during the pandemic, the nursing faculty were compelled to manage students' physical, mental, and emotional needs without the necessary support. Thus, nurse educators acknowledged experiencing stress, burnout, and a lack of well-being (Sacco & Kelly, 2021). These accounts and evidence from the literature have provided insight into some of the roles and challenges faced by health workers in the rural setting and the IHE in rural areas. It also further justifies the purpose of my proposed investigation.

In another study by Iheduru-Anderson and Foley (2021), the scholars examined the COVID-19 pandemic experiences of 41 nursing faculty members from the nursing programs in RCCs from numerous regions in the United States. The findings from their study showed the emergence of six themes. The themes showed they were "stressed out

and physically and emotionally fatigued" (Iheduru-Anderson & Foley, 2021, p. 1). The study participants expressed psychological and mental health problems, technological issues, and inadequate resources to operate with. These authors' study outcomes revealed a need for nursing leadership in academia to include PH emergency preparedness in the nursing program curriculum. PHNs are the only nurse professionals formally trained to manage PH crises (APHA Public Health Nursing Section, 2013).

Public Health Nurses (PHNs) and Their Role in PH crisis

The APHA, Public Health Nursing Section (2013) defined PH nursing as the "practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences" (p. 2). PH nursing knowledge and skills include but are not limited to evidence-based health promotion and education and implementing interventions that address population health crises such as pandemics, social issues, and health equity (APHA, Public Health Nursing Section, 2013; Flaubert et al., 2021). Nurses in the frontline work at the rural community level, including nursing faculty, were not explicitly trained as PHNs. However, they were mandated to provide PH services on campuses and within rural communities during the COVID-19 pandemic (AACN, 2020; CDC, 2020c). This mandate was imposed and supported by various professional groups and agencies, including AACN (2020), the CDC (2020b), and the local PH authorities at the county and state levels (Texas Department of State Health Services [DSHS], 2022). Due to their inadequate skill and knowledge of PH, they experienced frustration and stress, ultimately affecting their health and general well-being while implementing the needed services during the COVID-19 pandemic (Sacco & Kelly,

2021). Combating a pandemic like COVID-19 requires adequate skills and knowledge of PH promotion, education, and safety (Fawaz et al., 2020).

Impact of COVID-19 on Rural Communities

From the rural community point of view, Mueller et al. (2021) examined the impact of the COVID-19 pandemic on rural America. Their research involved more than 10 states, and their study showed that the pandemic adversely impacted all rural population segments. Although rural faculty members were not particularly mentioned in the study by Mueller et al. (2021), the faculty members are rural adults and constitute a portion of the rural population. Similarly, Leider et al. (2020) observed that rural areas lack PH infrastructure and the human and financial resources necessary to manage the COVID-19 pandemic. The authors posited that rural dwellers were known to be poorer and have more debilitating illnesses than their urban counterparts. Thus, rural dwellers were affected more by the COVID-19 pandemic than urban dwellers. Also, Albrecht (2022) observed that the political divide and the atmosphere in the early times of the pandemic had a detrimental effect on the rural residents who were more likely to vote Republican than Democrat. The author reported that Republicans were reluctant to accept the COVID-19 mitigation measures like social distancing and wearing masks suggested by the CDC. Rural dwellers, mostly known as President Donald Trump supporters, were more likely to be non-compliant with the mitigation measures than urban dwellers; thus, the pandemic affected them more than urban dwellers (Albrecht, 2022).

The preceding viewpoints notwithstanding, there is a lack of investigation into the challenges that the nursing faculty in RCCs in East Texas faced during the COVID-19

pandemic. These nurse professionals actively managed COVID-19 at the campus and community levels and lacked infection control resources (Sacco & Kelly, 2021). They were also not trained as PHNs. This gap in the literature, in part, prompted this study. Seguin-Fowler et al. (2022) specifically suggested further research on how the COVID-19 infection affected rural nurses' mental and overall well-being, including those in RCCs during the pandemic. It is projected that the findings from this study will help identify any lack of knowledge among the study participants regarding PH emergency preparedness and thus offer ways to address this issue among nursing faculty.

Empirical evidence shows that nurses constitute the largest segment of the health care workforce in the United States, with a population of about 4.2 million registered nurses (AACN, 2022). However, barely 2% of this population specialized in PHN practice (Kub et al., 2017). According to this agency, the ratio of PHNs to the entire U.S. population in 2013 was one PHN to 6,693 people (1:6,693) out of a total population of 316.4 million, and the barest recommended ratio is 1:5,000. This data indicates an apparent shortage of nurses formally trained in PH practice within the health care workforce. The AACN (2017) suggested that the United States would need about 63,000 nurses trained in PH skills to improve the population of PHNs and provide the needed support in the PH workforce. Researchers like Flaubert et al. (2021) also contended that nurses in other areas of leadership and specialization, such as in the education sector, should be required to undergo training in public to empower them to play frontline roles in times of PH crises such as the COVID-19 pandemic without negatively impacting their general well-being.

International Perspective of COVID-19 Experience in Colleges

From the international perspective, the experiences of COVID-19 on students and faculty members in five nations, including Indonesia, Malaysia, the Philippines, Thailand, Vietnam, and Hong Kong, were investigated by Wipada et al. (2022). The study involved 52 nursing students, and 28 nursing faculty members were recruited for this international study. These researchers used a global approach that resulted in a collective insight from multinational findings regarding the impact of COVID-19 on both student nurses and their nursing faculty. The study showed that most participants across all five countries felt isolated due to quarantine and the order or demand for a shutdown. This study was significant because it showcased the academic viewpoint and the experiences of the students and their teachers regarding the effect of COVID-19 from a global perspective. Worthy of note was the view of one participant who described the mandatory stay-at-home order as seizing their right to liberty.

Mitigation of the COVID-19 Pandemic in Rural Communities

The primary mitigation measures for COVID-19 infection aim to prevent exposure and lower disease susceptibility (CDC, 2021). In the early phase of the COVID-19 pandemic, covering the period between 2019 and 2020, the CDC (2021, 2022a, 2022b) recommended various PH mitigation strategies to combat the infection. The strategies included but were not limited to social distancing and using personal protective equipment (PPE) like face masks, hand gloves, and isolation gowns. The other suggested mitigation approaches effectively applied included establishing infection control measures like quarantine and isolation, contact tracing and case investigation, limiting

time indoors, avoiding gatherings, non-essential business closure, and staying home (CDC, 2022a, 2022c, 2022d). The CDC played a very active role in the mitigation by publishing a particular guideline for IHE in the United States during the COVID-19 pandemic (CDC, 2022d).

In Texas, Seguin-Fowler et al. (2022) reported that institutions like the National Institutes of Health specially designed and introduced a research program to mitigate COVID-19 in the rural part of the state. The program is managed by a consortium known as the Texas Community-Engagement Research Alliance Against COVID-19 in unduly affected communities (TX CEAL). The consortium focused on the underserved populations, mostly in rural communities, disproportionately and negatively affected by the COVID-19 pandemic. According to Seguin-Fowler et al. (2022), the mitigation efforts were directed mainly at community mobilization, fostering knowledge about COVID-19 infection through health education, identifying barriers to mitigation, and encouraging behavior change among the people.

Mitigation of the COVID-19 Pandemic on Campuses

Furthermore, Losina et al. (2021) performed a study among undergraduate students and their instructors in the United States to explore the success of the mitigation measures on campuses. Their research examined the COVID-19 mitigation approach involving extensive social distancing, face masks, and required COVID-19 lab tests. The result of the study indicated that the mitigation measures (i.e., extensive social distancing, face masks, and required COVID-19 lab tests) lowered the number of cases from 3,746 before the implementation of the mitigation measures to 493 cases following the

mitigation measures. According to Losina et al. (2021), the study findings affirmed that the widespread implementation of social distancing and the compulsory use of face masks on college campuses had affordable cost implications and could prevent COVID-19 infection.

Additionally, Losina and colleagues reported that commitment to the required low-cost lab test on campuses prevented 96% of COVID-19 infections among students and their instructors on campuses. This approach demonstrated that the mitigation approaches utilized were economically sound, desirable, and worthy of replication in the future. Despite the endeavors and actions, the efforts to implement the needed PH mitigation plans for COVID-19 at the RCC campuses proved unsuccessful in some settings due to various challenges. Such identified challenges centered around ineffective PH education and health promotion, a lack of fiscal, material, and human resources, confusing information from social media, and risk communication (Basch et al., 2022; Porat et al., 2020).

Ineffective or wrong health information and risk communication to the public during crises like the COVID-19 pandemic negatively affects health behaviors and should be avoided at all times (Porat et al., 2020). These scholars performed a case study to determine public understanding regarding the difference between the terms “face mask” and “face covering” and their impact on health behavior. The findings of Porat et al. (2020) showed confusion about what to use and the type to buy. Porat and colleagues concluded that inconsistent and unclear messages to individuals and families in the community could result in adverse health behavior and poor psychological outcomes.

Summary and Conclusions

This chapter presented detailed information from a literature review concerning the topic under focus. The literature search identified common themes from numerous authors and scholars of the peer-reviewed articles explored and utilized for this study. In this chapter, I also identified phenomenological theory as the conceptual framework underpinning this study. The use of the theory, which Edmund Husserl developed, helps qualitative researchers obtain rich data and perform in-depth data analysis. The chapter included an exploration of the impact of the COVID-19 pandemic on the various entities affected or connected with the COVID-19 pandemic. Such entities include the rural population, community colleges, faculty members, nursing faculty, and so forth. The next chapter will explore the research methodology, the research design, the rationale for the design, and the role of the researcher. A detailed explanation of the research methodology will be covered.

Chapter 3: Research Method

Introduction

According to Babbie (2016), the fundamental nature of any research is based on the two significant principles of exploration and description. Thus, my study aimed to explore the lived experiences of the NFMs in RCCs in East Texas during the COVID-19 pandemic. The underpinning objective of my research methodology was to select the most appropriate research design that aligns with the purpose of my study. Thus, the phenomenological methodology helped to ascertain the views of the volunteer participants in my study about what and how they individually experienced during the COVID-19 pandemic. The transcendental phenomenological method developed by Husserl (1970) was my choice of research design. The methodology enabled me to obtain rich data and perform an in-depth analysis of the primary data I collected (Irarrázaval, 2020). Consequently, this chapter details the strategies I utilized as the research methods for data collection and analysis.

Research Design and Rationale

I sought to answer the following RQs:

RQ1. How did nursing faculty in RCCs in East Texas transition from their nursing instructors' role to the role of PH workers during COVID-19?

RQ2. What resources, support, and mitigation measures were available to the nursing faculty during the COVID-19 pandemic?

RQ3. What challenges did nursing faculty encounter as PH workers?

RQ4. What coping strategies did nursing faculty adopt during their transition to PH workers as a result of the COVID-19 pandemic?

The qualitative design proved to be the most suitable approach for me to use in exploring the lived experiences of the NFM in the two RCCs involved in my research. The method is invaluable for obtaining rich data about individuals and world-life encounters (Ravitch & Carl, 2016). These authors posited that the qualitative research design enables investigators to discover more about phenomena. Thus, the rationale for using this research design was to provide me with a more in-depth understanding of the rural-based NFMs' experience. It enabled me to comprehend, as completely as possible, the experiences of the nursing faculty teaching in remote community colleges in East Texas during the COVID-19 pandemic from 2019 to 2022.

Role of the Researcher

Although the principal role of the researcher is to conduct research, some authors postulate that qualitative inquiry is unique in a specific way. It brings a rare responsibility because it asks study participants to reveal their inner thoughts and feelings (Ravitch & Carl, 2016; Sutton & Austin, 2015). Consequently, I was honest with my relationship with study participants due to the sensitive nature of the processes involved, especially during the data collection phase of my study. My research role and the approach I applied are supported by Creswell and Creswell (2018), who suggested that qualitative researchers should reflexively be mindful of their "biases, values, and personal background such as gender, history, culture, and socioeconomic status that shape their interpretation formed during a study" (p. 183). Throughout my data-gathering activities, a

deliberate effort was made to ensure the reflexivity of my role as a researcher. I was pretty conscious that my investigation was intended to explore the lived experiences of my study participants, some of whom might be my former professional colleagues. During the individual interviews, I was fully aware of the nature and implications of their stories and the value they placed on their tales.

Methodology

Participant Selection Logic

Formal contact was made with the nursing departments at the two colleges selected for this study in rural East Texas. I met with the directors of nursing, expressed my research intentions to them, and obtained their support for my study. Thus, through the nursing directors' assistance, I was connected with the chairpersons of the institutions' institutional review boards (IRBs), who explained the process of obtaining approval to use their colleges as my research setting. I completed the required IRB application forms and followed all due protocols before obtaining the approvals to conduct my research.

As part of my methodology, I designed a flyer soliciting volunteer NFMs interested in my study. The flyer was prepared, submitted to my dissertation committee, and approved. Following the approval, it was circulated in the nursing departments of the two institutions after obtaining the necessary approvals from the IRB and administration at the two colleges. The flyer remained in circulation for about 4 weeks at the two colleges and was taken down after an adequate number of volunteer participants were recruited.

The recruitment process for this study was initially planned to last 2 weeks. However, the recruitment period was extended by 2 more weeks to enable the correct number of participants to be recruited. The recruiting process was restricted to the campuses of the two colleges where the flyers were posted. There was a contact phone number and email address on the flyer, as well as the type of incentive, like gift cards given to volunteers. The flyer sample is captured in Appendix B.

Sampling Technique and Study Population

The sampling technique of choice for this research is the purposeful sampling method. The purposeful or purposive sampling technique enables researchers to identify participants who can provide the most information for their research (Moser & Korstjens, 2018). Thus, nurse educators were identified as appropriate participants from the nursing profession, which consists of various specialties. I then recruited the study participants by soliciting their voluntary participation. I recruited 12 participants for this study, but one later dropped out due to an unforeseen family activity that came up and conflicted with the data collection schedule. I finally ended up recruiting 11 volunteer participants. This number of participants was deemed adequate for my study because it is supported by the work (Creswell & Poth, 2016). The two authors postulated that sample sizes of 5 – 25 participants would suffice for a qualitative study.

My study population consisted of volunteer NFMs teaching as nurse educators in the two selected community colleges in East Texas. Bekele and Ago (2022) suggested that the choice of the study population in qualitative research hinges on “the judgments of the epistemic community in which a researcher is located, the nature of the selected

group, the domain of inquiry, the experience of the researcher with qualitative research, and so on" (p. 42). Consequently, I chose two colleges to avoid a situation where I might not have had enough volunteers from just one college. The two colleges involved were essentially similar in characteristics because both are junior colleges geographically located in the rural part of East Texas. The department of nursing at the two institutions served solely as the source of recruiting the volunteer research participants.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria approaches were utilized to help identify the appropriate participants for this study. The inclusion criteria entailed that participants must be volunteers. The study was open to women and men in the identified RCCs. Another inclusion criterion was that study participants were required to be in active full-time employment at the two colleges, respectively, from 2019-2022 and between the ages of 18 and 65.

Per the exclusion criteria, all male and female NFMs employed in part-time or adjunct positions were not involved. Those aged 66 years or older were not considered. Also, those employed after December 2022 were excluded from the study because of the reduction in the prevalence rate. By January 2023, the incidence of the COVID-19 pandemic had considerably gone down to less than half a million from about 6 million as recorded in January 2022 (Food Drug Administration [FDA], 2023). The reason for not including the part-time and adjunct nurse educators was that their position restricts them from spending long hours at work compared to their full-time colleagues. The age cut-off decision of 65 years was made to avoid involving older participants. Because older

individuals were vulnerable during COVID-19, they were required to stay indoors because of old age and thus could participate as frontline health workers during the COVID-19 pandemic.

Instrumentation

A qualitative interview instrument, or an interview protocol, is a data collection tool (Ravitch & Carl, 2016). I prepared an interview protocol, passed it through my committee chair and committee member, and got it approved. After obtaining their approval, I also presented it to the Walden University IRB, and it was approved. An interview protocol typically consists of not more than twenty questions comprising three to four primary questions and may include probing questions (Brédart et al., 2014). The content of my study protocol was designed based on my four RQs. However, several probing questions were associated with each of the identified four questions. The interview protocol is included in Appendix A.

'The protocol questions were easy to understand and non-embarrassing to the participants. The protocol draft was submitted to my committee chair and committee member for approval. I strictly followed the recommendations of the IRB. With the aid of a professional transcription company known as REV.COM, the recorded interview responses from the 11 participants via Zoom communications were transcribed verbatim. I did an interview transcript review (ITR), also known as participant response validation or member checking via email communication with each participant. They all agreed with their recorded responses and affirmed that they had no additional input to make.

This approach was helpful in fully implementing and validating the data gathered during the interview, as proposed by scholars (Rowlands, 2021).

Procedures for Pilot Study

As part of my data collection plan, among other activities, I conducted a pilot study. The pilot study involved recruiting two volunteer participants who were my contact persons in one of the colleges involved in this study. This pilot was to help me gain insight into how simple or complex the interview questions might be and how well the participants would comprehend the questions.

Procedures for Recruitment, Participation, and Data Collection

The data collection phase of my research started after I obtained formal approval from my IRB. I also obtained the IRB approval of the two participating community colleges in my research. I created two consent forms as part of my Walden University IRB application process requirement. The first was for my pilot study, and the second was for the main study. Both consent forms were submitted to the IRB for approval, and both were approved (approval no. 06-01-23-0990016). In the two consent forms, the participants were assured that their names or identities would not be shared with any entity before, during, or after the research. They were informed of their right to ask questions or discontinue the study at any time during the study without any consequence. They were also offered an incentive in the form of a $20 gift card for their time and to help offset part of their cell phone use and internet bill incurred. This was done in anticipation that the participants might have cause to use their cell phone hotspot to

connect to the Zoom communication system should they encounter internet service challenges due to disruption in network service or outage.

Data Analysis Plan

Data analysis in qualitative research involves analyzing non-numeric data and organizing and understanding such data to obtain patterns and themes (Babbie, 2016). Creswell and Creswell (2018) posited that the inductive and deductive procedures imply various parts that include but are not limited to the problem statement and the RQs. Thus, I applied inductive and deductive approaches during the data analysis while considering my research problem statement and RQs. The six-step reflexive thematic analytic method recommended by Braun and Clarke (2021) helped guide the organization and the interpretation of my data. The six steps involve (a) data familiarization, (b) generation of initial codes, (c) search for themes, (d) review of potential themes, (e) naming and definition of themes, and (e) production of a report (Braun & Clarke, 2021). The transcribed data were collected and stored as a Word document. Patterns were developed and grouped into categories, and the themes were inductively generated. The themes I generated helped provide insight into the opinions, feelings, experiences, and beliefs of the study participants about the effects of the COVID-19 pandemic.

Issues of Trustworthiness

I ensured that all procedures were followed for my research to be significant, relevant, and meaningful. To ensure the credibility of my research, during the data gathering and analysis activities, I made plans to engage my participants actively and establish rapport with them. I continually explored their stories until saturation was

attained. Dependability was affirmed by repeating the participants' responses to them and verifying with them that that was what they meant.

To assure confirmability, I applied the qualitative principle or premise that the world is subjective and not objective. I assured confirmability by applying triangulation approaches, implementing reflexivity, and utilizing bracketing to minimize biases. Implementing these skills during my study's data collection and analysis phases helped to bolster my study's rigor. Although transferability is not common in qualitative studies, the findings from my research were valid and original. It was especially valid for the research volunteer participants and the community.

Ethical Procedures

Ethical responsibility is a critical researcher role and entails the researcher ensuring that all the IRB rules and guidelines are followed to the letter. For example, confidentiality was an ethical concern in this study because I recognized that my investigation could potentially recall the participants' unpleasant and painful experiences, especially during the interview. Consequently, I was able to manage such situations when they arose. I also informed the participants and reminded them that they had the right to stop the interview if they felt uncomfortable with any question. The participants were assured that their stories and information would be managed with utmost privacy and confidentiality. I told them I would be the only one with access to the computer where their information would be stored to ensure the confidentiality of the data I collected during their interviews. Complying with the ethical requirements of research and other research responsibilities is essential for successful research (Carter et al., 2021). In

compliance with the ethical obligation of my study, the electronic recording of the participants' interviews was stored on my computer and password protected.

I made a conscientious effort to adhere to the IRB requirements and obtain the necessary approvals from all the two sites of my study, including all the stakeholders involved in the research. For example, because the setting of my study involved more than one IHE, I obtained approvals from the two community colleges identified for this study in East Texas. I knew that as a researcher, I had a commitment and responsibility to strictly adhere to the IRB protocols of the two community colleges and implement every aspect of the two institutions' blueprint. David and Resnik (2011) postulated that ensuring the ethical obligations of a study or investigation promotes the goal or purpose of the study. Additionally, the authors contended that ethical responsibilities help to discipline the researcher, uphold the values of collaboration, and make the researcher answerable to the public.

Summary

This chapter presented an in-depth description of the research methodology. It covered participant selection, instrumentation, data collection, and data analysis. A description of the trustworthiness/issues was provided. My role as the researcher was explained. The next chapter will cover the findings/results of the research.

Chapter 4: Results

Introduction

The purpose of this study was to explore the lived experiences of NFMs in RCCs in East Texas during the COVID-19 pandemic. I began the data collection of this investigation following the approval of my research proposal by the Walden University IRB. For data collection, I interviewed 11 NFMs from two RCCs. The interviews took place over 4 weeks, and at the end, the primary data collected were transcribed accordingly. A thorough and rigorous data analysis was performed to obtain the results of my investigation. Five themes were generated based on the detailed qualitative data analysis I performed. The themes include (a) PH services offered, changes, and the impact of the pandemic; (b) PH emergency preparedness; (c) available resources and PH experience with mitigation; (d) psychosocial and mental health effects and challenges; and (e) coping strategies to manage the COVID-19 pandemic.

This chapter presents a detailed account of the results of this qualitative research. The chapter describes the setting of the study and the participant demographics. The study's trustworthiness is discussed, and a comprehensive report of the study's findings with the appropriate visual displays is presented. Every step of the research process was performed to ensure that they aligned with the purpose of my study. This strategy enabled me to answer the four RQs of this study, which were

RQ1. How did nursing faculty in RCCs in East Texas transition from nursing instructors' role to the role of PH workers during COVID-19?

RQ2. What resources, support, and mitigation measures were available to the nursing faculty during the COVID-19 pandemic?

RQ3. What challenges did nursing faculty encounter as PH workers?

RQ4. What coping strategies did nursing faculty adopt during their transition to PH workers as a result of the COVID-19 pandemic?

Pilot Study

The interviews with the first two participants were used for the pilot study. The interviews were conducted in English via Zoom. Each Zoom interview lasted 30 min, and the pilot participants preferred to attend the interview from her office. The two pilot study participants were asked for comments or objections at the end of the interviews. The recordings were played back to the participant to allow the participants to extract or add more to the information offered. The participants affirmed that the recordings were satisfactory and said there was nothing more to say or extract.

The recorded interviews were saved on my computer and were later transcribed. I reviewed the transcribed interviews by reading and re-reading them to better understand and identify any issues. The pilot study was conducted to enable me to establish if the interview responses were what I was looking for in my research. I also organized the pilot study to assist me in identifying any opportunity for potential revisions. Therefore, the pilot was successfully and effectively conducted and addressed all my needs. Due to the pilot's success, the data collected from the pilot participants' interviews were applied as part of the data for my main study.

The pilot provided the direction for the primary study interviews, which were also conducted in English via Zoom and lasted for an average of 25 to 30 min. Each participant's recordings were played back and listened to at the end of each participant interview. Each of them expressed satisfaction with their responses. Each affirmed that they had no further information to share and no retraction of shared information. The responses were saved as an MPG file and file and passworded to my laptop. It was later forwarded via secure email to REV.COM, a licensed and accredited agency popularly known for quality research interview transcription in the United States.

Setting

The setting of this study was Texas, in the united States. Specifically, it was performed in two community colleges in the 'rural area of East Texas. The study participants comprised 11 volunteer NFMs drawn from the two community colleges. Before data collection, they were told they could choose their office location on campus on a convenient date and time for the interview. They could also interview from the comfort of their homes for the Zoom interview. I informed them about the importance of ensuring that whatever location they chose had to be quiet and conducive for the interview, and they all complied accordingly. I observed that the participants did not appear distressed each day of the individual interviews. Still, I was conscious of my bias, language, and tone of voice while the interview participants shared their experiences because I am a nurse like them. Thus, I applied epoché to bracket and alleviate my prejudices, individual bias, and preconceived opinions. Out of the 11 study participants,

nine were interviewed in their offices on campus, and two were interviewed from their homes.

Demographics

The participants in this study were 11 volunteer NFMs recruited from two community colleges located in the rural region of East Texas. They were all women aged between 35 and 65 years. Eight participants were aged between 35 and 50 years, while three were between 51 and 65. The participants were all full-time employees in the colleges. Their identities were protected; thus, they were assigned pseudonyms to identify them. These pseudo names included Anna (1), Brenda (2), Carol (3), Dorothy (4), Edna (5), Fidelia (6), Gloria (7), Harriet (8), Irene (9), Janet (10), and Lovet (11). The participants were nurses, and therefore, their occupation was already known. Their ethnicity and religion were not considered because they were irrelevant to the topic under study. Table 1 shows the demographic information collected from the study participants.

Table 1

Participant Demographics

Participant	Institution ID	Age range (years)	Gender	Employment type
1	A	35–50	Female	FTE
2	A	35–50	Female	FTE
3	A	35–50	Female	FTE
4	A	35–50	Female	FTE
5	A	35–50	Female	FTE
6	A	35–50	Female	FTE
7	A	35–50	Female	FTE
8	A	51–65	Female	FTE
9	A	51–65	Female	FTE
10	B	35–50	Female	FTE
11	B	51–65	Female	FTE

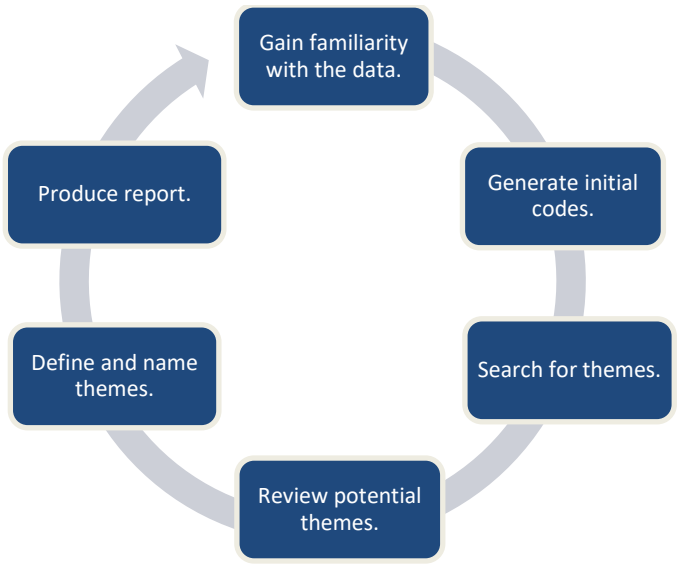
Note. FTE = full-time equivalent. A semi-structured individual interview was used to collect data via Zoom communication from the 11 volunteer NFMs who participated in my research. An interview guide or protocol tool approved by the IRB was used to conduct the interview and to discover the experiences shared by the nursing faculty in the community colleges located in East Texas during the COVID-19 pandemic. They were reminded of the need to ensure a conducive environment in their interview setting and to use a quiet area in the home to avoid disruptions during the interview. They were encouraged to share their concerns and to feel free to inform me of any potential issues. Additionally, I assured them that the interview transcript would be safely stored on my laptop, which I can only access, and I created a password to open it. The data-gathering process continued until saturation was reached. Data saturation is defined by Rohwer et al. (2021) as that point in the collection period at which "no new information…are observed in the data" (p. 2).

Data Analysis

After completing the interviews, I analyzed the collected data using a computer-assisted qualitative data analysis software program, NVivo. To help with the data analysis process, I adopted the reflective thematic analysis strategy suggested by (Clarke, 2021). The approach is a six-step strategy for analyzing qualitative data. The six steps consist of (a) gaining familiarity with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing potential themes, (e) defining and naming themes, and (f) producing the report (Braun & Clarke, 2021; see Figure 1).

Figure 1

Six-Phase Reflexive Thematic Analytic Method by Braun and Clarke (2021)



I began data analysis by using the NVivo Version 14 software. I applied the first step of the reflexive thematic analytic method by familiarizing myself with the transcribed data. I cleaned up the data by reading all 11 interview transcripts line by line and rereading to remove any cues/leads likely to identify the study participants. I uploaded the cleaned data to NVivo and created a classification worksheet for the participants' demographics. After completing it on the Excel worksheet, I exported it to the NVivo software. I then generated the initial code by assigning labels to my RQs as suggested by (Byrne, 2021). The next step was a thorough review of the generated codes that revealed patterns that constituted the initial 10 themes contracted to the final five themes, as shown in Table 2.

Table 2

Research Questions and Final Themes

Research question	Final theme
RQ1: How did nursing faculty in rural community colleges in East Texas transition from nursing instructors' role to the role of PH workers during COVID-19?	❖ PH services offered, changes, and the impact of the pandemic ❖ PH emergency preparedness
RQ2: What resources, support, and mitigation measures were made available for you during the COVID-19 pandemic?	❖ Available resources and PH experience with mitigation
RQ3: What challenges did nursing faculty encounter as PH workers?	❖ Psychosocial and mental health effects and challenges
RQ4: What coping strategies did nursing faculty adopt during their transition to PH workers as a result of the COVID-19 pandemic?	❖ Coping strategies to manage the COVID-19 pandemic

Note. PH = public health; NFM = nursing faculty members.

Evidence of Trustworthiness

Trustworthiness is used to determine the significance, relevance, and meaningfulness of a qualitative study. Various evaluation criteria are taken into account to establish trustworthiness. Trustworthiness comprises four aspects: credibility, dependability, confirmability, and transferability (Nyirenda et al., 2020). I used the phenomenological approach to gather and analyze my data in this study. Thus, all four aspects of trustworthiness were considered and briefly described in the following subheadings.

Credibility

To ensure credibility in my study, I was sincere in relating to my participants. I established a good rapport with each of them through active and regular engagement. I

shared my interview plan with them and got a confirmation of a convenient date and time. I fulfilled my commitment to do a member checking with each of them. Member checking was valuable because it helped alleviate my bias and affirm that their shared experiences were adequately and accurately represented (Peoples, 2020).

Dependability

To assure my study's dependability, I ensured my approach was consistent across each step of the data collection and analysis process. I handled the data collected carefully and organized them chronologically to attain an accurate audit trail. This action was critical as it enabled me to establish and achieve the potential for replicability of my study in the future. The idea of replicability is supported by Peoples (2020), who postulates that the content of qualitative research should be able to deliver similar findings in the future.

Confirmability

To establish the confirmability of my study, I utilized triangulation and reflexivity and continued to explore my participants' stories until I reached data saturation. Accomplishing the confirmability of my study involved me considering and working with the qualitative research premise that the world is subjective and not objective (Nyirenda et al., 2020). I recognized that I am a professional nurse, just like my study participants, and that I also cared for patients during the COVID-19 pandemic within the period under consideration in this study. Thus, I could appropriately bracket my biases and prejudices in this regard, as suggested by (Peoples, 2020).

Transferability

I methodically and clearly described my study's data collection and analysis process. Qualitative studies are not expected to be transferable. However, this thick description of data collection and analysis could allow scholars, individuals, and stakeholders who might come across my study to compare my findings with other studies, as suggested by (Nyirenda et al., 2020). I believe that the codes, patterns, themes, and results from my study might be helpful in the future study of the COVID-19 experiences of college nursing faculties in similar settings, locally and internationally. According to Peoples (2020), the transferability of a research study is determined when the researcher considers the context, location, procedures, participants, and experiences before making a sweeping statement or generalizing the findings.

Results

Connection of the Research Questions to the Themes

The five themes generated included (a) PH services offered, changes, and the impact of the pandemic; (b) PH emergency preparedness; (c) available resources and PH experience with mitigation; (d) psychosocial and mental health effects and challenges; and (e) coping strategies to manage the COVID-19 pandemic. The emergence of these themes provided the guidance needed to create the report from the data analysis of this study. According to Byrne (2021), the report will comprise interview excerpts and a cohesive narrative of findings. After the data analysis, I identified the appropriate interview excerpts to support each theme and presented an interpretative narrative to address each RQ in the report.

Connection of the Themes to the Interview Responses

Theme 1: Public Health Services Offered, Changes, and the Impact of the Pandemic

Based on the responses from the interview with the 11 participants, two themes emerged to help address RQ1. The two interview questions that resulted in the emergence of the two identified themes were (a) "What changes did you make to ensure the successful transition from a nursing role to a PH role, and how did this impact your health and general well-being?," and (b) "What kind of PH emergency preparedness training did you receive before the emergence of the COVID-19 pandemic?" In response to the questions, all the 11 NFMs who participated in this study disclosed that they performed various activities and services in transitioning from their typical nurse educator role to the PH role necessitated by the COVID-19 pandemic. Some of these activities included but were not limited to implementing the COVID-19 safety guidelines for IHE developed by the CDC, including monitoring vital signs and travel history. Anna stated,

> Per the CDC's recommendations, I kept track of those exposed and therefore implemented those [guidelines] for the college. So, we [NFM] tested the students for COVID-19 before each clinical day. We also put in measures for monitoring them, like questionnaires they may have to fill out before they come to class. [We asked of] exposures, how long they may have to stay off [if exposed], and checked their temperatures.

Carol noted the following:

> We actually made a video series that we were sending out to the clinics because you have to have patients, and you have to have your student nurses, and everybody has to be safe. And so there was a team of us that made a video series. We're taught N95s are for one use, and you dispose of them. Well, with the pandemic, we couldn't. So, how do you safely reuse this disposable equipment?

Irene added,

> I think, for the most part, we did a lot of education. Not only to the community in […], the campus that we're at, but we tried to do it here. I mean, I had to do it a lot here personally through my church that I'm in.

The NFMs performed health education/health promotion activities on campus, in clinical/hospital settings, and within the community, such as promoting the use of masks, how to put them, and how to ensure the appropriateness via fit testing. For example, Carol stated:

> Okay, we needed people to start educating on how to take care of individuals with the pandemic. And so, I got shoveled into [the community] to start going to all of their clinics and all of their hospitals, teaching in their clinics and their hospitals. Also, I taught students how to fit masks safely.

Edna

> I took on the role of fit-testing masks for students, making sure they had the right masks. Making sure their fit-tested masks were up to date. Made sure they knew how to don and doff their mask and other PPE, then went to clinical with them.

> And monitored that they were putting their masks on and doing what they were supposed to do.

Irene

> In our role as educators, we had to do it [health education] there, and then we helped our clinical sites in the clinical sites that we were at. For example, I'm at [named hospital]. I take my students to [named hospital]. And we helped. We did help through their shot [vaccination] clinics, and when they got the vaccines and things like that, we got to do education that way with COVID-19.

The NFMs worked actively in partnership with local health authorities to provide free COVID-19 testing and the administration of vaccines to students and community members. They also worked collaboratively with donors. They made donations of patient care equipment and distributed PPE and infection control materials within the communities.

Lovet explained:

> After the COVID-19 vaccine came out, that was in January, knowing the fatigue of many of our health care providers in our community, I reached out first to our community city council and then eventually worked through our president of our college to provide immunizations to our community. And so we actually partnered with a local pharmacy, and they were able to obtain the vaccines. We were able to get our students trained in administering those immunizations, and they participated in four different counties to administer those vaccines. So, I feel like that's how we contributed.

Brenda

> As a matter of fact, we had the opportunity to donate some of our masks, gloves, and supplies to a nearby nursing center nursing home, which was in dire need of some of the supplies they couldn't get a hold of.

Gloria

> So we had a ventilator, and we did reach out to our hospital, and we were able to donate that to use, which was just a good thing, and offered any supplies that we had that they might be able to use, but they didn't need that, but they did use the ventilator.

Theme 2: Nursing Faculty Members Public Health Emergency Preparedness

The NFMs were asked about the kind of PH emergency preparedness training they received before the emergence of the COVID-19 pandemic, including formal and informal training. The responses they provided indicated that most of them did not get formal training on PH emergency preparedness. They shared instead that they were either trained nurse educators or had some form of emergency nursing training and not specifically PH emergency preparedness. One shared that they had an interdisciplinary team that performed a "mock simulation event" and "really not a PH matter." For example,

Anna stated:

> So, it's really not a PH matter [training], but we were preparing ourselves to see if there was some kind of community health trauma or concern, how we could assist in that, and work in an interdisciplinary team to do that. Actually, that could be

> something that we implement, that is more of a PH training. How could we implement PH teaching or PH mass training, mass whatever, in that pandemic role? But we already had an interdisciplinary team mock simulated event if there was a mass tragedy or a mass PH matter in our community, how that would be handled, and we collaborated with a bunch of other disciplines. I think the ER director at the local hospital, the EMS director, and I believe there are Maybe a couple of doctors that take part in it.

One other participant stated they had no formal training in PH emergency preparedness. Fidelia stated, "PH training? No. I don't think so. Ours was more geared towards, 'Let's make sure all the students know how to wear the PPE appropriately.'"

Theme 3: Available Resources and Nursing Faculty Members' Public Health Experience With Mitigation

Only one theme emerged from the responses to the two interview questions meant to answer the RQ2 (see Table 1). The emerging theme focused on the available resources and NFMs' PH experience with mitigation. The interview questions included (a) "How would you describe your experience enforcing mitigation measures like quarantine, social distancing, and the adequacy of infection control materials like face masks, goggles, hand gloves, and hand sanitizers among your colleagues and students?," and (b) "Can you explain the effect the lack of inadequacy of these items exerted on your health and general well-being?" The response to the question showed that some NFMs were actively involved in infection prevention measures, such as classroom restructuring to maintain

social distancing. They also handled the supply and appropriate use of PPE, COVID-19 testing, and administering the COVID-19 vaccine (shots). Lovet explained,

> At the college, we changed how we were doing the classroom and how many students we put in a classroom. We changed…, adding partitions between students to try to help with spreading and limiting the amount of time that we were in class.

Harriet added,

> I started working with our secretary and the main secretary to get masks for everybody. We had them do so across all the campuses. We took [compiled] all the symptoms of COVID and put them at the front of every entrance that the students would come into. We took their temperature before they were allowed to enter the building.

The responses to the second question that addressed RQ2 revealed that the NFMs did not experience a lack of infection control materials. Thus, resource availability did not negatively affect their health and well-being. The NFMs had adequate supplies from their college administration, got donations of PPE from individual donors and community members, and even had to make donations from their extra supplies. For example, two NFMs shared that they received sufficient COVID-19 prevention materials. Janet stated:

> The school did supply those [COVID-19 prevention resources]. They supplied just a regular mask we had to wear, and they also supplied the N95s. They gave us gowns, goggles, face shields, all of it because a lot of the places didn’t want to

> have to share theirs because they were already in short supply. So they supplied everything we needed.

Participant Brenda

> We all had masks. We had sanitizer everywhere. We sanitized and wiped all the desks. That was always a part of it. We also had COVID rapid tests, so if anybody had any symptoms, they could come in and take that. And if they had any symptoms, they were to leave.

The IHEs also received COVID-19 funding from the government to purchase required infection control materials for IHEs. Fidelia noted receiving donations of PPE. Harriet stated,

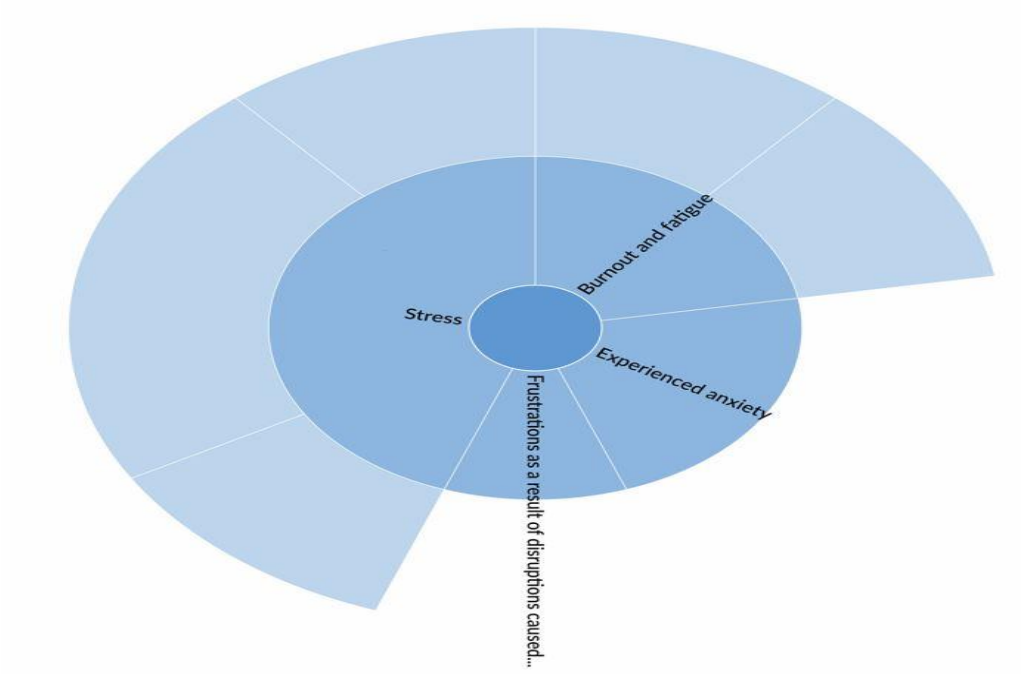
> But especially with the grants that came for COVID-19, we did manage to find what we needed. Most people wore their own masks. We had masks if they needed them. We had plenty of hand gel everywhere for the school. When they got back into the clinical, we were able to find N95s, which we tested them for based on the ones that we had.

Theme 4: Psychosocial and Mental Health Effects and Challenges

The two interview questions created to answer RQ3 (see Table 1) resulted in the development of one central theme, which pertained to the social, mental, and psychological effects of the COVID-19 pandemic on NFMs' health and well-being. The adverse effects were caused by stress, burnout and fatigue, anxiety, frustrations, and so on (see Figure 2).

Figure 2

COVID-19-Related Contributors to Poor Health and Well-Being Among Nursing Faculty Members



,

The interview questions were (a) “What obstacles and barriers did you experience while attempting to perform your PH role, and how did this situation affect your health and general well-being?” and (b) “Describe your opinion about being suddenly mandated to provide frontline PH services to students without training in PH emergency preparedness services.”

The data collected from this study's interviews showed that the study participants were emphatic about the challenges they encountered and their adverse effects on them.

For example, the majority of them disclosed that the changes they had to make posed severe challenges to their mental, physical, emotional, and psychological health.

Three of the NFMs shared that they experienced stress due to the changes brought about by COVID-19. This stress was caused chiefly by dealing with changes concerning their academic obligation, personal/family responsibilities, clinical/hospital work environment changes, and other reasons.

Dorothy

> Actually, on a personal level, the pandemic hit my family very, very hard. Aside from having family members who were COVID-19-positive, it was hard dealing with the isolation that they were having to experience because of the pandemic and not being able to have family around while they were in the hospital and their health in general, just being so medically fragile. So, it was a very stressful year. 2020 was a very stressful year, just like it was all across, not just in the United States but globally.

Gloria

> I think I had more stress due to the working environment than I had in the hospital, working as a nurse versus being an instructor. And then also, where I was working, there was no window to look into the patient room. So they were all on a monitor. I wasn't used to that at all. I'm used to hourly rounds. So, it was difficult to feel comfortable not to go into their room and have them call if they needed something. Those were some of my stressors.

Lovet

> There was a bit of anticipatory fear if we mentioned online after that just because we teach both our associate degree and vocational nursing programs face-to-face. And so, switching to that online component was stressful.

Two of the NFMs explained the anxiety they had to go through due to the changes brought about by COVID-19. The two participants were Brenda and Gloria.

Brenda stated:

> I think we have a lot of anxiety. When this first started, when we first shut down and we were able to utilize Zoom, when we got Zoom, I think we worked harder during that period of lockdown time than we ever did at the school. We would be on the Zoom, the whole team or the whole faculty, and we would be all together doing a group. And we would be on for 8 hours trying to work through and figure out what we had to do to take care of our students. And then we were trying to work with the facilities at the hospitals because we had to have some kind of clinical for our students too. And they were in panic mode, not knowing exactly what was happening.

Gloria

> Okay. So, in the beginning, I said we had about a 4-week stint where the clinical sites were shut. So, of course, it brought a lot of anxiety, not only to the students but also to the instructors for sure if we were going to be able to make that mandate of 50% simulation and if our students were going to be able to move forward.

Three NFMs described the effect of the absence of face-to-face contact as a considerable restriction to social contact/communication and personal interaction between NFMs and their students. These difficulties in establishing the usual rapport between students and the NFMs resulted in frustrations and anxiety. The study participants described their feelings and experiences. Lovet stated, “I think the biggest toll was just losing the personal interaction.” Fidelia echoed this sentiment, stating

> I would say the majority [of students] really wanted to come back. They wanted that face-to-face relationship. And I think it’s really hard to build a trusting relationship. And this even goes into the facility and how I explained it to my students. There’s a piece of connection missing when you don’t have that person standing in front of you. So I can talk to someone all day on the computer, but I don’t know that I’ll ever have the level of trust until I have that person right there with me, right? So I think that’s probably the biggest thing.

Brenda was in agreement:

> I know they were frustrated. And I know whenever we started back in September that year, a lot of them wanted to know, “If we can’t come to class, we’re going to drop.” Because they said, “We just can’t learn. We just can’t learn lecturing online; we have to be there. We have to see you to do it.” So, yeah, it was tough. Other study participants expressed that they experienced frustration, burnout, and fatigue.

Janet conveyed her experience:

> It was very frustrating. We went on Spring break, and we didn't come back until that summer. It was very frustrating. The students were expecting to come back to class, and all of a sudden, they were going to meet online. And the face-to-face students, that's not where they were. And so it was very frustrating for the instructors because we couldn't go to class.

Irene added the following:

> So, a lot of times, I think a lot of the faculty, especially the older faculty that aren't as familiar with how the computers and stuff work, and how the different programs work, a lot of them were very frustrated with having to completely change the way they do things. And I heard a lot from the different faculty members.

Anna noted another difficulty:

> I think there was definitely burnout because we had to do way more work than before because we had to... teach our students what they needed to learn in clinical, but not working on a patient. I think that led to some burnout for some faculty. I think it led to a lot of concern for the students and faculty that we're going to produce a group of students that are going to get out, that have never really had their hands on a patient, and they're going to have no idea what to do when they come out. That was a huge level of concern for faculty.

Fidelia mentioned fatigue:

> So, I think that's where fatigue came in for me. I was making sure that the students were comfortable with what was going on. Then, support them and let them know that this is going to be an ongoing process in their career.

The other challenges the NFMs experienced were related to online learning, clinical practice sessions, inconsistent/confusing information from the media, and trusted PH agencies like the CDC. The study participants shared that they also experienced challenges rescheduling lectures due to the quarantining of infected students. They had difficulty implementing quarantine measures within the college environment and significant concerns among students related to the safety of the COVID-19 vaccine. Additionally, they encountered challenges with enforcing social distancing measures in classrooms and experienced a lack of qualified PH experts to interpret the CDC COVID-19 prevention guidelines in the college.

Brenda explained:

> It was very confusing because we didn't know, especially when we could come back to class, if we should wear masks. Do we not wear a mask? Do we get vaccinated? Do we not get vaccinated? There was so much confusion. If you set up a standard or a policy to follow, it changed in 2 days or something like that. So, you could be within three feet of a student, but then you had to be away from them six. It was very confusing and very difficult. It really was.

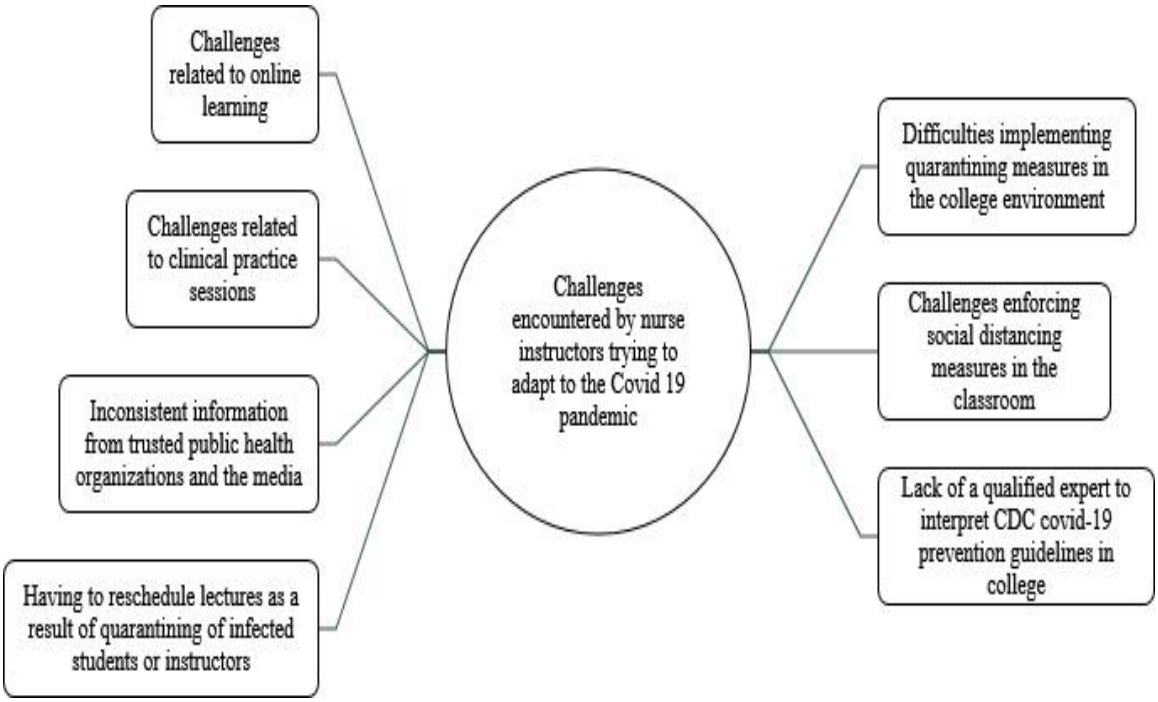
Edna stated:

> We did notice there was a lot of psychological stuff for us as instructors and them, as students, going totally online. It's very hard, as an instructor, to ensure that your students are engaged or if they're paying attention.

The common and significant challenges that were identified from the participants' interview responses were noted and displayed in Figure 3.

Figure 3

Challenges Encountered by Nursing Faculty Members in Managing the COVID-19 Pandemic



Theme 5: Coping Strategies Adopted by Nursing Faculty Members to Deal With the COVID-19 Pandemic

Two interview questions were designed to help answer RQ4 (see Table 1). One theme was generated based on the data gathered from the interview responses. The first

question entailed asking about the approaches the NFMs adopted to deal with the COVID-19 challenges, including the absence of face-to-face teaching. The second question covered the suggestions they would like to offer for any future pandemics. Thus, the two themes generated from the interview responses included the following: (a) coping strategies adopted by NFMs to deal with the COVID-19 pandemic, especially dealing with the psychological/social effects of COVID-19, And (b) the NFMs' recommendations for managing future PH emergencies like the pandemic. The interviewed NFMs stated they adopted numerous strategies to cope with the COVID-19 pandemic. Some coping strategies adopted involved relying on spirituality, counseling, and family support. Two NFMs said they relied on spirituality for comfort and to be able to cope with the negative consequences of COVID-19, for example.

Janet mentioned:

> Praying a lot.

Irene stated:

> Well, I cope with my faith in God, which is how I cope with meditation and reading the Bible. And I'm also in charge of the NCF, the Nurses Christian Fellowship. Honestly, I just feel like when anything seems hopeless... I didn't feel that desperation, or getting upset, or anything like that. But I feel like when anything seems hopeless, then you have to turn to God. I mean, you should turn to him every day. And if you don't, then you should honestly turn to Him when it's hopeless. When you get so far down, there's only one way to look. You got to look up.

Regarding mental health counseling services as a coping strategy, the interview participants shared their experiences. For instance,

Lovet stated:

> We had mental health counselors that we purchased. An online counseling service for the college that was free to them. Again, that was purchased with federal funds. We reiterated with each class the free ability to go and get mental health services on their phone through DialCare. And we were able to use that. With faculty, we just did a lot of debriefing and sharing, especially when students went to the hospital, and they saw more deaths, just really sick people.

The role of family support in helping the NFMs cope with COVID-19 was significant. For example one of the participant (Fidelia) was very emphatic in her response.

Fidelia

> Really, my husband was a significant support for me. He is the vice president of a company. So he deals with…[staff issues]. His job is basically to manage problems. So he is kind of my support when I need help. And so when I would go to him about communication and things like that, I wouldn't say he always gave the best advice, but a lot of times he did. He's done a lot of reading, a lot of leadership books. And he would say, "Well, this is what I've experienced, and then this is what I've read from books." And so he would probably give me a couple of different perspectives on how to deal with it.

Other strategies entailed avoiding listening to excessive information from the mainstream media and finding activities to alleviate stress. Dorothy mentioned "avoiding excessive information provided by the mainstream media about COVID-19," whereas Edna stated, "We just went on about our day, turned off the TV, and didn't get pulled into the mainstream media."

Fidelia stated:

> But really, I'm going, to be honest, my coping strategy is cleaning [inaudible] things like, "This would be the cleanest house you've ever seen." And it's just a way to get my stress out. I'll turn literally into a work mule. I'm pumping it. Whatever you need me to get done, let's get it done. So that's kind of how I cope.

Summary

I used an interview protocol in this chapter to elicit my study participants' stories. I explored how the study participants could transition from their role as nurse instructors to PH practitioners during the COVID-19 pandemic. The study revealed that they did not anticipate this change in role from nursing education practice to PH practice, yet they were compelled to render PH care without formal training in PH emergency skills. I attempted to discover the type of resources made available for the NFM to use and the adequacy of such resources. It was intriguing to learn from the findings that the NFMs and the two colleges involved in this study had an adequate supply of COVID-19 infection prevention materials like PPE, hand sanitizers, and other medical equipment. They had so many of these items that they could make donations to other facilities, clinics, hospitals, and community groups.

I investigated and ascertained the types of PH services they performed. It turned out that they were involved in many PH-related activities and could manage them based on the training they received earlier in emergency nursing and not in PH emergency. Furthermore, I sought to know if they encountered any challenges and the effect of the challenges exerted on their health and general well-being. I found out that they encountered numerous challenges that negatively impacted their mental, psychosocial, and general well-being. Additionally, I examined the kind of coping strategies they employed during the pandemic and discovered they resorted to spirituality, family support, mental health counseling, and so on as coping options. Lastly, I endeavored to obtain any recommendations they might have to help mitigate future PH crises like the COVID-19 pandemic.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological qualitative study was to investigate the lived experience of NFMs from two RCCs located in East Texas during the COVID-19 pandemic from December 2019 to December 2022. Walden University's IRB approved the conduct of my investigation. I designed an interview protocol and utilized a semi-structured individual interview approach to gather data from 11 NFMs who voluntarily participated in this study over 4 weeks. The significant aspects of my findings are captured as follows: (1) NFMs in the RCCs in East Texas were essentially engaged in performing PH activities on campus and within their various communities during the COVID-19 pandemic without prior formal training in PH emergency preparedness skills. (2) NFMs had adequate COVID-19 infection prevention resources during the pandemic. This finding was contrary to the findings from the literature, which revealed that rural communities in the United States lacked infection prevention materials like PPE, COVID-19 testing kits, COVID-19 vaccines, and so on during the pandemic. (3) NFMs faced significant challenges due to the unanticipated changes they had to make to mitigate the negative impact of the COVID-19 pandemic. (4) NFMs identified major challenges that exerted social, mental, and psychological impacts on their health and well-being during the COVID-19 pandemic. (5) NFMs identified their coping strategies and provided critical recommendations they believe would help better manage future PH crises like the COVID-19 pandemic. All but one of these findings aligned with the findings from other studies in the literature related to my topic. That one exception in my

study findings was that the NFMs who participated in my study shared in their interview responses that they had adequate COVID-19 infection prevention resources during the pandemic and even had to donate the extra supplies they had. This finding is contrary to the views of scholars on this topic, which suggested a lack of infection control materials resources in rural communities during the COVID-19 pandemic (Mueller et al., 2021).

The phenomenological theoretical framework created by Husserl (1970) assisted me with discovering the lived experience of the 11 NFMs and world views of the COVID-19 pandemic within the time frame under consideration. The findings from my study revealed that the phenomenological theoretical framework was appropriate for this study. The reason for this claim is that the theoretical framework enabled me to deeply understand the experiences of the study participants as they shared their stories (Arcadi et al., 2021). The significant findings from this study centered around the five themes generated from the codes and patterns derived from the transcribed interviews (data collected). I evaluated my findings alongside those identified in the peer-reviewed articles I explored in Chapter 2 of this study. The rationale for this action was to establish if the results of my study added value to the knowledge from the existing literature, especially as it relates to my study topic.

Consequently, this chapter covered the interpretation of the findings, the study limitations, and recommendations. Other aspects covered include the implications of the study and the impact of positive social change, and finally, the study's conclusion. The five themes identified from this study are considered in the following subheadings. The themes include (a) PH services offered, changes, and the impact of the pandemic; (b) PH

emergency preparedness; (c) available resources and PH experience with mitigation; (d) psychosocial and mental health effects and challenges; and (e) coping strategies to manage the COVID-19 pandemic.

Interpretation of the Findings

Public Health Services Offered, Changes, and the Impact of the Pandemic

My findings indicated that the NFMs who participated in this study performed numerous PH activities /roles during the COVID-19 pandemic. They had to put their core nursing education roles on hold and reverted to providing PH frontline services to prevent the spread of COVID-19 infection on campus and within the community. At the campus level, they focused specifically on students and academic/non-academic staff. They performed actions like taking control/leadership of the pandemic management, figuring out how to interpret the CDC guidelines, and carrying out COVID-19 testing.

Nurses and other health care providers were known to have played critical roles in response to the PH crisis, such as the COVID-19 pandemic, by actively taking part in the incident command systems (Heagele & Pacquiao, 2019). In support of this view on the role of nurses during PH crises, the NFMs in my study took the leadership responsibility of mitigating the COVID-19 infection on their campuses. For example, they educated nursing students on campus on how to test-fit the N95 mask so that the students could, in turn, train nursing aids and other frontline workers in the clinical and community settings. For instance, Anna stated, “We had COVID testing that we had to educate each campus on how that was done, and policies as far as where that was kept, who was in charge of the COVID testing at each campus if somebody was suspicious [exposed].” The NFMs

also educated the community members on the importance of wearing masks to prevent the spread of COVID-19 infection and the need to get the COVID-19 vaccine.

Campus-Related Changes

One of the changes that the participants made on campus to manage the COVID-19 pandemic was to modify the school curriculum. They also made changes to enforce social distancing, especially in the classroom. Such changes included facilitating the restructuring and partitioning of the classrooms. The student chairs, desks, and seating positions were modified to establish the CDC-recommended six-foot distance spacing. They changed their daily work routine to accommodate the new roles and responsibilities assigned to them due to the COVID-19 pandemic.

Scholars like Leaver et al. (2022) reported that during the COVID-19 pandemic, nurses actively supported the vigorous PH blueprint established by the CDC in response to the pandemic. Thus, they were looked up to for leadership roles, education, control and mitigation of infection, and assistance with training, such as using PPE. My study participants shared that they were required to monitor the vital signs of students daily, especially their temperature, before the start of classes. They also facilitated the daily completion of the COVID-19 surveillance questionnaire by students and ensured they had the appropriate PPE on them while in the classroom.

Community-Related Changes

From the interview responses, it was interesting to learn about the community-related changes the NFMs had to make. They played a vital role in offering PH service to the community. For example, they liaised with the local health authority to create and

manage vaccination boots for administering the COVID-19 vaccine. They also created COVID-19 testing centers in strategic locations within the campuses and the community. According to Dorothy, "As far as the public goes, we were involved […], I actually led it up with the prevention, doing the clinics, hosting the clinics, and educating the public about the COVID-19 vaccinations, where we helped vaccinate all people in the community". Part of the community-level participation also involved donating PPE and other infection-prevention materials to facilities within the community.

Public Health Emergency Preparedness

This study revealed that the responses obtained from the NFMs showed that they were not formally trained in PH emergency readiness. They were exposed to informal training during the pandemic via interdisciplinary teams' hands-on training and not necessarily formal PH training. For example, Anna stated they had an interdisciplinary "mock simulation event" as part of PH training during the pandemic. Some of the study participants shared that they had wrongly believed that their general nursing emergency care training was sufficient to enable them to manage PH crises like the COVID-19 pandemic efficiently.

Sacco and Kelly (2021) performed a mixed methods study among 49 NFMs in the United States to ascertain their experiences during the COVID-19 pandemic. The authors observed, among other findings, that nurse educators are unprepared for PH emergencies and crises like the COVID-19 pandemic. They suggested that formal training in PH crisis response will help prevent NFM burnout and promote their well-being during large-scale emergencies like COVID-19. This identified deficiency in PH skills among the NFMs

involved in my study, whose services are invaluable in times of significant crises like COVID-19, underscores the significance of my study. It calls for a need to develop PH policies that support the formal training of these professionals in managing PH crises.

Available Resources and Public Health Experience With Mitigation

My study participants' interview responses showed they had adequate infection mitigation resources. This finding contradicts the evidence from the literature that COVID-19 infection control resources were insufficient, especially in rural areas during the pandemic. In support of this view, Mueller et al. (2021) performed a qualitative study in which they obtained primary data from rural dwellers spread across 278 countries in 11 states in the United States. The findings from their study titled "*The Impacts of the Covid-19 Pandemic on Rural America*" indicated that the rural communities in the United States were worst hit. According to the authors, this was due mainly to a lack of needed infection control resources (Mueller et al., 2021).

Abundant COVID-19 Infection Prevention Resources

The NFMs involved in my study recounted that they were happy they had more than enough resources, such as masks, hand sanitizers, COVID-19 testing kits, and so on. This claim ran contrary to the findings of Mueller et al. (2021) regarding the lack of resources reported about rural communities. The NFMs in this study disclosed that their various institutions made the needed resources available. These resources were purchased with the funds provided by the federal government to IHEs. They also received donations from individuals and agencies within the community. They affirmed that they had a surplus of these resources and had to donate some to clinics and hospitals. In support of

this view, Janet stated, “They [school] gave us gowns, goggles, the face shields… they also supplied the N95s.” and participant.

Communication Issues With Mitigation

Communication issues related to mitigation posed severe challenges that resulted in stress and frustration from the responses shared by the study participants. According to them, they were confused and sometimes frustrated by the misinformation they received. The study participants claimed that they received PH messages with inconsistencies from trusted PH agencies like the CDC and the media. Basch et al. (2022) reported that in the early days of the COVID-19 infection, the CDC, WHO, and the U.S. Surgeon General all released communications that later had to be modified. My study participants asserted that the CDC guidelines for IHE they were required to implement were being amended and modified frequently and were often unclear. Dorothy stated, “I learned at that time [during the COVID-19 pandemic] that, every single day, the CDC would change their position on what you need, what you do”.

The NFMs shared that they anticipated the help of PH experts to help them interpret the CDC COVID-19 prevention guidelines for IHE, but they did not get the help. Thus, they had to figure out the meanings themselves. Jacobsen and Vraga (2020) reported that inconsistencies in communication, misinformation, and confusion from trusted health professionals and health agencies tend to damage public trust. Thus, these authors suggested that creating and implementing clear and accurate communication strategies are imperative to avoid the chances of misinformation and disinformation in times of PH crisis like the COVID-19 pandemic.

Other Mitigation Challenges

The preceding notwithstanding, the study participants recounted other challenges they had experienced while enforcing mitigation measures to contain the spread of the COVID-19 infection. Their inability to address these challenges often resulted in burnout, frustration, and stress. Some shared that they were frustrated and had difficulty rescheduling their students who were on quarantine due to exposure to the COVID-19 infection. They experienced exhaustion (burnout) with efforts to enforce social distancing in the classroom because some students were uncooperative, adamant, and unwilling to comply with that requirement.

There were COVID-19 issues that emanated from the clinical setting, which ultimately affected students' placement for their clinical and other practical requirements. They also had issues enforcing quarantine measures within the college student residential areas. The preceding views and findings are corroborated by the findings of researchers like Sessions et al. (2022) and Hai et al. (2022). These scholars investigated the experiences of nursing educators and nursing students concerning mitigating COVID-19 during the timeframe under consideration in this study.

Psychosocial and Mental Health Effects and Challenges

Mental Health Issues

The study participants experienced some adverse effects from the preceding changes brought about by the COVID-19 pandemic. The adverse effects impacted their mental, physical, emotional, social, and psychological health and general well-being. The unfavorable conditions they encountered included but were not limited to anxiety, stress,

burnout, frustration, fatigue, loneliness, and so on. They disclosed that they were anxious and frustrated with modifying their curriculum to adapt to online education because they were used to face-to-face teaching and did not get prior training to administer online education.

They shared that they experienced stress and burnout from the amount of unanticipated rigorous PH activities they were involved with. For example, Anna stated, "I think there was definitely burnout because, honestly, we were having to do way more work than before." This finding aligns with the results found in the literature. For example, Iheduru-Anderson and Foley (2021), in their study among 41 NFMs from community colleges in the United States, confirmed that the participants experienced stress, frustration, and physical exhaustion due to the changes/activities they performed during the COVID-19 pandemic.

Psychosocial Issues

Changes made to the teaching style and the learning environment constituted a source of psychosocial challenges for this study's participants. When public facilities, including schools, were shut down in 2021 due to the COVID-19 pandemic, nursing schools had to transition from in-person to online learning. In their interview response, the NFMs who participated in this study shared that they and their students experienced loneliness and social isolation. This experience was due to the inability to physically see or interact closely with themselves and their students in the classrooms and on campus.

This finding correlates with the study performed by Leal Filho et al. (2021). Leal Filho and colleagues explored the social impact of the public shutdown on the faculty, the

students, and the non-academic staff in IHE due to the COVID-19 pandemic. They discovered that 90% of the study participants admitted losing personal interaction with staff, colleagues, and students. They affirmed that they felt socially separated or detached from one another. Similarly, the NFMs who participated in my study corroborated the experience. For example, Janet stated, "… we stayed away from each other, even in the classroom; it was very frustrating for the instructors, of course also for the students".

Coping Strategies to Manage the COVID-19 Pandemic

Individuals adopted and utilized various coping strategies during the COVID-19 pandemic (Carey et al., 2021). Although the NFMs encountered numerous changes and challenges in the two RCCs involved in this study, their interview responses indicated they could identify various coping methods. The interview responses showed that some could cope by adapting to spiritual health and working with faith-based organizations. Some of them revealed that they could cope because of the support offered by their families. While some utilized mental health counseling support, others found comfort in staying away from the mass and social media, especially the internet, print, and electronic media.

Faith-Based Support

Faith-based support played a significant role in helping individuals in society manage the challenges presented by the impact of the COVID-19 pandemic. Nurse educators were not an exception to this experience. The interview responses from my study participants indicated that their belief in God and prayers helped them to maintain their sanity. Some found comfort in relating with church members, praying collectively,

and trusting their faith in God. Evidence from the literature affirms that spiritual health transcends all religions (Carey et al., 2021). Studies have shown that spirituality is critical to maintaining spiritual health (Sehularo et al., 2021). These authors reported that during the COVID-19 pandemic, faith-based practices were a primary coping strategy popularly utilized by nurses who played critical roles as PH frontline health workers.

Family Support

Family support was identified by the NFMs who participated in this study as a significant source of coping strategy. Some of the study participants disclosed that they found value and comfort in the social support they received from their families. Specifically, one participant recalled her spouse's role in helping her relieve the stress caused by the COVID-19 crisis. This finding is significant because there is a lack of evidence from the literature that cited family support as a coping strategy among NFMs during the COVID-19 pandemic. Family support consists of the assistance or help an individual feels they receive from their family (Tselebis et al., 2020). These authors suggested that family support during the COVID-19 pandemic may not have been totally adequate. This situation is because of conditions like quarantine and social distancing that individuals must adhere to avoid contracting the COVID-19 infection.

Mental Health Counseling

Mental health counseling presented another source of coping strategy or opportunity utilized by the NFMs who participated in my study. The NFMs expressed that the fear of contracting the COVID-19 infection and passing it on to their family members was of most concern. This concern was grave and resulted in mental health

conditions they experienced in the form of anxiety, stress, frustration, and inability to sleep and focus on issues. They acknowledged that the fear and anxiety expressed by their student equally impacted their state of mental health negatively as they continued to worry about their safety and well-being.

The WHO (2022b) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (para. 1). This finding aligned with the results from a meta-analysis mixed methods study that explored the experiences of nursing faculty and nursing students during the COVID-19 pandemic performed by (Orazietti et al., 2023). The authors reported that the high-risk clinical settings that nursing faculty and nursing students were exposed to during COVID-19 caused mental health issues mainly resulting from fear, anxiety, and stress.

Avoidance of Mass Media and Social Media

Interestingly, the findings from my study revealed that avoiding listening to or reading information from the mass and social media served as a coping strategy for some of my study participants. They claimed that the news broadcasts/aired on television (TV) and radio, and the posts they read from social media were overwhelming. They described the news broadcasts from these media channels as confusing sometimes, scary, incorrect, and often consisting of very negative pieces of information they could not handle or deal with. Consequently, they resolved to avoid these sources of information to help them cope with the impact of the COVID-19 pandemic.

Although avoiding the media was a choice of the NFMs involved in this study to

help cope with the challenges of COVID-19, that choice posed a risk to their ability to obtain up-to-date information about the spread of the disease. A similar viewpoint was drawn from the postulations in the literature that mass media and social media played a crucial role in providing the general public with updates regarding the spread and mitigation of the pandemic (Basch et al., 2022). These authors posited that some news that individuals and families listened to via the mass media and social media during the COVID-19 pandemic presented a cause for concern in the PH field. The news had a damaging effect on the health and well-being of individuals and families in society.

Limitations of the Study

During the proposal phase of this study, it was anticipated that the rural nature of this study setting and its attendant problems with internet services would present a limitation to my study. Fortunately, internet service did not pose any problem at all, and thus, this made the data gathering a seamless process. Researchers must be transparent in conducting their research, especially qualitative research (Ross & Bibler-Zaidi, 2019). They are required to be honest in the presentation of their findings. Although the trustworthiness of this study was entirely and intentionally considered, that did not prevent the occurrence of limitations to this study. Thus, this qualitative phenomenological study identified some limitations. The limitations are presented in the paragraphs that follow.

One of the limitations of my study was the retrospective nature of the timeframe (December 2019 to December 2022) considered to explore the study participants' lived experiences. The COVID-19 infection is still happening as this report is being written,

but not at an unprecedented rate. However, my study considered the interval between December 2019 and December 2022. Thus, the gap between December 2022 and the third quarter of 2023, when my study data were collected, presented the potential for the inability to recall everything that happened in their interview responses. The gap caused a limitation because I believe if this study had taken place at the pandemic's peak, that time might have made a difference in the findings. The experiences would have still been relatively fresh and quickly recalled.

The second limitation I identified in my study concerns the study population size. Although I mentioned in Chapter 4 of this study report that sample sizes of 5 participants or more are allowable in qualitative studies (Creswell & Poth, 2016), I consider my study sample size of 11 participants small for this research. Consequently, I believe it posed a limitation to my study. Recruiting more than 11 participants for this study would have increased the potential for the robustness of my study.

This study did not involve male participants as all identified 11 participants were women. Although the number of men in the nursing profession is notably small compared to the number of female nurses, with a ratio of male to female nurses 1:10, AACN (2023), that should not be an excuse for not recruiting any male NFM in this study. This gender imbalance posed a flaw to this study because the male NFMs may have presented a different perspective. Therefore, I identified this as a limitation to my study in cognizance of this flaw.

Evidence from the literature affirms that prejudices, biases, culture, individual beliefs, and so on play crucial roles in qualitative research (Ravitch & Carl, 2016). I am

an NFM and a certified PH nurse. Hence, I did not consider my school when picking colleges to participate in my study. I identified this positionality as a limitation of my study because my study participants were also nurses and NFMs. The preceding views notwithstanding, I was aware of this positionality and intentionally attempted to bracket my biases throughout the research process, specifically during the data collection phase.

Finally, the Zoom communication method, a virtual interviewing approach, was utilized as the data collection strategy for this study. Face-to-face interviews allow researchers real-time encounters and a one-on-one physical experience with research participants (Creswell & Creswell, 2018). Thus, I considered this data collection method a limitation because it prevented me from observing some nuances such as body language, gestures, and so on of my study participants. Nevertheless, I recognize that Zoom was used due to continued COVID-19 infection and to avoid the risk of unnecessarily exposing study participants.

Recommendations

Based on my study findings, I present four significant recommendations. This study recommends further research to investigate the experience of other NFMs in the RCCs in other states in the United States. This recommendation is necessary to help determine if the NFMs in these other RCCs had similar experiences to their colleagues in the RCCs in East Texas during the COVID-19 pandemic. According to the RCCA (2023), more than 600 RCCs have more than 800 campuses across the United States. These colleges serve almost 90 million Americans who reside in the rural communities of the United States and provide educational opportunities to about 3.4 million community

college students (RCCA, 2023). This statistic thus strongly supports a need for future research related to my study topic at a larger scale across all U.S. states.

The United States has about 5.2 million registered nurses, of whom 89% are employed as core nurses and not as professionally trained PH nurses (AACN, 2022). One of the findings from my study indicated that the NFM participants did not receive training in PH skills. Thus, my study recommends mandatory formal training in PH emergency preparedness for NFMs. This idea is especially critical for those NFMs who reside in rural areas and are employed in RCCs. The policy should consider measures that make it obligatory for nursing professionals choosing to teach in community colleges to obtain a certification in PH crisis management. The enforcement of this policy would help to ensure better quality PH service and stress-free management of future PH crises like the COVID-19 pandemic.

Poor communication was a vital aspect of the findings of this study. My study revealed that the inconsistent and, at times, confusing news from the media and notable PH agencies caused the NFMs anxiety and stress. Consequently, I recommend a structured and effective communication channel on the campuses of IHE that should be managed and monitored around the clock by each institution's administration. This communication channel can be managed by identified key PH professional(s) at all governmental and institutional levels, including the IHE. The PH professional(s) would be the only source for disseminating information on campuses, the media, and the public. It would help faculty members and students in the IHE during the PH crisis. Implementing this recommendation would ultimately assist in preventing misinformation,

confusion, disinformation, and contradictions with communication during PH emergency management in colleges, especially in RRCs. Additionally, a well-structured communication channel is recommended at all colleges, especially the RCCs, to help mitigate negative impacts during future PH emergencies.

This study recommends that RCC administrators consider hiring PH experts as part of the college staff. Hiring PH experts in RCCs could be planned for in the institutions' budget, and the college administrators could present a strong case for hiring. Johnson et al. (2022) reported that IHEs with PH faculty could better manage the COVID-19 pandemic. Thus, the suggestion to hire PH on RCC campuses would help coordinate PH activities and interpret PH guidelines and policies across RCC campuses. This study discovered from the interview responses that the NFMs at the RCCs could not easily interpret the PH guidelines for IHE developed by the CDC during the COVID-19 pandemic. This constraint calls for the presence of PH experts on campuses across RCCs in the country. Thus, the employment of full-time PH faculty in all RCCs is recommended. This recommendation is supported by the work of Johnson et al. (2022), who examined the influence of PH faculty on college and university plans during the COVID-19 pandemic. Their research finding showed that the IHE, who had PH experts as faculty members, were better able to efficiently conduct activities during the COVID-19 pandemic.

Participants' Recommendations for Action in Higher Education Institutions

The NFMs recommended training NFMs in PH emergency preparedness skills. They believe this would adequately prepare them to work and provide services during PH

crises like COVID-19. They suggested establishing a clearly defined PH role/function in colleges to deal with future PH emergencies. They emphasized that PH experts and professionals on campus should manage these defined roles. The NFMs suggested providing education on PH emergencies to diverse stakeholders at the community level. Such stakeholders include but are not limited to faith-based groups and non-governmental organizations.

The NFMs who participated in this study also identified a need to implement and establish mental health and wellness programs targeting students and faculty members. They expressed that they are students' advocates and, thus, are obligated to ensure their comfort and safety. They believe that they are responsible for their students' care and comfort. Hence, all their energy and effort were directed at ensuring that the students were protected from contracting the COVID-19 infection during the pandemic. The NFMs suggested training students on how to utilize technology for online learning. They proposed including online learning strategies in the nursing curriculum for managing PH crises.

Implications

This study presented some significant findings identified as valuable implications for positive social change. These social changes would need to occur at the institutional level and include administrative and curriculum changes. The changes at the community level include community mobilization, and at the organizational or regional level, it involves policy reviews and promulgating new policies (Morris, 2017). This study obtained crucial and relevant recommendations from the NFM participants, presenting

opportunities for positive social change at all levels. Positive social change allows researchers to discover population health attributes that benefit society. It also identifies individual, family, and societal issues (Morris, 2017). It offers ways to address these issues and ultimately contributes to an improved and healthy society.

At the institutional level, this study finding showed that the study participants were compelled to change from classroom to online teaching, and on campus, they were required to modify the structure of the classrooms. The study participants claimed that these activities impacted their health. The positive social change that could address these issues is to proactively train the NFMs on both classroom and online learning approaches to realistically manage students' education without burnout in times of lockdown during PH emergencies. Another positive social change could be directed at engaging architects and engineers to be explicitly and actively involved with restructuring classrooms without involving the faculty members during a crisis like the pandemic. Implementing this positive social change would help alleviate some of the potential stressors that faculty members might face in their effort to meet compliance requirements for social distancing in future pandemics like the COVID-19 crisis.

Positive social change at the community level would center on community mobilization. Community engagement will entail the IHEs identifying and partnering with appropriate groups within the community, such as non-government organizations and faith-based groups. These groups could be actively engaged to help plan and produce a blueprint for managing PH crises at the community level. Among other features, the blueprint will be expected to cover and detail the roles and responsibilities of all players,

identify necessary resources, create a protocol, and so on. All plausible funding sources would be identified to help with any likely future PH emergency, and potential mitigation measures would be explained unambiguously.

This study revealed that the NFMs who participated had abundant COVID-19 infection prevention materials at their disposal. That was a unique finding from this study, and it presented the benefit of organizational proactiveness and the power of collaboration. Therefore, it means that at the organizational or regional level, positive social change could be achieved by involving and partnering with corporate entities and governments at all levels. This study presents the chance for other IHE to explore and learn from what the administrators of the two RCCs who participated in this study did to get abundant supplies of mitigation resources for use in their various colleges during the COVID-19 crisis.

Conclusion

Conclusively, this qualitative study aimed to use the phenomenological theoretical framework to determine the lived experience of the NFM in RCCs in East Texas during the COVID-19 pandemic. Part of the findings from this study showed that it is the first research to reveal that the availability of COVID-19 infection prevention resources did not constitute any problem or challenges among the NFM in RCC in East Texas. This study discovered that the NFM had so many of these resources and even had to make donations from their stock of resources to health facilities, groups, and other agencies within the community. This finding is contrary to the views from the literature, such as the report by Sacco and Kelly (2022), Nair et al. (2020), and *The Chronicle of Higher*

Education (2020) that there was a lack of COVID-19 infection prevention resources for use by nursing faculty and students in rural communities in the United States. My study finding, therefore, makes it imperative for future studies to investigate the lived experience of NFMs in the RCCs in other states in the United States during the COVID-19 pandemic.

This study is also the first to determine that the coping strategies, precisely the level of support the NFMs received from family members (family support), served as a valuable strategy among NFM in RCCs in East Texas during the COVID-19 pandemic to manage the negative impact of the disease. This finding is significant because a literature search showed a lack of research specifically identifying the utilization of family support as a coping strategy among health care workers, including nurses. The results from the narrative meta-analysis of relevant articles from three online databases, including Google Scholar, Science Direct, and African Journals, performed by Sehularo, Molato, Mokgaola, and Gause (2021), support my position on this claim. The authors identified only five coping strategies: "avoidance strategy, social support, faith-based practices, psychological support, and management support" (Sehularo et al., 2021, p. 1). Family support was not mentioned.

The preceding points notwithstanding, this study has affirmed that the views from the relevant and available research aligned with most of my study findings. For example, my study validated the mitigation measures, including the unanticipated PH service and changes the NFM offered. My study also validated the psychosocial and mental health effects and challenges that the NFMs confronted during the COVID-19 pandemic. This

study validated the position of the AACN (2022), which postulated that nursing educators lack formal training in PH nursing skills. Also, this study proved the views from the literature that nursing educators found some coping strategies, such as faith-based and mental health counseling, to be very comforting and much appreciated during the COVID-19 pandemic (Tselebis et al., 2020).

Furthermore, my study identified inconsistent manner of communication as a challenge. This finding validated the views from the literature regarding misinformation and disinformation from reliable PH agencies. Also, the media posed a significant challenge to the mitigation effort towards controlling the COVID-19 pandemic (Basch et al., 2022). Consequently, this finding identified the need for a reliable and well-streamlined communication channel during PH crises like the COVID-19 pandemic.

Finally, my study has established that the experiences of NFMs in the RCCs in East Texas during the COVID-19 pandemic are fundamental for further research to determine best practices in the PH field, particularly concerning managing large-scale crises like the COVID-19 pandemic. This study identified the importance and role of efficient/accurate communication in mitigating PH emergencies. Worthy of note is that my study offered great recommendations from participants for managing future PH crises, on RCC campuses. Last, I identified a need for policymakers, researchers, and stakeholders to launch interventions for positive social change in RCCs/communities.

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Appendix A: Interview Protocol

This interview is aimed at understanding your roles, thoughts, perceptions, resources, and challenges regarding the COVID-19 pandemic and how you coped during the pandemic.

1. How did you transition from a nursing instructor role to the role of public health worker during COVID-19?

   Probing Questions (s)

   a. What changes did you make to ensure the successful transition, and how did this impact your health and general well-being?
   b. What kind of public health emergency preparedness training did you receive before the emergence of the COVID-19 pandemic? You can say formal or informal training, whichever applies to you.

2. What resources, support, and mitigation measures were made available for you during the COVID-19 pandemic?

   Probing Questions (s)

   c. Please describe your experience enforcing mitigation measures like quarantine, social distancing, and the adequacy of infection control materials like face masks, goggles, hand gloves, and hand sanitizers among your colleagues and students.
   d. Explain the effect the lack of inadequacy of these items exerted on your health and general well-being.

3. What challenges did you encounter?

   Probing Questions (s)

   e. What obstacles and barriers did you experience while attempting to perform your public health role, and how did this situation affect your health and general well-being?

   f. Describe your opinion about being suddenly mandated to provide frontline public health services to students without training in public health emergency preparedness services.

4. What coping strategies did you utilize to overcome the challenges/obstacles?

   Probing Questions (s)

   g. How did you cope with not having a face-to-face relationship with your students? Describe the students' reactions to this change and lack of communication, and how did these changes affect your health/general well-being?

   h. What are your recommendations for preventing this type of situation or any other public health emergency in the future?

Appendix B: Participant Recruitment Flyer

CALL FOR VOLUNTEER RESEARCH PARTICIPANTS

My name is Mary Isichei. I am a Ph.D. student studying public health science with a focus on community health at the College of Health Sciences and Public Policy, Walden University. I am seeking the participation of nurse faculty volunteers for research about the lived experience of nursing faculty during the COVID-19 pandemic in rural community colleges in East Texas.

Purpose of Study

This research explores the nurse faculty members' experiences regarding their roles, the adequacy of resources provided, their challenges, and how they coped with these challenges during the COVID-19 pandemic between December 2019 and December 2022.

Qualification to Participate

- ✓ Fulltime employment anytime between December 2019 – December 2022
- ✓ In active employment anytime between December 2019 – December 2022
- ✓ Female or Male
- ✓ 18-69 years of age

What Is Involved?

- ✓ Individual Interviews lasting 15 – 30 minutes on Zoom
- ✓ Participants decide a convenient day and time for an Interview
- ✓ Each participant gets a $20 Gift card after the interview

Potential Benefits

- ✓ Participation may lead to uncovering novel strategies for managing future pandemics in community colleges

Contact Information

Please call or text me at [telephone number redacted] if you are interested in participating in this research. You can also email me at: [email address redacted]

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