

Research Article

“More Attentive to My Wellness”: Reported Experiences of Academic Nurse Faculty and Staff in the Early Months of the PandemicCheryl Armstrong ^{*}, Katarina Friberg-Felsted ^{*}, Jennifer Macali, Jennifer Clifton, Sara E. Simonsen

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The COVID-19 pandemic presented major changes for individuals working in nursing academia. While university faculty and staff encountered many challenges, the pandemic also presented new opportunities. The purpose of this study was to determine how the early months of the COVID-19 pandemic impacted nursing faculty and staff perceptions about their wellness experiences. An on-line survey was developed and sent to all faculty and staff. Data were collected through a convenience sample using both open-ended and closed-ended questions. Descriptive statistics and qualitative content analysis were used to analyze the data. Among respondents (n = 139), wellness areas frequently reported to be “better” included productivity, access to meetings, work time flexibility, work-day attire, feeling respect and understanding from colleagues, nutrition, physical activity, and outdoor time. Areas frequently reported to be “worse” included workspace ergonomics, opportunities for informal check-ins, connectivity, and collaboration with colleagues, length of the workday, perceived work-life balance, sleep, mood, and connectivity with friends/family. Key themes emerged from coded open-ended responses; these include flexibility, self-care, connection, and leadership support. Examples of both positive and negative experiences are contained within each code and respective theme. Opportunities for continued flexibility and



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compassion for differing experiences were commonly observed in the survey and were recommended for retention post-pandemic to promote employee well-being. Open communication and transparency were also suggested as key elements required for successful transition in the return to routines as the pandemic becomes endemic. The implications of these findings may be extended to broader crises.

Keywords

Academic nursing; wellness; quantitative analysis; qualitative analysis; COVID-19; pandemic

1. Introduction

During the early months of the COVID-19 pandemic the evolving nature and ensuing regulations presented challenges and opportunities for individuals working in all sectors of the population, and nursing academia was no exception [1, 2]. In spring 2020, faculty and staff of universities around the world were abruptly sent home, expected to transition their classes to an online format [3]. Sacco and Kelly [2] noted that it is not uncommon for nursing faculty and staff to be required to quickly adapt to rapidly changing and stressful situations; however, distress may be heightened when the response requires the need to take on unfamiliar roles. At the time the pandemic began and this study was conducted, little was known about the impact of the COVID-19 pandemic and transition to working from home on the wellness behaviors and experiences of individuals working in nursing academia [4, 5].

Prior to COVID-19, quantitative and qualitative surveys had been used in many academic institutions to assess burnout, well-being, work-life balance, support, and job satisfaction [2, 4]; however, most of those studies focused on students' experiences and outcomes [1, 6-8]. Few researchers have sought to determine how collective stressful situations affect both faculty and staff working in nursing academia. Studies conducted during the COVID-19 pandemic by teams such as Al Miskry and colleagues [9] examined the effect of the pandemic on university faculty, staff, and students and found that the lockdown negatively affected the mental and physical health of all these individuals. Knight et al. [10] also found that the pandemic negatively affected the well-being of individuals at all levels of higher education, including students, faculty, and staff. DeCoito and Estaiteyeh [11] studied faculty and their experiences transitioning to online teaching during the COVID-19 pandemic. When asked what difficulties were noted with online teaching, the majority of faculty cited the lack of face-to-face interaction, as it was perceived to be more difficult to maintain student engagement. They also noted challenges with unfamiliar technology [11].

Gazza [12] examined the experience of nurse faculty during the pandemic using a hermeneutic phenomenological approach and identified five themes: riding a rollercoaster, figuring it out, giving and getting help, seeing silver linings, and feeling loss. Sacco and Kelly found that during the pandemic, nursing faculty were under stress or feeling burnout, with qualitative reports of increased workload and decreased resources [2]. Similarly, Oraziotti et al. reported burnout among Canadian nursing faculty [13]. Sinko et al. [14] examined the effect of the pandemic on nurse faculty and staff and what can be done to create a culture of healing and well-being. These researchers found that any negative impacts to faculty and staff also negatively affect students and can result in poor

academic outcomes. Sinko et al. [14] stressed that as universities seek to provide a quality experience for nursing students, it is imperative to also address the impact of stressors on faculty and staff to identify solutions that promote a culture of well-being and resilience. Little research has focused on the *wellness* experiences of nursing faculty and staff during the pandemic, as the literature has been primarily focused on the workplace challenges and stressors. In a college of nursing (CON) at an academic health science campus in the western United States, research members of the CON Wellness Committee observed changes in their own wellness behaviors during the first few months of the pandemic, including both positive and negative changes. For example, some Wellness Committee members felt that after the pivot to working from home, they had more time for physical activity and healthy meals. Simultaneously, there was awareness about feelings of stress, overwhelm, and isolation. Curious about the experiences of the wider body of faculty and staff, Wellness Committee members developed a survey to explore CON employees' self-perception about wellness experiences and how these experiences had changed since the pandemic, with a specific focus on work-related and social-lifestyle factors. The intent was to describe employees' perceptions about their own wellness experiences in the early pandemic, with a unique focus on both positive and negative experiences.

2. Materials and Methods

An online, cross-sectional survey was developed with input from CON leadership and Wellness Committee researchers. Given the early stages of the pandemic and our interest in rapidly collecting information about wellness experiences of faculty and staff, we developed our own survey to collect data as there were no validated surveys addressing our research question. Our survey was descriptive in nature and was not designed to measure a single specific construct. The survey was piloted by several Wellness Committee researchers; no substantial changes were made after piloting the survey. In the fall of 2020, a generic survey link was sent to all CON faculty and staff using their official university email addresses, and the survey was completed anonymously. The 40-item survey contained questions about experiences with work-related factors (e.g., ergonomics, productivity, flexibility, attire, support), time requirements (e.g., time for teaching, research, service) and social/lifestyle factors (e.g., sleep, physical activity, nutrition, mood) during the COVID-19 pandemic. Response options for these questions included "better, no change, and worse". Questions were also asked about experiences with college leadership/administration during the pandemic. Open-ended questions addressed 1) the pandemic impact on respondents' typical workday, work experience, and work-related time requirements, 2) changes in the CON's work-related culture that respondents would like to see continue after the pandemic, and 3) aspects of respondents' social/lifestyle/personal life that they would like to sustain post-pandemic. The survey was promoted by the Wellness Committee and at two monthly College Council meetings. The survey was open for 2 months.

The data were collected in Qualtrics. After the survey closed, narrative responses were exported into a Word document and stored in a firewall and password protected file. Quantitative data were analyzed using descriptive statistics. Questions with missing data were analyzed excluding missing values. The qualitative data analysis used traditional qualitative content analysis to identify themes [15]. The primary and corresponding authors coded the qualitative data, met several times to review

data and discuss the codes and themes identified. The results of the qualitative analysis are presented as themes with exemplars from the raw data.

2.1 Ethics Statement

The University of Utah Institutional Review Board (IRB) administratively reviewed the study proposal in 2021 and deemed the study exempt from IRB oversight (IRB# 00140093). The study was conducted in an ethical manner and no identifiable information from human subjects was used.

3. Results

A total of 139 participants responded to the survey, including 86 faculty members (representing 84% of faculty) and 53 staff members (representing 41% of staff). Of these participants, 90% (n = 125) were full time and 10% (n = 14) were part time. Of the 86 faculty, 65% (n = 56) were career line and 35% (n = 30) were tenure line. At this college, faculty are either in a tenure-line role or a career line role. Career line faculty are not on the tenure track. While tenure line faculty's primary mission is research, career line faculty's primary mission is teaching or practice, or, in limited cases, administration.

3.1 Work Related Factors

In the category of work-related factors, those that were most frequently reported to be "better" by respondents included work productivity (51%), access to meetings (52%), work time flexibility (77%), work-day attire (60%), and feeling respect and understanding from colleagues (60%). Respondents also felt that leadership trusted them to work productively from home, noted to be an important aspect of the overall experience. The areas that were most frequently reported to be "worse" by respondents included the ergonomics of the home office (51%), opportunities for informal check-ins with colleagues (61%), length of the workday (46%), and opportunities to collaborate with colleagues (38%). See Table 1.

Table 1 Faculty and staff perspectives about experiences with work-related factors during the early COVID-19 pandemic.

	Percent reporting “better” experiences	Percent reporting “no change” in their experiences	Percent reporting “worse” experiences
Work time flexibility	77%	18%	5%
Feeling respected/understood by colleagues	60%	33%	7%
Workday attire	60%	26%	14%
Access to meetings	52%	46%	2%
Work productivity	51%	32%	7%
Work efficiency	48%	34%	18%
Length of workday	23%	31%	46%
Access to a dedicated workspace	21%	47%	32%
Opportunities for informal check-ins with colleagues	18%	21%	61%
Opportunities to collaborate with colleagues	17%	45%	38%
Access to an ergonomic workspace	11%	38%	51%

3.2 Social-lifestyle Factors

Regarding social-lifestyle factors, respondents rated their experience as “worse” in many categories. However, many employees (44%) reported that their nutrition was better during the early pandemic and 40% reported that their physical activity was better. Additionally, 53% reported that their outdoor time was better. Areas reported to be worse included work-life balance (41% worse), sleep (43% worse), mood (42% worse), connectivity with friends/family (42% worse), and connectivity with colleagues (55% worse). See Table 2.

Table 2 Faculty and staff perspectives about experiences with social/lifestyle factors during the early COVID-19 pandemic.

	Percent reporting that experiences were “better” during the pandemic	Percent reporting that experiences were not changed during the pandemic	Percent reporting that experiences were “worse” during the pandemic
Outdoor time	53%	16%	32%
Nutrition	44%	34%	22%
Physical activity	40%	15%	45%
Work-life balance	37%	23%	41%
Connectivity with friends/family	32%	26%	42%
Sleep	24%	33%	43%
Mood	19%	40%	42%
Connectivity with colleagues	14%	31%	55%

Qualitative analysis revealed four themes regarding how the pandemic impacted faculty and staff work and life experiences. Themes included flexibility, self-care, connection, and leadership support. Flexibility emerged as the willingness to adjust or adapt to changing circumstances. Some participants described the shift to working from home leading to increased flexibility in daily activities and expressed a desire to continue to have such flexibility while others struggled with this shift. Self-care was revealed through comments about increased opportunity for wellness behaviors with time no longer being required for commuting. Simultaneously, others faced new limitations and challenges to wellness. The importance of connection was common throughout responses, with some participants experiencing unexpected connection opportunities with peers and students while others noted a lack of connection. Leadership support during the pandemic was identified as a critical component in dealing with the stressors of the pandemic, with an increased need for communication, trust, and understanding.

Table 3 illustrates the codes, definitions, and example responses, both positive and negative, from the qualitative data for the theme of flexibility. Increased flexibility was observed in many wellness areas in both the qualitative and quantitative data however, this also came with challenges. The plethora of changes during the pandemic demanded flexibility, which also afforded opportunities for increases in some wellness behaviors. The codes that fall under this theme include remote work, video conferencing, and productivity. The table includes both representative positive and negative responses for each code.

Table 3 Example Responses to Codes for Flexibility Theme.

Code	Definition	Example Responses—Positive Experience	Example Responses—Negative Experience
Remote work	Comments related to working from home/hybrid work	<p>“Working from home has given 10 hours of my life back to me every week. It’s drastically improved my work-life balance, even though I seem to be working more hours now than before.”</p> <p>“I’d like to continue working from home a couple days a week. It’s nice to not have that long commute every day; means more time with my family.”</p>	<p>“Lots of extra work moving to all on-line teaching.”</p> <p>“COVID has proven that we can be efficient at home BUT the lack of social contact is a huge drawback. Unfortunately, cannot think of too many positives in terms of work.”</p> <p>“Having some meetings via zoom can be helpful, but there should be a balance. Too many zoom meetings vs in person creates a disconnect.”</p>
Video conferencing	Comments related to use of videoconference meetings	<p>“I love not having to commute for 40 minutes each way in order to attend a meeting in-person when it is just as good (if not better) to hold the meeting on zoom.”</p> <p>“I like having the option of Zoom meetings. It makes it easier for transportation.”</p> <p>“Meetings are more productive via Zoom.”</p>	<p>“Zoom fatigue is real. I frequently have seven hours of zoom meetings a day. My days are longer than pre-covid and my work more demanding.”</p> <p>“I miss the face-to-face social interaction that zoom barely provides.”</p>
Productivity	Comments related to how productive faculty and staff feel	<p>“Working from home has had a large positive impact on my productivity, work satisfaction, and health. I would really love to continue.”</p> <p>“I am more productive now that I am not spending so much time commuting.”</p> <p>“I feel more productive at home! There are less distractions and it feels like I can get more done in the same amount of time that I would at the college.”</p>	<p>“Very tired of working from home. My office gives me the structure that I need to be productive. Too many distractions at home.”</p> <p>“Balancing needs of school aged children during pandemic has been difficult while attempting to maintain work productivity. Not having a drop off in productivity means days stretch really long.”</p>

Table 4 contains information for the theme of self-care, including the codes, definitions, and both positive and negative example responses. Increased self-care behaviors were observed by several participants in many wellness areas in both the qualitative and quantitative data; however, self-care was also noted to be lacking among others. The codes for this theme include mood/mental health, work-life balance, exercise, and nutrition.

Table 4 Example Responses to Codes for Self-Care Theme.

Code	Definition	Example Responses—Positive Experience	Example Responses—Negative Experience
Mood/Mental Health	Comments regarding feelings about mood and mental health status	<p>“I just feel better balanced overall with being able to work from home. It's been an amazing improvement with my overall work-life balance. I feel calmer and happier.”</p> <p>“Overall work/life balance is much better. mood is better. Morale is better and my desire to go above and beyond at work has increased. I feel more valued and appreciated.”</p>	<p>“I do feel so isolated and overwhelmed more than I have in the past. Juggling kids, aging parents, and my work has been non-stop.”</p> <p>“My workload is unmanageable and overwhelming. I am working lots of extra hours... and I am very close to burnt out.”</p>
	Comments about balancing work and life duties	<p>“I feel like I'm able to better balance my work time and home life now than at the beginning of COVID.”</p> <p>“Without a commute, I have had more time to exercise and be more attentive to my wellness. Online meditation classes have been really wonderful too.”</p>	<p>“My work life balance is worse.”</p> <p>“My work/life balance is non-existent. I don't have the energy or time to maintain my social connections.”</p>
Exercise	Comments regarding exercise or sedentary behavior	<p>“Less commute time means more time to exercise, plan meals and spend time with family and pets.”</p> <p>“I am eating more healthy, exercise every day, and have much better work/life balance.”</p>	<p>“I am gaining weight from sitting around.”</p> <p>“Miss transitions walking to meetings. I seem to sit for almost 8 hours straight.”</p>
	Comments regarding diet	<p>“Not commuting, not having to "gear up" to be presentable in public, having more time to prepare meals.”</p>	<p>“Between job activities and family care needs (remote learning children, etc.) my days are nonstop from dawn until I am too tired to keep my eyes open. It is a rare day when there is time to be physically active, plan and make healthy meals, or spend any meaningful time outside. Most days, we are just trying to get the bare minimum accomplished.”</p>

Table 5 includes data for the theme of connection, with the codes, definitions, and example responses. Most of the participants acknowledged an increased understanding and compassion toward colleagues despite the new working dynamic with modified resources available. An increased sense of connection was observed by several participants in many wellness areas in both the qualitative and quantitative data; however, connection was noted to be lacking among others. The codes that fall under this theme include peers, students, compassion, and meetings. The table includes both representative positive and negative responses for each code.

Table 5 Example Responses to Codes for Connection Theme.

Codes	Definition	Example Responses—Positive Experience	Example Responses—Negative Experience
Peers	Comments regarding connecting with others	“Overall, the tone of the emails and interactions with other faculty have been very positive.”	“I cannot think of anything. This is miserable socially.”
		“Mutual respect. This was always there--but I see it in full relief now.”	“I miss people.”
Students	Comments regarding connecting with students	“I am edified by the resilience I see and the mutual support, and concern for the students.”	“I do miss my in-person interactions with colleagues and have felt some isolation as a result.”
		“Even meetings with students by Zoom has been better and more accessible as they can occur almost anytime and don’t require travel from both of us.”	“I miss face to face teaching!”
Compassion	Comments regarding compassion displays among colleagues	“I hope we retain our sense of community and compassion - it seems like everyone at the college has been working flat-out for ages, but it feels like we acknowledge it now, and are better about cheering each other on when it comes to self-care.”	“Students are not informed about the responsibilities faculty carry.”
		“Colleagues have been more understanding of the challenges of work/life balance and have been generally very gracious about needing to work flexible hours to manage caregiving responsibilities and work responsibilities.”	“The unstructured chitchat with colleagues is lacking. This is where you get to the "how are you ACTUALLY doing" information.”
			“Not as much friendly, non-work-related interaction with colleagues.”

Meetings	Comments regarding meeting attendance	“It seems folks are more engaged and present when they are attending meetings.” “I have been pleasantly surprised that this pandemic didn’t upset my work experience. It has actually made it better as I am more productive, efficient, and have had better access to meetings.”	“There's little time between zoom meetings. I used to be able to schedule in time to travel between meetings, now they are back to back.” “Focusing and completing tasks has been difficult. It's harder to connect with other members of the CON because it seems that there are more meetings now than pre covid.”
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In Table 6, we share the codes, definitions, and example responses, both positive and negative, from the qualitative data about leadership support. Participants were asked what leadership was doing well and what more leadership could do to assist faculty and staff during this tumultuous time. Comments were largely positive with what was currently happening and what was desired to continue. The codes identified in this theme include communication, trust, and understanding.

Table 6 Example Responses to Codes for Leadership Support Theme.

Codes	Definition	Example Responses
Communication	Comments regarding how faculty and staff feel about communication from leadership	“Communication is much better than before the pandemic.”
		“Great emails from leadership to keep everyone informed.”
		“Having regularly scheduled check-ins with your team is imperative to make sure that everyone is staying on track.”
Trust	Comments regarding leadership trusting faculty and staff to work from home	“... I hope that the college will continue to embrace the ability to work from locations that support our ability to balance professional life with the rest of our existence.”
		“More understanding for demands of family and personal life. Focus is more on getting work done rather than putting in hours.”
Understanding	Comments regarding the desire for understanding from leadership	“More talk of support for each other and more open with each other about what stresses we are facing (both in and out of work).”

Finally, when asked about suggestions for wellness strategies during the pandemic, participants recommended making time for informal collaboration with colleagues, ensuring good nutrition, creating a dedicated workspace, incorporating exercise, and improving time-management skills. When queried regarding what aspects of their social/lifestyle/personal life they hoped would be sustained post-pandemic, suggestions included less commuting, hybrid work model including working from home, more time with family, learning to say no, spending time outdoors, increased exercise and healthy meals, schedule flexibility, talking openly about life stressors, and intentional check-ins from peers and leadership.

4. Discussion

These findings uniquely emphasize some positive wellness experiences among faculty and staff during the COVID-19 pandemic. A number of wellness areas were reported as positive by survey respondents, including productivity, access to meetings, work time flexibility, work-day attire, nutrition, physical activity, outdoor time, and feeling respect and understanding from colleagues. Despite these positives, a number of negatives were also reported. These included workspace ergonomics, length of workday, perceived work-life balance, sleep, mood, connectivity with

friends/family, and collaboration and connectivity with colleagues. Open ended responses affirmed quantitative findings across a broad spectrum of experiences.

Our study is novel in reporting on positive impacts of the COVID-19 pandemic on work-related and social-lifestyle factors among academic faculty. However, Wilbanks et al. studied the experiences of nurse anesthesiology faculty during the COVID-19 pandemic and reported, among other findings, that faculty experienced some “unexpected positive outcomes and were awakened to new ways of working [16].” Sessions et al. studied nursing faculty job satisfaction during COVID-19 using mixed methods and found that nearly a quarter (23%) of respondents reported increased professional quality of life while 22% reported decreased professional quality of life [17]. In the current study, we did not ask specifically about professional quality of life, but asked about aspects of professional life such as flexibility, attire, and productivity. We found that more than half of our respondents reported these factors were better at the time of the survey than prior to the pandemic.

Using survey questions structured similarly to those used in the current study, Jacobs et al. found that family medicine faculty experienced decreased levels of engagement and decreased productivity in their clinical, teaching, and research activities during the pandemic. Respondents in the Jacobs et al. study reported that the pandemic had a negative impact on their engagement with colleagues, and emotional well-being, with less than 5% of respondents indicating positive impacts on these factors [18]. We found that 51% of nursing faculty/staff respondents reported better work productivity and only 7% reported worse work productivity at the time of our survey. However, more than half (55%) of our respondents reported worse connectivity with colleagues and only 14% reported better connectivity; self-reported mood was worse among 42% of respondents and better among only 19%. These findings are similar to those of Jacobs et al.

Melnyk et al. conducted a large study of the mental health, healthy behaviors, and wellness support in university nursing and health sciences faculty (n = 419) and staff (n = 409) during the pandemic. A total of 20% of faculty respondents and 18% of staff respondents reported that they were exercising more than usual during the pandemic with 42% of faculty and 47% of staff reporting that they were exercising less than usual. When asked about eating behaviors, 17% of faculty and 19% of staff reported that they were eating more healthily while 35% of faculty and 40% of staff reported that they were eating less healthily [19]. In the current study, we found that 44% reported better nutrition and 40% reported better physical activity at the time of the survey, although 22% and 45% reported worse nutrition and physical activity, respectively.

Additional context about the study setting is useful in interpreting results. Prior to the pandemic, the CON had some well-established systems in place that may have made it uniquely well-suited to deal with the realities of COVID-19 and may have influenced the survey results. First, the Wellness Committee was already in place in the CON since 2017, and, between its inception and March 2020, this committee was well integrated in the CON, had diverse members including staff, had secured funding for wellness-related activities, and was recognized in the College charter. College faculty and staff had become accustomed to wellness interventions, so this Wellness Committee sponsored survey was generally well received. Another strength of the CON at pandemic’s inception was its embrace of online learning platforms to deliver course content prior to the pandemic. For instance, in the fall of 2019, 38% of classes were already being taught either in a hybrid format or entirely online. Thus, many faculty members had experience teaching online and were able to comfortably take a lead instructional role. Further, the CON had well-staffed and supportive Information

Technology (IT), an Academic Programs Information Coordinator, and an Instructional Designer who provided guidance with the online learning platform and virtual meetings. In the community where this study occurred, there were no pandemic restrictions regarding traveling to essential places or outdoor activity, which may also have impacted wellness experiences.

Of note, at the beginning of the recognized time of the pandemic, an earthquake occurred (5.7 Richter Scale) in the city where the university is located. This likely added further stress and uncertainty to the lives of many CON employees and may have subsequently impacted the survey results. However, this may also strengthen the applicability of the qualitative and quantitative survey results to other crises, occurring anywhere on a local to a global scale. During tumultuous times, which are not only behind us but also ahead, preparing academic employee populations by noting these results and considering related implementations may be highly beneficial. Institutions are encouraged to draw from these findings and utilize the results to help constituents manage crises in a more effective and protective way.

4.1 Limitation

An important limitation of this study is that there were no validated surveys available at the time of the research study (Fall 2020), since COVID-19 was so new. Because the researchers' goal was to describe an experience and time was of the essence, face validity was assessed and pilot testing performed to address any confusing or ambiguous questions prior to distributing the survey. The results are descriptive, illustrating staff and faculty members' experiences during the beginning of the pandemic. While many studies were conducted in subsequent years, these results represent one higher education institution's early experiences in a pandemic that lasted long past this point in time. These results may be generalizable within that context.

5. Conclusion

The COVID-19 pandemic brought both positive and negative changes to nursing faculty and staff at this college. The results feature important benefits of the work-life transitions made necessary by the pandemic. While many individuals struggled, many also thrived, reporting improved work and social/lifestyle balance. In general, respondents reported becoming more supportive and respectful of their colleagues despite the physical separation. Virtual support groups spontaneously appeared, and many needs were identified to support a hybrid model allowing for flexibility that promotes long-term job satisfaction. Key themes discovered (flexibility, connection, self-care, and support from leadership) are essential for any workspace but especially important when employees are experiencing prolonged stress.

Our study provided the opportunity to observe what has been rarely reported in the literature and yet remains evident: there were many positive changes as we re-defined our work-life experience in the midst of a major global crisis. Future research may include follow up surveys about faculty and staff's evolving wellness experiences. On a broader level, future researchers could consider reevaluating the pandemic experience in their settings to see what positive changes occurred. Future research is also needed to evaluate whether positive changes experienced during the pandemic have been sustained. Finally, we conclude by inviting all researchers to document the full range of experiences, including the positive experiences, during future crises.

Author Contributions

Dr. Sara Simonsen introduced the idea for the study and discussed this with all corresponding authors, who were all members of a college wellness committee. Each corresponding author assisted with designing the questionnaire, collecting data and analyzing results. All authors collaborated on drafting and revising the manuscript.

Competing Interests

The authors have declared that no competing interests exist.

Data Availability Statement

The questionnaire data to support the findings of this study are properly stored and securely housed in the academic storage of the university. Please contact corresponding author for questions regarding access.

References

1. Dewart G, Corcoran L, Thirsk L, Petrovic K. Nursing education in a pandemic: Academic challenges in response to COVID-19. *Nurse Educ Today*. 2020; 92: 104471.
2. Sacco TL, Kelly MM. Nursing faculty experiences during the COVID-19 pandemic response. *Nurs Educ Perspect*. 2021; 42: 285-290.
3. Chen SC, Lai YH, Tsay SL. Nursing perspectives on the impacts of COVID-19. *J Nurs Res*. 2020; 28: e85.
4. Matulevicius SA, Kho KA, Reisch J, Yin H. Academic medicine faculty perceptions of work-life balance before and since the COVID-19 pandemic. *JAMA Netw Open*. 2021; 4: e2113539.
5. Sessions LC, Ness M, Mark H. Exploring the experiences of nursing faculty during the coronavirus (COVID-19) pandemic-A qualitative descriptive study. *Teach Learn Nurs*. 2022; 17: 477-481.
6. Berdida DJ, Grande RA. Academic stress, COVID-19 anxiety, and quality of life among nursing students: The mediating role of resilience. *Int Nurs Rev*. 2023; 70: 34-42.
7. Gaffney MK, Chargualaf KA, Ghosh S. COVID-19 disruption of nursing education and the effects on students' academic and professional confidence. *Nurse Educ*. 2021; 46: 76-81.
8. McFadden S, Guille S, Daly-Lynn J, O'Neill B, Marley J, Hanratty C, et al. Academic, clinical and personal experiences of undergraduate healthcare students during the COVID-19 pandemic: A prospective cohort study. *PLoS One*. 2022; 17: e0271873.
9. Al Miskry AS, Hamid AA, Darweesh AH. The impact of COVID-19 pandemic on university faculty, staff, and students and coping strategies used during the lockdown in the United Arab Emirates. *Front Psychol*. 2021; 12: 682757.
10. Knight H, Carlisle S, O'Connor M, Briggs L, Fothergill L, Al-Oraibi A, et al. Impacts of the COVID-19 pandemic and self-isolation on students and staff in higher education: A qualitative study. *Int J Environ Res Public Health*. 2021; 18: 10675.
11. DeCoito I, Estaiteyeh M. Transitioning to online teaching during the COVID-19 pandemic: An exploration of STEM teachers' views, successes, and challenges. *J Sci Educ Technol*. 2022; 31: 340-356.

12. Gazza EA. The experience of being a full-time academic nurse educator during the COVID-19 pandemic. *Nurs Educ Perspect.* 2022; 43: 74-79.
13. Oraziotti B, Peniston S, Mohammed Z, Demelie H, Duldulao JF, Rao M. Nursing student and faculty narratives during COVID-19 pandemic: Challenges and recommendations from a Canadian perspective. *SAGE Open Nurs.* 2023; 9: 23779608231179553.
14. Sinko L, Heuer B, Johnson L, Brown J, Heron K, Lehigh M, et al. Building a culture of healing to support nurse faculty and staff well-being in the aftermath of COVID-19. *Nurs Open.* 2023; 10: 2700-2702.
15. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res.* 2005; 15: 1277-1288.
16. Wilbanks B, Hranchook A, Callan V, Everson M, Clayton BA, Hirsch M, et al. Shared experiences of nurse anesthesiology faculty during the COVID-19 pandemic. *AANA J.* 2024; 92: 373-381.
17. Sessions LC, Ness M, Mark H, Yang BK. Nursing faculty job satisfaction during COVID-19: A mixed-methods study. *Nurs Educ Perspect.* 2023; 44: 353-358.
18. Jacobs C, Ferber M, Zubatsky M, Cronholm P. Faculty engagement and productivity during the COVID-19 pandemic. *Fam Med.* 2022; 54: 107-113.
19. Melnyk BM, Hsieh AP, Tan A, Dirks M, Gampetro PJ, Gawlik K, et al. State of mental health, healthy behaviors, and wellness support in big 10 university nursing and health sciences faculty, staff, and students during COVID-19. *J Prof Nurs.* 2023; 48: 152-162.