

“WERE WE PREPARED?” PERCEPTIONS OF A NURSING SCHOOL COMMUNITY TOWARD CRISIS MOMENTS

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ABSTRACT

This article examines the perceptions of a nursing school community toward the impact of COVID-19 on its members' personal and professional lives. Descriptive exploratory study with a qualitative approach. A purposive sample was selected from the academic community of a higher education nursing school in Portugal. Data were collected through focus groups and analyzed using content analysis techniques. Twenty-seven (73%) participants were women and 10 (27%) were men, with a mean age of 50.1 years. The perceived impact category emerged from the content analysis of the academic community's perceptions of the impact of the COVID-19 restrictive measures. The following subcategories also emerged: Institutional, Teaching-Learning, Professional life, Personal life, and Work-Life balance. The study's significance lies in its comprehensive view of pandemic effects on an academic community but acknowledges limitations, including sample specificity and potential biases. Overall, it underscores COVID-19's multidimensional impact on academic life, emphasizing the need for adaptive strategies in educational and personal spheres amidst ongoing challenges. These findings contribute to reformulating policies and implementing strategies related to higher education management, distance learning, and the work-life balance of both faculty and staff.

Keywords: pandemics; covid-19; education; nursing; school health services

RESUMEN

¿«Estábamos preparados»? Percepciones de la comunidad de una escuela de enfermería ante los momentos de crisis. Este artículo examina las percepciones de la comunidad de una escuela de enfermería sobre el impacto del COVID-19 en la vida personal y profesional de sus miembros. Estudio exploratorio descriptivo con enfoque cualitativo. Se seleccionó una muestra intencional de la comunidad académica de una escuela de enfermería de educación superior en Portugal. Los datos se recogieron a través de grupos focales y se analizaron mediante técnicas de análisis de contenido. Participaron 27 mujeres (73%) y 10 hombres (27%), con una media de edad de 50,1 años. La categoría de impacto percibido surgió del análisis de contenido de las percepciones de la comunidad académica sobre el impacto de las medidas restrictivas de la COVID-19. También surgieron las siguientes subcategorías: «impacto percibido». También surgieron las siguientes subcategorías: Institucional, Enseñanza-Aprendizaje, Vida profesional, Vida personal y Equilibrio vida-trabajo. La importancia del estudio radica en su visión global de los efectos de la pandemia en una comunidad académica, pero reconoce sus limitaciones, incluida la especificidad de la muestra y los posibles sesgos. En general, subraya el impacto multidimensional de la COVID-19 en la vida académica, haciendo hincapié en la necesidad de estrategias de adaptación en las esferas educativa y personal en medio de los continuos desafíos. Estas conclusiones contribuyen a la reformulación de políticas y a la aplicación de estrategias relacionadas con la gestión de la enseñanza superior, el aprendizaje a distancia y el equilibrio entre la vida laboral y personal tanto del profesorado como del personal.

Palabras clave: pandemias; covid-19; educación; enfermería; servicios sanitarios escolares

INTRODUCTION

After the declaration of COVID-19 as a global health emergency by the World Health Organization (WHO) in March 2020, various public health interventions and policies were enforced by governments to stop the spread of infections. These measures included isolation, quarantine, and social distancing (Ministry of Science, Technology and Higher Education, 2020; WHO, 2020).

These measures have impacted various sectors of society, particularly academic communities, resulting in inevitable changes due to the shutdown of schools and universities (Tadesse & Muluye 2020). Academic communities comprise students, parents or guardians, faculty, staff, local administrations, and central and regional educational administrative services (Assembly of the Republic, 2012).

In March 2020, the United Nations Educational, Scientific and Cultural Organization (UNESCO) estimated that the COVID-19 pandemic forced about 107 countries to shut down schools, directly impacting an estimated

862 million children and adolescents. Several professional categories have had to work remotely due to the COVID-19 pandemic, which had many psychosocial risks, such as increased stress (Venegas & Leyva, 2020) and difficulties in maintaining work-life balance (Palumbo, 2020) due to the lack of control over working hours and family time (Thulin et al., 2019).

Multiple studies have investigated the effects of the COVID-19 pandemic on students and faculty (Camacho-Zuñiga et al., 2021; Lollobrigida et al., 2022; Jones & Kessler 2020; Dikaya et al., 2021). Camacho-Zuñiga et al. (2021) found that students experienced fatigue, boredom, worry, and introspective thoughts due to the pandemic, while Lollobrigida et al. (2022) discussed negative emotions connected to isolation, anxiety, and reduced focus. Teachers experienced physical and emotional strain, adaptation-related stress, and exhaustion (Collie, 2021) due to changes in their personal lives (such as caring for dependents while teaching) and professional demands (such as constantly being available, working during meals, and adapting to new technologies) (Jones & Kessler 2020; Dikaya et al., 2021).

Governmental measures to control the pandemic have also impacted the academic communities in Portugal, affecting the teaching-learning processes and their members' physical and psychological well-being (National Education Council, 2022).

Several studies carried out in Portugal have investigated the impact of COVID-19 on mental health (Alves et al., 2023; Laranjeira et al., 2021; Schwander-Maire et al., 2022) and the ability to adjust to new teaching methods (Flores et al. 2022; Gonçalves et al., 2020; Vicente et al., 2020) among higher education students. No studies have been conducted on the impact of restrictive measures on other members of academic communities, specifically in the nursing education field.

Nursing education involves both theoretical-practical and practical classes. Several changes were made to ensure continuity through online platforms and mitigate the consequences of changes in laboratory classes and clinical rotations (Lobão et al., 2023; Xavier et al., 2020; Sá et al., 2023). Healthcare institutions collaborate with nursing schools to provide clinical rotations for students. Due to the public health crisis, institutions faced disruptions in students' training processes. However, there was an urgent demand for 4th-year undergraduate nursing students to complete their studies, given the shortage of nurses at all levels of the Portuguese National Health System.

Therefore, exploring the experiences of higher education nursing communities during the COVID-19 pandemic is crucial due to the unique challenges it presents. This study aims to investigate the perceptions of the personal and professional impact of the COVID-19 pandemic among the academic community of a Portuguese higher education nursing school.

METHODS

Study design

An exploratory, descriptive study with a qualitative approach. This study is part of a research project aimed to know the experiences of an academic community during the COVID-19 pandemic. This article follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines for its structure (Tong et al., 2007).

Participant selection

This study considered an intentional sample selected from the academic community of a higher education nursing school to ensure the participation of different groups (teachers, students, technical, administrative, and management staff) with different positions and levels of experience. The selection of participants was decided in a meeting with members of the research team, based on the professional category and profile of the participant. After this pre-selection, participants were initially contacted by telephone or in person by a member of staff (F.M.D.) and then received an explanatory e-mail with all the information about the study. The times for the FGs to take place were scheduled in moments, based on the preferences previously reported by the participants.

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Of the 49 members of the academic community, 12 members could not participate in the FGs. In the teachers in management positions group (TMgmtP) 2 members were not available due to agenda conflicts; in the adjunct teachers group (AT) 1 member was out of the country; in the technicians group (Tech) 1 member was absent due to vacations; in the service coordinators group (SCoord) 4 members were not available due to agenda conflicts; in the undergraduate students group (UGS) 1 was not available due to agenda conflicts; and in the postgraduate students group (PGS) 2 members did not answer the email and did not attend and 1 member was not available due to agenda conflicts.

Setting

The FGs were conducted in two ways: in-person and through the Zoom platform. Two FG involving students were carried out using the Zoom platform, while the remaining FG took place in person, in a meeting room within the institution itself. Each FG session had an average duration of 90 minutes. At the beginning of each FG, the researchers responsible (R.S. and F.M.D.) for conducting it briefly introduced the project and its objectives, as well as provided instructions on how the session would proceed.

Data collection

Data were collected using the FG technique, which allows data to be collected by sharing experiences/perceptions about a given topic and encouraging discussion among participants (Backes et al., 2011).

Prior to the development of the FGs, two preparatory meetings were held where the FG scripts were established, as well as the standardization of strategies for the different FGs to be conducted.

The FGs were conducted in such a way as to promote the active participation of all members, with the second team member (F.M.D.) taking notes, particularly with regard to non-verbal communication, since the FGs were audio-recorded only. In-person FG were audio-recorded, while the Zoom-based FG were recorded in both audio and video, giving participants the choice to maintain their image.

Prior to the start of each FG session, participants were invited to complete a brief questionnaire to provide sociodemographic information.

Each FG consisted of six to eight participants and was conducted until data saturation was reached (Green & Thorogood 2018). An interview script was used with guiding questions adjusted to each FG's unique characteristics. Two FGs were conducted with teachers (one group with teachers in management positions and another group with adjunct teachers). Additionally, two FGs were conducted with technical, administrative, and management staff (technicians and service coordinators) and two with undergraduate and postgraduate students.

Data analysis

FGs were recorded with the participants' consent. The content was transcribed and then analyzed by three researchers (E.S., D.S. and J.B.) using Bardin's (2020) content analysis technique (pre-analysis; exploration of the material, categorization, or coding; treatment of the results, inferences, and interpretation) and the MAXQDA qualitative data analysis software.

Research team and reflexivity

The six FGs were conducted by a nurse (R.S.) with a PhD and experience in qualitative research, particularly in FG (with studies already published). This team member had a previous relationship with some participants. The FGs leader, known by the participants for her teaching and research activities, reported her motivation for carrying out the study (i.e., her beliefs were declared, as she mentioned that she considered carrying out this work to be essential, it needed to be recorded what this community experienced during the COVID-19 pandemic). The data was analyzed by two researchers (E.S. and D.S.) with experience in qualitative research, and a researcher initiating qualitative training (J.B.). These three researchers had a more distant relationship with the participants. In addition, in order to ensure an impartial analysis, based strictly on the elements present in the data and free of per-

sonal bias, any personal assumptions, judgments or opinions that could influence the interpretation of the data were ruled out. The remaining research team was composed by researchers with training and experience in community health.

Ethics

This study complied with the principles set out in the Declaration of Helsinki (World Medical Association, 2013) and was approved by the Ethics Committee (Opinion no. P805_09_2021). Participants were informed of the study's purpose, benefits, and risks and provided consent by signing an informed consent form. Confidentiality and anonymity were ensured throughout the study, from data collection to the publication of the results.

Findings

Six FGs were carried out with 37 members of the academic community. Of these, 27 (73%) were women and 10 (27%) were men, with a mean age of 50.1 years.

The FGs were organized as follows: a FG with teachers in management positions (TMgmtP) (n = 07); a FG with adjunct teachers (AT) (n = 07); a FG with technicians (Tech) (n = 06); a FG with service coordinators (SCoord) (n = 07); a FG with undergraduate students (UGS) (n = 05); and a FG with postgraduate students (PGS) (n = 05).

The Perceived Impact category emerged from the content analysis, wherein participants reported on how the COVID-19 pandemic's restrictive measures have affected various domains. This category was divided into the following subcategories: Institutional, Teaching-learning, Professional life, Personal life, and Work-Life balance.

Institutional

The Institutional subcategory emerged from the FG conducted with teachers in management positions. These teachers reported the need for formulating and disseminating rules and announcements during the pandemic: "(...) I remember the number of notifications I sent during (...) only about COVID-19. In just one year, it was a series of notifications, 300% more than usual (...)" (TMgmtP1). They also recalled the unexpected transition from face-to-face to distance learning: "We had to switch to a system where teaching was conducted remotely. Were we prepared? No." (TMgmtP4).

Budget management challenges were repeatedly highlighted: "(...) one problem was the budget. (...), doubts about the budget, I mean, how are we going to manage a budget planned to implement a series of things [that were no longer going to happen]. Some could no longer be implemented (...) and we had to do some that had never been planned." (TMgmtP6); "There have been many changes in project execution, we had to overcome huge complications" (TMgmtP6).

Another aspect identified was the management of human resources: "This was a huge problem (...) there are still some complaints today, which were the changes made to the contracts of teachers and adjunct teachers" (TMgmtP6). These contracts had to be terminated due to the indefinite suspension of clinical teachings and internships: "We also had to learn to manage human resources..." (TMgmtP7). Professionals had to adapt to the rules of the partner health institutions: "(...) we had to adhere to the specific rules and regulations of each institution [i.e. the partner institutions where the clinical training and internships took place]. Only a few internships were authorized, each with various restrictions and conditions such as test requirements, PPE [Personal Protective Equipment] requirements, others required PCR [Polymerase chain reaction] or antigen tests, others had no specific requirements or demanded a significant amount, and we were dealing with dozens and dozens of health institutions at the same time, each one with different demands. (...)" (TMgmtP2).

Teaching-Learning

The Teaching-Learning subcategory reflects the perceived impact of the pandemic on nursing education and student learning from the perspective of teachers in management positions, adjunct teachers, as well as undergraduate and postgraduate students.

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Nursing education primarily focuses on practical learning. During a time of crisis for health institutions, participants noted alterations in clinical teaching. Those in management positions observed the constraints in clinical teaching: “it is clear that there is a constraint (...) in clinical teaching (...) vacancies reduced, clinical teaching is around 50% of the course, so our course was perhaps one of the most affected in higher education. (...) the health institutions, which are our major partners in clinical teachings, closed their doors to us, suspending, reducing, restricting operations.” (TMgmtP2). Students also reported: “I ended up having an internship, I went to the internship field three times. I took three shifts, and the rest was all online. And I think that was really negative for us.” (UGS2), “We were at the beginning of the second-year internship in Fundamentals and, suddenly, the pandemic. “Okay, I have to go home, there’s no more internship!” And we thought: “So, what now, what’s it going to be like?” They didn’t give us an answer until a month or two later [during this waiting time] we had to do our work online. (...) adapting to online classes, which we had never had before... the teachers also had to adapt to online teaching. That whole part was quite affected... the internships themselves, we did them online (...)” (UGS3). The clinical teachings carried out abroad were also affected: “(...) when the decision was made to suspend all the clinical teachings, students were abroad. They had to leave their host institutions, the health institutions where they were doing their clinical training, and they had to complete this clinical component.” (TMgmtP2).

Teachers in management positions and adjunct teachers reported negative changes in student learning, particularly among first-year undergraduate students, suggesting that the distance between them may have conditioned teamwork “I don’t think they had time to create what we really want, to create bonds of team spirit” (TMgmtP2). It also limited the development of interpersonal relationships “The first- and second-year students have clear social difficulties, of interaction... and this has had some impact, namely in terms of forming groups and so on, [since] they haven’t worked on these dynamics.” (AT6), “They have a lot more difficulties in terms of relationships, interviews because they haven’t really been able to train until now. (...)” (AT5) and the acquisition of knowledge and skills “And then they come to laboratory classes with little knowledge.” (AT2), which could have consequences in the future “(...) skills problems at the end of the course.” (TMgmtP6).

Students also reflected on the consequences for their learning process: “It was a lot of information, we were lost, it was our first year...” (UGS1), “I remember vividly the day I go to the clinical teaching in maternal nursing, we were at the hospital (...) the nurse said “prepare an IV, I don’t know what!” “What?” And I said, “but I’ve never done that before in my life! How do I do that?” She even looked at me, at us, we were in the same situation. She was like, “So what grade are you in?”. And I said, “I know we’re in the third year, but the pandemic is here...” (UGS4), “the school decided to hold several seminars at the same time as we were doing the monograph. And what happened was that there was a huge overload for the students because of the seminars, we had assignments and they were complex.” (UGS5).

Students reported that they had difficulty concentrating in online classes “so, regarding school. Ah, remote classes (...) brought difficulties in terms of concentration, performance. (...) Remote classes (...) via Zoom brought concentration difficulties, difficulties in making any interventions. (...) People having the camera off (...) it brought some awkwardness.” (PGS1). Teachers had difficulties in motivating students for these classes: “It’s very difficult to motivate, to captivate when we have 140 or 70 students and 3 or 4 turn on the webcam, it’s frustrating for us. (...) And now I think this is also a reflection and attendance is not mandatory, they don’t come to classes, it’s not necessary because this [because then] it’s done anyway.” (AT2).

Teachers in management positions reported that the pedagogical relationship between students and teachers was inevitably affected: “We really had to change a lot of things, change our relationship, especially the way in which, from a pedagogical point of view, we connected with students at all levels. (...) a big impact on many of us. (...)” (TMgmtP4). Students also reported that “anyone who has done any distance learning knows that it’s not the same, there isn’t that teacher-student interaction” (PGS4). Interpersonal relationships among students were also affected: “I think you lose a lot in those [classes] that are not face-to-face. I felt that socializing with colleagues was a difficulty.” (PGS1).

Difficulties in managing the IT system, which consequently hindered online classes, were also reported by teachers in management positions: "It stopped being face-to-face and gradually became distance learning, with all the difficulties that it entailed and the need to adapt scientific and pedagogical strategies to this type of teaching, the equipment for this type of teaching." (TMgmtP3). Adjunct teachers also reported that "(...) there is a great concern to prepare ourselves for this new digital era and to control, above all, what the zoom mechanism is. I think this was a constraint for classes. Even today, I feel this constraint when I have students using ZOOM and have to deal with this way of being in the classroom. And so sometimes I'm much more concerned with whether they're listening, whether they're not listening, whether it's going well [or not] (...) than with the content. (...)" (AT2). For students, "the least positive aspect was the wi-fi access in the classroom [of the school] and although there were classes available via Zoom, the quality was terrible. The Internet didn't work in our classroom." (PGS2).

Professional Life

The subcategory Professional life emerges from the reports of teachers in management positions, adjunct teachers, service coordinators, and technicians. It reflects their perceptions of the impact of the COVID-19 pandemic on their professional lives in terms of work overload.

These participants' perceptions reflect the urgency with which decisions were made and the need to readjust to the new work arrangements. In addition to the increased workload, they felt they had to be available full-time, as can be seen in the following excerpts:

"I remember one day we were up until 11 p.m. calling every student to find out how they were doing, how they were feeling. (...) In other words, the concern we had, apart from the whole resource management thing, material resources. (...) Time, because we were a 24-hour service (...) on Saturdays and Sundays, we were responding to the students and there wasn't enough time. (...) because we were contacted very often. So, for me it was more about time management. (TMgmtP7). "I feel it's a mental overload, mental fatigue, a huge burden. It feels like you have to be available for work all the time. But it's a much more intense pace than we had before the pandemic, I feel that." (AT5), "And it was difficult, but I also recognize that during teleworking it is sometimes difficult to keep up with things because it was a lot, a lot of work, a lot of emails, a lot of phone calls and to some extent I think I'd rather be here [at the institution] working because at home it was not so easy to manage certain situations". (Tech4): "The pressure of the job was completely different. Why? Our workload did not double, it tripled. Because we have a lot of students undergoing their clinical traineeships, we have master students developing their theses, more requests were coming to the services, which doubled at that time". (SCoord4).

Personal Life

The management of family life and the lack of social interaction are key aspects underlined by the participants. The Personal life subcategory emerged in all FGs, with the exception of the managers' FG. Overall, in this subcategory, the participants' perceptions show how being closed up at home, without social interaction, had an impact on their well-being during this period:

"From a social point of view, I felt I didn't make the friends I should have made in my first year, I didn't meet the people I should have met" (UGS1), "I think I really felt the need to be with people again. I never stopped having it but when you don't have it, you really value it (...) then you go back to normality, but it makes you think a lot about what those two years did to you, I mean, it affected us a lot." (SCoord2); "The most complicated situation was managing family life. It was the hardest of all for me, with a small child at home, who didn't understand the pandemic situation, not failing as a mum and not failing as a professional, because a child demands attention and doesn't understand that there is an obligation, a professional obligation of course." (AT1), "I don't have children, so it was easier, wasn't it? But it wasn't easy being closed at home either, deprived of family, friends and social life. What we're used to on a daily basis. And no, it wasn't good either." (Tech4), "When the pandemic started and the isolation began, everything basically shut down and so, socially, we lost a lot of contact with our friends, with

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our routines, and our family, because the household is no longer the same as it was a few years ago. In other words, the family. With so many family members in their own homes, it also affected the coexistence between family members, so I think these were the most affected areas.” (UGS5).

It is also important to mention that the area of personal life was not emphasized by the group of teachers in management positions, indicating the commitment and pressure they felt in the face of the situation and the decisions to be made. This aspect is strongly emphasized in the following excerpt: “I think that at a certain point you forget about yourself, because obviously I don’t think there’s time to be afraid in these circumstances. If you get caught up in these emotions, you don’t do anything, you get tied down, and that’s probably where I forgot about myself.” (TMgmtP1).

Work-Life Balance

The Work-Life balance subcategory was found in all FGs, with the exception of the group of teachers in management positions. In this subcategory, participants reported that there were difficulties in reconciling professional activities and personal/family life due to remote working, particularly with regard to the division of space and the management of schedules, since there was an extension of professional hours and a difficulty in separating both domains: “(...)on the one hand, the ZOOM is very facilitating but, on the other hand, it really compromises family issues and the relationship with the family. Many meetings were scheduled to take place at 6 p.m. and went on until dinner time” (AT5), “The day had 12 hours of work and the connection is always, constantly...” (AT3), “Family matters were very complicated. I was on the phone all day.” (SCoord4), “In terms of reconciling family and work, it was very complicated. It was really difficult because my son was a year and a bit old (...). It was really tough because I could only work when my mum came home from work. It was then that I started working... early mornings.” (Tech3), “I also have a family to manage and at a certain point we were at home with three computers and three people taking online classes. There wasn’t a single meal at lunchtime that we could take all three at the same time, so we had to manage (...) So, from a family point of view, it was total chaos.” (UGS1), “the family issue was always... And having four people at home, constantly using the internet, having four computers for the whole family and managing all this was always chaos.” (PGS4).

DISCUSSION

The COVID-19 pandemic had a significant impact on higher education institutions, their teaching and learning practices, and the personal and professional lives of their academic communities, affecting work-life balance.

Higher education institutions had to implement new strategies in order to overcome the new challenges resulting from the COVID-19 pandemic. In the Institutional subcategory, teachers in management positions reported that the pandemic required the reformulation of guidelines/regulations, teaching processes, and budget management. In line with these findings, Puradiredja et al. (2022), Singh and Haynes (2020), Agu et al. (2021), and Flores & Gago (2020) found that higher education institutions encountered several challenges, including insufficient digital infrastructures and lack of digital skills among the academic staff, which required the rapid reorganization of distance learning.

According to the perceptions of teachers in management positions, adjunct teachers, and undergraduate and postgraduate students, the institutional changes brought about by the COVID-19 pandemic also had an impact on nursing education and student learning. Clinical teachings were redesigned and there was an unexpected change to online classes, which led to difficulties in teaching content and establishing pedagogical relationships (students-teachers). These aspects had a negative impact on students’ acquisition of knowledge and skills.

Several studies corroborate these findings, revealing that the COVID-19 pandemic has had a significant impact on higher education (Devkota 2021; Dikaya et al., 2021; Lollobrigida et al., 2022; Garris & Fleck, 2022). According to Garris and Fleck (2022), many higher education institutions adopted distance learning as an alternative because they were forced to shut down and promote social distancing. This transition to the virtual envi-

ronment has brought challenges not only for students and teachers but also for other members of the academic community. It influenced the negative evaluation of the teaching-learning process due to the unexpected nature of the change and the fact that it was not a previously desired teaching modality.

The adaptation to new online learning platforms, the lack of face-to-face interaction, and the management of physical resources and time were some of the difficulties mentioned by the participants. These findings are corroborated by Agu et al. (2021), who explored the effects of the pandemic on nursing education. Other studies carried out with higher education students also identified concerns about studies, future professional careers, and access to technology and a quiet environment in order to minimize the difficulty of concentration and distractions due to the presence of family in the home environment during classes (Devkota 2021; Dikaya et al., 2021; Lollobrigida et al., 2022).

Participants also mentioned that the lack of access to the practical experiences of clinical training may have limited the development of specific skills and the application of theoretical knowledge, which is essential in this field. Lollobrigida et al. (2022) and Hoss et al. (2021) reported that the suspension of clinical training was a gap in the professional preparation of students of medicine, dentistry, and other health professions. The experiences reported by the undergraduate students and teachers in this study corroborate the findings of the aforementioned study that the limitation of practical experiences during the pandemic period has had a detrimental effect on learning.

Moreover, the damage caused by the lack of socialization and social interaction is visible among both students and teachers. In line with these results, Flores and Gago (2020) and Hoss et al. (2021) argue that interactivity and communication are crucial for digital learning (Hoss et al., 2021).

COVID-19 has had a profound impact on the participants' personal and professional lives. There were changes in routines, social interaction and well-being associated with measures of social distancing and isolation. The need to reconcile remote work, family care, and domestic activities has increased the burden on individuals (Elahi et al., 2022; Palumbo 2020). There have also been numerous changes and challenges in the workplace resulting from remote working and the need to adapt to new communication and collaboration technologies (Kifor et al., 2022).

Studies report that families face challenges associated with the overload of household chores and childcare while trying to reconcile these responsibilities with remote working (Sandoval-Reyes et al., 2021). The lack of a clear separation between work and personal life, the absence of boundaries, and the mutual interference between professional and family domains became difficult to manage and resulted in an overlap (Elahi et al., 2022).

This aspect is in line with our results, which indicated many difficulties in setting boundaries due to the family space becoming the workplace, working hours extended, and the greater difficulty in disconnecting. Nem eanu and Dabija (2023) and Sousa-Uva et al. (2021) also report that many people find it difficult to manage their time and the lack of physical and temporal separation between work and personal life can lead to greater pressure and physical and emotional exhaustion.

This cross-sectional perspective of the phenomenon of COVID-19 among the academic community has not yet been described in the scientific literature, thus justifying its relevant contribution. This study offers a better insight into the perceptions of the impact of COVID-19 among all members of an academic community in a nursing school. Considering that the restrictive measures imposed by COVID-19 have required teachers in management positions to reformulate rules and procedures and that these changes have impacted the work and personal lives of teachers, adjunct teachers, service coordinators, technicians, and students, this overview has become paramount. This study highlights how the entire academic community experienced these restrictions.

STUDY LIMITATIONS

A limitation of this study was the intentional selection of the sample, since other members of the academic community could have made relevant contributions to the subject under study. The previous relationship between the team member who conducted the focus groups and some of the participants may have had a positive or negative influence on the data collection.

CONCLUSION

This study explored the perceptions of teachers in management positions, adjunct teachers, technicians, service coordinators, and undergraduate and postgraduate students on the impact of COVID-19 in a higher education institution in Portugal. These aspects revealed their perception of the impact, focusing on aspects related to the institution, teaching and learning practices, and their personal/professional lives. Exploring this type of data allows redesigning policies and implementing strategies for higher education management, distance learning, and reconciling faculty and staff's personal and professional lives. It also helps understand how the academic community experienced these extraordinary and exceptional circumstances. Therefore, at the research level, the results of this study also provide historical accounts of the experiences of an academic community of a higher education institution during the COVID-19 pandemic.

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