ORIGINAL RESEARCH

The leadership experience of academic chief nurse administrators post pandemic

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ABSTRACT

Background and objective: The impact of the COVID-19 global pandemic has been rated as one of the highest factors of nurse leaders to leave the profession, but limited research exists describing academic chief nurse administrators' (ACNAs) leadership experiences during the pandemic as crisis leadership swept across academia in the United States. The purpose of this qualitative study was to explore the lived experiences of ACNAs in pre-licensure nursing programs in the state of Georgia serving on campus post-pandemic after temporary full virtual instruction and isolation during an ongoing worldwide pandemic.
Methods: This Husserlian phenomenological qualitative study combined with Colaizzi's method of data analysis included a demographic questionnaire and in-depth interviews with seven ACNAs throughout the state of Georgia.
Results: Four themes emerged: ACNA Leadership and Challenges, Navigating Leadership Challenges and Obstacles, Managing Support and Work-Life Balance, and Reflection and Moving Forward.
Conclusions: This study illuminated ACNAs' strengths and weaknesses in academic leadership necessitating the need for further discussion, mentorship, development of leadership tools for future crises, and the need for collaboration with clinical nurse leaders.

Key Words: Covid-19 pandemic, Academic chief nurse administrators, Leadership, Crisis, Pre-licensure nursing programs

1. INTRODUCTION

This study was a qualitative study using the phenomenological methodology descriptive phenomenology that explored the lived experiences of Academic Chief Nurse Administrators in the state of Georgia upon return to campus after full virtual instruction caused by the SARS-CoV-2 (COVID-19) pandemic. Since nursing academia leaders in the state of Georgia can hold various titles depending on the hierarchy of the institution, for the purposes of this study, nursing academia leaders are referred to as Academic Chief Nurse Administrators (ACNAs) and are defined as the nursing academia leader who holds the highest-level nursing academic leader position within their school of nursing. The results of this study are particularly imperative during a time of ongoing critical nursing faculty shortages throughout the United States (U.S.) and declining pre-licensure nursing student enrollments. From a national sample of more than 5,000 nurses in the U.S., the impact of the COVID-19 pandemic was rated as the highest factor of intent to leave the profession with nurses who had over 25 years of experience and were currently serving in a leadership or administrative role.[1] During the pandemic, crisis leadership swept across academia in the U.S. The reopening of nursing programs, while pandemic restrictions were still required, caused unprecedented disruptions and stress for academic leaders. Boamah et al.[2] found a significant correlation be-

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tween faculty work-life interference and elevated levels of burnout, which in turn led to increased turnover intentions and reduced career satisfaction. One-third of nursing faculty throughout the U.S. anticipate retirement within the next few years, and over 91,000 qualified pre-licensure nursing student applications were denied in 2021, mostly in part due to the critical nursing faculty shortage and continue to be denied nationwide.[3]

The COVID-19 pandemic had a monumental impact on higher education throughout the U.S. that no one anticipated, and educators and students were faced with a phenomenon unseen.[4–6] Clinical nursing leaders played crucial roles in the healthcare systems and were essential to the success of both individuals and communities,[7] but little has been studied on the ACNA experiences during and after the pandemic. Nurse faculty burnout persisted as ACNAs faced additional uncertainties and challenges.[2, 8, 9] Higher education was forced to close their doors and turn to virtual instruction in the spring of 2020 in the U.S., but when the doors reopened, there was little known of the ACNAs' leadership experiences as a review of the existing literature revealed limited studies related to the lived experiences of ACNAs upon return to campus and face-to-face instruction during an ongoing worldwide pandemic. With the present burnout and shortage of nursing academia leaders, there was a need to explore the lived experience of ACNAs to illuminate the phenomena of crisis leadership during the pandemic and the effects of the pandemic on nursing academic leadership. This study aimed to explore and describe how ACNAs experienced leadership upon return to campus after full virtual instruction caused by the COVID-19 pandemic while still amid an ongoing worldwide pandemic.

2. BACKGROUND

In January 2020, the Georgia Department of Public Health (GDPH) began to closely monitor the outbreak of the novel coronavirus (COVID-19) occurring in China through collaboration with the Centers for Disease Control and Prevention (CDC). At that time, the state of Georgia had not yet confirmed any cases of COVID-19 within the state but began to advise healthcare providers to be on alert for any patients with symptoms of COVID-19. Only two cases had been confirmed in the United States in Illinois and Washington.[10] The media surrounding the events unfolding in China began to stir concern among state residents, including the author, who is a resident, nurse, and academician in the state of Georgia.

By March 11, 2020, over 30 cases of COVID-19 had been reported in the state of Georgia, and the World Health Organization (WHO) declared a global COVID-19 pandemic.[11] On March 12, 2020, the governor of Georgia issued a directive for most state employees to operate remotely. Additionally, the governor instigated a "call to order" for educational institutions and childcare facilities, granting them the authority to close provided local administrators concurred with the decision.[12] On March 14, 2020, the governor issued a state of emergency, and on March 18, 2020, the governor called for a closure of all face-to-face public academic instruction. A "shelter in place" order for vulnerable populations was issued on March 23, 2020, and on April 1, 2020, ordering that all schools from kindergarten through 12th grade be closed for the rest of the academic year; higher education institutions started to also declare closure with campuses turning to full virtual instruction and dormitories requiring students to move out. A statewide shelter in place was ordered on April 2, 2020, but lifted by May 1, 2020.[12] Although masking was encouraged, the governor overturned mask mandates on several occasions but promoted social distancing. By the summer of 2020, higher education institutions began to slowly return to campus throughout the state of Georgia. By the fall of 2020, classes were resuming slowly back to face-to-face in several modalities, with and without masking. Spring of 2021 began to look hopeful as more classes returned to campus. By the summer of 2021, higher education in Georgia had almost fully resumed full face-to-face instruction. Figure 1 provides a visual representation of the background timeline in the state of Georgia.

During this time of crisis, higher education institutions in the U.S. faced challenges unknown to administrators. In response to the rapid global dissemination of COVID-19, the U.S. governments nationwide, including that of the state of Georgia, implemented extraordinary social prevention efforts to curtail the spread of the disease. These initiatives necessitated the practice of social distancing, masking, and the temporary closure of higher education institutions. The unforeseen, expeditious, and ambiguous nature of the closures posed difficulties across all tiers of academia in the U.S. Limited guidance on optimal procedures was accessible to facilitate sudden shifts towards pursuing higher education.[13] The delivery of lectures was substituted with pre-recorded educational resources from prior academic years or rapid recordings of current content.

Meanwhile, other face-to-face learning experiences, including clinical experiential learning, simulation and skills lab instruction, and proctored examination administration, had been postponed or shifted to an online format.[14] ACNAs were faced with leadership during a crisis that none had ever seen. Navigating this uncharted territory as a leader of faculty, staff, and students, along with the challenges of providing for the educational needs of the students, service to

the institution, and health safety became a challenge during the temporary closure of face-to-face instruction, but what new leadership challenges presented upon return to campus? The world was different, and ACNAs were faced with uncertainties. Although campuses may have reopened, challenges were still present as COVID-19 cases continued to rise, clinical agencies closed their doors to student clinical experiential learning, and nursing higher education had to learn how to steer through a new academic environment throughout the state of Georgia.

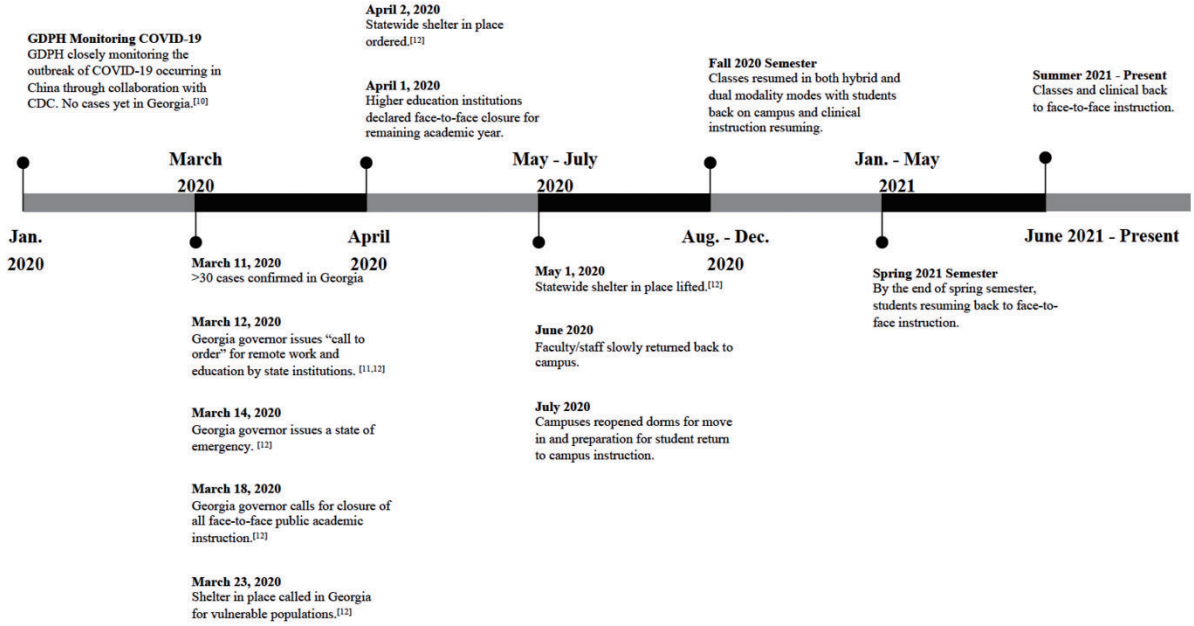

Figure 1. Background timeline

2.1 Review of the literature

Limited research was found on the ACNAs' experience in leadership upon return to campus during the COVID-19 pandemic after full virtual instruction. The literature review of this topic revealed an impact on higher education during the height of the pandemic, the impact on clinical practice, burnout of nursing faculty, and the general roles of academic leaders, but the experiences and challenges faced upon return to campus were identified as a gap in the literature. The COVID-19 pandemic continued, yet the experiences upon return to campus are limited in the literature. This shortage of research on the ACNAs' leadership experiences during the COVID-19 pandemic and the lack of research on the experiences of higher education in nursing upon returning to campus after full virtual instruction indicated a need for further study. This gap in the literature is significant as the literature review described new challenges in higher education and nurse faculty burnout but limited study on the experiences of the ACNAs during this time of crisis upon return to campus amid burned-out faculty.

2.1.1 *Impact of COVID-19 on higher education*

The COVID-19 pandemic has had a novel impact on higher education in the U.S. One of the primary factors contributing to this phenomenon was the cessation of face-to-face instruction, which disrupted the academic schedule and induced anxiety among stakeholders such as learners, faculty, and staff. As a response, face-to-face instruction was converted to full virtual instruction, financial challenges were faced, and adjustments were made to academic schedules to adapt to the pandemic's effects.[5] Both educators and students had to adjust significantly to the dramatic shift from face-to-face to full virtual instruction. Concern and panic set in for many faculty and students as they realized all the ramifications this shift would have for their classes. There were also challenges with self-discipline, inadequate learning resources, and a need for more adequate settings conducive to learning when students were isolated at home.[4] The successful application of virtual instruction was questioned, causing issues for many faculty and students.[5,15]

The sector of higher education encountered a state of strain between educators and students, while rural and remote areas encountered obstacles such as the need for the implementation of effective teaching methodologies, adequate internet connectivity, and availability of dependable technological resources.[16] The speed at which higher education shifted to full virtual instruction increased this strain as faculty and students needed more time to address the teaching modalities and access requirements to the necessary technology

and internet requirements.[6] Additionally, the transition to full virtual instruction presented novel obstacles for educators regarding how they addressed their personal, social, and emotional welfare and that of their students.[15] The pandemic and transition to full virtual instruction intensified their emotional well-being and presented retention concerns for educators.[17]

2.1.2 *Impact of COVID-19 on schools of nursing*

In March 2020, schools of nursing in the state of Georgia and throughout the United States of America had to end clinical experiential learning and face-to-face instruction due to the COVID-19 pandemic.[18] Pre-licensure nursing programs include predominantly face-to-face didactic instruction and clinical experiential learning in the lab and clinical settings. For programs with spring graduations, this abrupt closure meant halting senior practicum experiences so close to completion of the program. Students expressed concerns about how they would finish their degree. According to Dewart et al.,[19] nursing higher education encountered certain limitations in providing comprehensive solutions and answers when these decisions were made. Higher education in nursing was still grappling with the pressing safety concerns and the potential ramifications for forthcoming clinical experiential learning. Students expressed apprehension regarding the possibility of failing to achieve the academic goals for which they had diligently strived. Additionally, student nurses were in some instances seen as readily available labor resources, capable of being expeditiously deployed to the forefront of the COVID-19 response, without clear indications of established protocols to facilitate their transition to full-time employment or to safeguard their psychological and physiological welfare.[20] Nurse educators also contemplated returning to patient care, particularly those with continued clinical affiliations, as they felt an obligation to help their clinical peers, which caused strain on their responsibility to educate students.[19]

The emergency transition from face-to-face instruction to full virtual instruction and closure of campuses was studied in a qualitative focus group of The College of Health Professions at Albany State University in the state of Georgia.[18] According to Howe et al.,[18] several themes emerged from the study, with "teaching pedagogy, development in the role of online teacher, technology use and communication, and online teaching efficacy" being the top four themes. Pedagogical changes were required due to the transition to full virtual instruction, as faculty at Albany State University had little experience in virtual instruction, with most instruction being in a traditional face-to-face classroom setting.[18] Rather than leading instruction in a face-to-face classroom, faculty had to transition their teaching role into a facilitator role in virtual instruction through technology and determine how to clinically evaluate nursing students in a virtual environment. Educators had to shift from in-person to pre-recorded or live-streamed discussions. Howe et al.[18] found that not all components of course content could be presented in a virtual classroom, and due to the emergent shift to virtual instruction with little to no preparation, faculty needed mentorship and support. The technology requirements were different in virtual instruction, and not all faculty or students had access to the bandwidth or technology necessary for virtual instruction. Teaching efficacy increased as time passed, and educators and students became more comfortable with the virtual platforms, although the closure of clinical placements continued to be a concern.[18]

2.1.3 *Clinical nursing leadership during the COVID-19 pandemic*

During healthcare crises, nurses play a crucial role in the healthcare system, while leaders in nursing offer essential support for upholding the health of individuals and communities.[7] The COVID-19 pandemic is a natural disaster that became a public health emergency.[11] Natural disasters are unique in that they are often unexpected, highly disruptive, and fraught with uncertainty.[7] Many healthcare facilities are unable to provide adequate care after a disaster because there are too many patients and not enough healthcare professionals.[21] Nurses must adapt to new circumstances and overcome new obstacles to maintain a high standard of care.[22] It is challenging to swiftly establish new health leadership teams to manage a disaster, as the team members may lack the leadership abilities to make quick decisions. During a crisis, leaders must assess the situation, choose the best course of action, communicate effectively, and maintain a fair distribution of available resources, all while working with limited data and time.[22] When faced with complicated and abrupt natural disasters, including weather disasters, acts of terrorism, or prior pandemics, healthcare system leaders have historically failed.[21] The impact of the pandemic was rated as the highest factor of intent to leave the profession by nurses with more than 25 years of experience and serving in leadership or administrative roles.[1]

Clinical nurse leaders were faced with an array of challenges. Decisions to reintegrate retired nurses into the workforce were made with insufficient consideration regarding their potential contributions, the necessary educational and supportive measures required, and how leaders could ensure their well-being.[20] White[23] completed a phenomenological study in which four themes emerged, looking at the lived experiences of clinical nurse managers working during the COVID-19 pandemic. These themes were: 1) being there for everyone; 2) leadership challenges; 3) struggles, support,

and coping; and 4) strengthening their role.[23] The study revealed that nurse managers experienced a sense of defeat when they could not alleviate their staff's anxiety and apprehension, with some leaving the nursing profession.[23] Nurse managers' responsibilities shifted during the pandemic to include looking out for the mental health of their teams and always maintaining open lines of communication.[22,23] Nurse managers consider it one of their primary responsibilities to ensure the safety and well-being of their employees. According to White,[23] during the early phases of the pandemic, several direct care nurses pushed back against assignments to care for COVID-19 patients, which was primarily due to a lack of information and concern over the spreading of COVID-19. Managers emphasized the value of "top-down communication" with nurses to ease their concerns and prevent burnout.[23]

2.1.4 *Nurse faculty burnout*

Although a review of the literature provided evidence of nurse faculty burnout before the COVID-19 pandemic, the persisting uncertainty associated with the pandemic may have led to the academic environment becoming even more demanding for nurse faculty.[2,8,9] Nursing educators were confronted with the increasing emphasis on technological progress in pedagogy, public health emergencies, psychological well-being, and ethical quandaries.[8] Nursing faculty had to balance their students' needs and academic ranking requirements, including teaching, service, scholarship, and practice.[24] Farber et al.[8] found that during the COVID-19 pandemic, a balance was next to impossible, and nurse faculty purposefully disconnected from academic work, were faced with continued change and challenges, promoted for a healthier work environment, and reported moral distress and exhaustion. Farber et al.[8] discovered that burnout was indicated in most participants, and nurse faculty had experienced some degree of hopelessness and encountered challenges in performing their workload. Many interferences with work-life occurred during the COVID-19 pandemic, and according to Boamah's[2] study on work-life interference and burnout amongst nurse faculty, there is a significant correlation between faculty work-life interference and elevated levels of burnout, which in turn leads to increased intentions of turnover and reduced career satisfaction. During an exploration of faculty roles during the COVID-19 pandemic, Sacco and Kelly[9] found that most participants reported increased workloads, increased need to provide student support, moderate burnout with most burnout relative to their academic role, increased negative effect on well-being, and stress due to uncertainty. In each of these studies, nurse faculty reported having supportive academic leadership and not a cause for their burnout, yet the nurse faculty shortage continues to be a concern. Over 91,000 qualified pre-licensure nursing student applications nationwide have been denied, primarily due to this critical nursing faculty shortage.[3]

2.1.5 *Academic leadership and the academic chief nurse administrator role*

Competent academic leaders are needed to protect and advance "strategic development in nursing education, research, scholarship, and practice".[20] The COVID-19 pandemic has highlighted the importance of leadership in the realms of politics and public policy and placed nurses at the forefront of health care delivery, necessitating the need for effective leadership that is both knowledgeable and courageous. Such leadership is essential in prioritizing nurses' best interests in decision-making.[20]

Academic leaders in higher education may hold various titles based on the hierarchical structure of the higher education institution. The head of the department is typically titled as an Academic Chief Nurse Administrator (ACNA). ACNAs typically assume responsibility for "an academic school or college" and hold "a mid-level academic leadership" role functioning "as a bridge between the faculty and the [Chief Academic Officer] (CAO)".[25] Harris et al.[25] point out that ACNAs need to establish and maintain strong relationships with the faculty members under their authority. Additionally, they must provide leadership development opportunities to department chairs while fostering a positive and productive relationship with their CAO. ACNAs must have a variety of skills as well as advocating for both the CAO and their faculty. Harris et al.[25] summarize the primary responsibilities of ACNAs: a) curriculum coordination and planning, b) governance and research policy, and c) developing interdisciplinary collaboration. Additionally, Harris et al.[25] state that academic leadership involves "being mission-driven; adapting to environmental change; embracing democratic partnerships; and modeling inclusion, equity, and positive change".

Nursing leaders in academia possess a distinctive role that impacts both contemporary nursing practices and the progression of the nursing profession. Only a select few possess the capacity to effect transformation within the academic environment or wield such a powerful impact on the future of nursing, and even though they have prominent visibility and significant, influential positions, little knowledge is available regarding academic nurse leaders.[26] Bouws et al.[26] conducted a grounded theory study to describe what influences nurse leaders' roles in academia. According to Bouws et al.,[26] the duties and obligations of ACNAs are distinct from those of deans, chairpersons, and directors in other fields. The nursing profession presents distinctive obstacles

that render it comparatively more arduous to acclimate to than other professions. Bouws et al.[26] found that "having a skillset" and "a sense of calling" are examples of positive personality attributes that contribute to the academic nurse leader's success in their profession. The ability to "experience a variety of relationships," "see positive change," "enjoying creative freedom," "enjoying professional growth," and "have support from the administration" were all external elements that affect job satisfaction.[26] The negative themes of "feeling overwhelmed with the number of hours and duties," "being coerced into the role," the "faculty shortage," and a "lack of mentorship" all contributed to an overall lack of satisfaction.[26] Limited research is available on academic nurse leaders and their roles during the pandemic. However, academic nurse leaders uniquely shape the state of the art and the future of the nursing profession.

3. METHODS

3.1 Study design

The philosophical and methodological framework for this qualitative study was phenomenological philosophy. Since this study aimed to explore a phenomenon that previous research had yet to fully conceptualize, the most appropriate phenomenological methodology was descriptive phenomenology through the Husserlian approach of the lived experience. During the COVID-19 pandemic, ACNAs in the state of Georgia found themselves in the shared experience of leadership in academia during a pandemic. The four phenomenological steps used were bracketing, phenomenological reduction, imaginative variation, and synthesis of meanings and essences as adapted by Moustakas.[27] The researcher used the techniques of epoché (bracketing) and noesis (reflection) of the noema (thing) while coming to the horizon (present experience).[28] Colaizzi's[29] method of data analysis was utilized throughout the data analysis. Figure 2 visually represents the research design for this study as adapted from Alhazmi and Kaufmann's[30] hybrid phenomenological method.

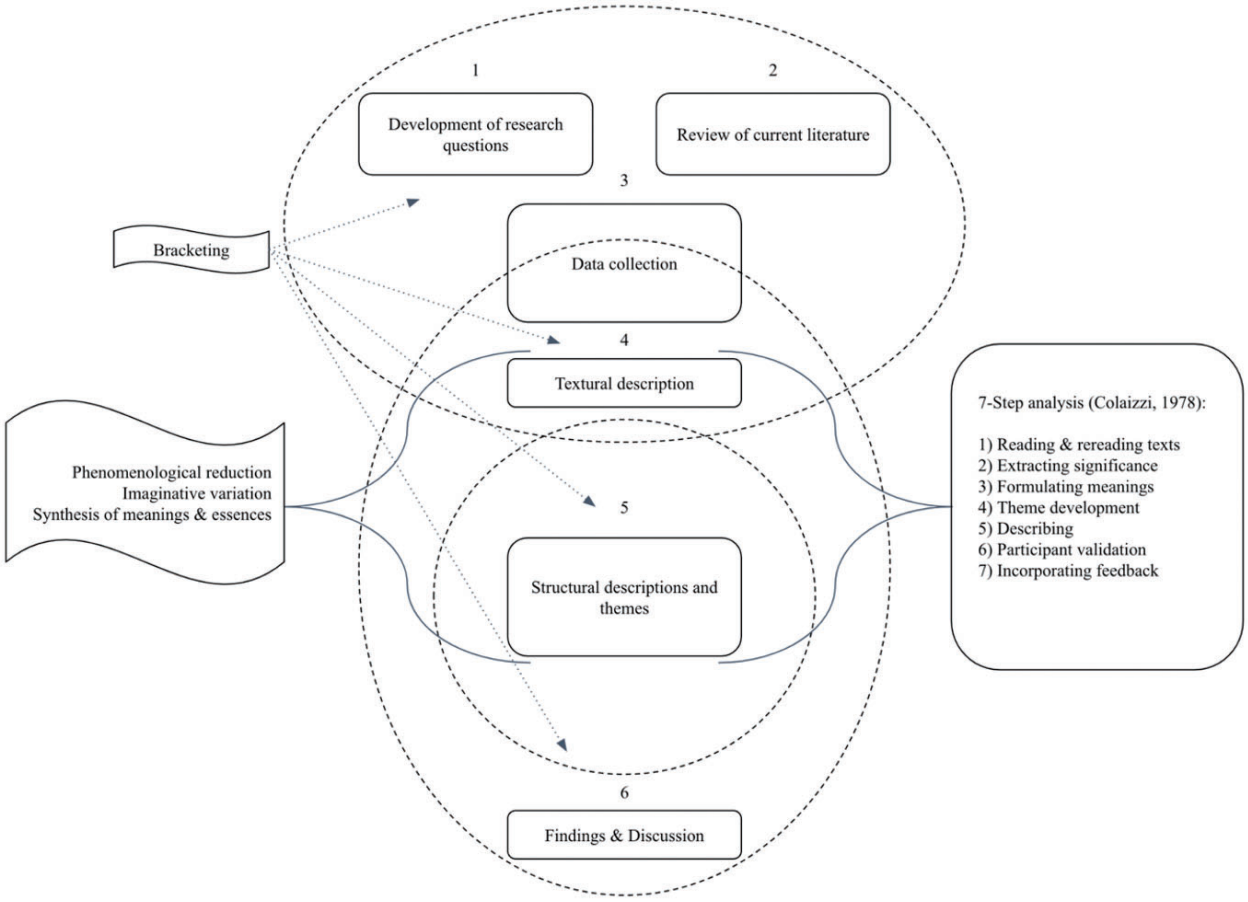

Figure 2. The Husserlian/Colaizzi phenomenological method map

3.2 Sample and recruitment

Following university institutional review board approval, participants were recruited using a flyer and recruitment video. The selection of participants included a purposive sampling of ACNAs in the state of Georgia. Recruitment requests were sent to nurse educator and nurse administrator Facebook groups and the Georgia Association of Nursing Education, members of the Georgia Association of Nursing Deans and Directors, and Georgia chapters of Sigma Theta Tau. Criteria for participation included: (a) being a registered nurse; (b) holding a Master of Science in Nursing or doctoral degree in nursing; (c) serving as an ACNA in an accredited nursing program in the state of Georgia from the onset of the COVID-19 pandemic to the present time of the study; (d) serving in a face-to-face pre-licensure nursing program; (e) serving in a nursing program that went to full virtual instruction at any point during the COVID-19 pandemic; (f) serving in a nursing program that returned to face-to-face instruction after full virtual instruction; (g) willing to share their experience; and (h) consented to be recorded via Zoom®.

Participants confirmed their participation via a Qualtrics® survey and electronically signed informed consent. In addition to gathering demographic information and determining if the participant met inclusion criteria, the survey asked participants to provide a non-identifiable email address and pseudonym to be contacted for interview scheduling. A total of 14 respondents completed the survey. Nine respondents met the inclusion criteria. Seven of the nine respondents meeting the inclusion criteria responded and scheduled interviews. A total of seven participants were interviewed and included in the analysis of the research.

3.3 Data collection

The central research question was "What is the lived experience of pre-licensure nursing program academic chief nurse administrators in the state of Georgia who returned to campus after full virtual instruction caused by the COVID-19 pandemic closure of face-to-face instruction?" Data was collected through recorded one-on-one semi-structured interviews utilizing an interview guide until saturation was reached. To avoid bias, the researcher engaged in purposeful listening, engagement, and observation.[31] Journal bracketing was completed before and after each interview. Field notes were taken during the interviews, and the researcher reflected on all notes obtained for each interview. Interviews were conducted and recorded via Zoom® in a distraction-free environment. Zoom® invites were sent to participants with secured password access. Only the audio recordings were saved for transcription. Recorded interviews were password-protected on the researcher's computer and an encrypted and secured external hard drive. All recordings were transcribed exactly as spoken through a CITI-certified transcriptionist and then reviewed with the audio to fully immerse in the data and redact any identifiable information.

3.4 Data analysis

The Husserlian/Colaizzi Phenomenological Method was adopted for data analysis.[30] Journal bracketing was completed before and after each interview to put aside any biases or preconceptions about the phenomenon. Bracketing was implored throughout the study and was reflective as the researcher noted any feelings or perceptions, kept field notes of the interviews, and kept a detailed audit trail. The transcripts were read multiple times throughout the reflection. Participants were provided with the time to give feedback on any preconceptions or biases should they arise. Data was analyzed while concurrently conducting the study. The researcher went through each transcript and identified key phrases and sentences corresponding to the phenomenon under study to extract significance highlighting significant statements in each transcript and rereading them multiple times. The highlighted statements were then extracted into an electronic table in Microsoft Word® and organized according to fundamental meanings. After two weeks of passive activity, NVivo QDA software was purchased, and the transcripts were uploaded for electronic coding. Once thematic clusters were identified, the researcher returned to the electronic table, re-reviewed the fundamental meanings, and organized the thematic clusters until the final themes emerged.

The formulated meanings, thematic clusters, and, ultimately, emerging themes formed to characterize the phenomenon under study were reviewed and validated by the qualitative methodological experts on the researcher's dissertation committee to ensure a consistent description of the phenomenon.[29] The formulated meanings were grouped into thematic clusters. These thematic clusters led the researcher to the study's final emerging themes. The participants were contacted via their provided email and given their transcribed interview and a detailed summary of the descriptions to review. Six of seven participants confirmed receipt of the transcripts and descriptions and confirmed that the detailed descriptions fully captured their experiences, and no additional feedback was provided.

4. RESULTS

This study explored the lived experiences of pre-licensure nursing program ACNAs in the state of Georgia who returned to campus after full virtual instruction caused by the COVID-19 pandemic closure of face-to-face instruction. Seven ACNAs participated in the study. Participants were named according to their provided pseudonyms and listed in the order interviewed as shown in Table 1.

Table 1. Participant demographics

Participants	Age in Years	Gender	Highest Nursing Degree Obtained	Years as an RN	Years as an ACNA	Years as ACNA at Current SON	Nursing Program	Public or Private SON
P1-Joshua	43	Male	EdD	20	8	3	ASN; BSN	Public
P2-Bird Girl	50	Female	EdD	29	4	4	ASN; BSN	Public
P3-Rosemarie	Prefer not to answer	Female	PhD	30+	3	3	BSN	Public
P4-Ann	63	Female	DNS	42	4	4	BSN	Public
P5-Blessed	57	Female	PhD	36	16	9	BSN	Public
P6-Katharine	38	Female	DNP	16	4	4	BSN	Private
P7-Noel	53	Female	MSN	32	5	5	BSN; ABSN	Public

Note. This table describes the participants' demographics as derived from the Qualtrics® screening survey.

The mean age of the participants was 50.66 years with of range of 38-63 years of age. One participant declined to answer. There were six females (85.71%) and one male (14.29%) participant. Only one participant did not hold a doctoral degree. The mean number of years being an RN was 29.29 years with a range of 16-42 years. Six of the seven participants had experience in an ACNA role prior to the pandemic with one participant beginning as a new ACNA in 2020 just before the pandemic. All participants came from a public college or university except for one. Four themes emerged with 14 thematic clusters and 37 fundamental meanings.

4.1 Theme 1: ACNA leadership and challenges during a pandemic on campus

ACNAs described their leadership and challenges upon return to campus by sharing about knowing leadership expectations, having effective leadership, and having consistent leadership.

4.1.1 *Knowing leadership expectations*

ACNAs had to be mindful that everyone looked to them as the leader and felt obligated to have answers, but they did not during this time. Joshua shared the following:

Everybody looks to you for answers, and everybody looks to you to fix things, and make things better, and it's like you can't really make things better with COVID; you can't, you know, you really can't change things with it.

They were expected to set an example, keep morale up, be calm, and create a positive culture during a tumultuous time. Blessed said:

The culture that you want to create in your organization is starting from the top. And if we don't do it then the culture will be created from others, and it may not be what you want, and it may be very fragmented. So, I think if you start with the culture you want to have, and you do that with your faculty and staff, they will do it to your students and your students will feel whatever, wherever it comes from, from the top.

ACNAs had to maintain flexibility and transparency with their faculty, staff, and students while orchestrating flexibility through transparent and frequent communication. Blessed learned that they needed "to keep things equitable, but at the same time be flexible." ACNAs needed to be mindful of the students and their needs with sensitivity. Noel acknowledged that it can be difficult to be mindful of all the students because "most programs are far too large to know students individually" and that as a leader, one should "assume the best about every student. Until they prove otherwise, assume the best."

4.1.2 *Having effective leadership*

ACNAs had to be present through visibility to faculty and students on campus. They needed to be seen and supportive of their schools of nursing. Rosemarie shared that:

As a leader, during that time, for me, personally, it was important to be present even more than I would have ordinarily been. So, in other words, try to make sure every day that I was the first one here and the last to leave.

The ACNAs were responsible for promoting healthy and supportive environments which impacted the entire culture of the school of nursing and started with administrative support for ACNAs. As an ACNA sometimes decisions had to be made, but including others in the decision-making process promoted a healthier environment. Katharine shared that "giving people an opportunity to talk and express their feelings and give their opinions and not just make the decision thinking that's going to be the best decision" promotes

a healthy environment. ACNAs must also hold others accountable. During a time of crisis, it was very important that ACNAs knew what was going on with policies and guidelines and to make sure there was consistency among the faculty. Joshua shared that it was important to hold others accountable to be an effective leader. They said, "one of the biggest things that will get your behind in trouble in academia more than anything else is inconsistency among your faculty. That will get you in trouble every single time." Joshua stated, "If one person does not follow that policy and another student finds out, I don't care where it's at, it always causes issues with everything." However, ACNAs also needed to advocate for their faculty and staff by speaking up for their school of nursing, obtaining the resources needed, and providing a safe, trusting environment. ACNAs needed to have flexibility and fluidity working through the pandemic on campus and collaborate with higher administration, faculty, staff, students, and the community.

4.1.3 *Having consistent leadership*

ACNAs had to work through transitions and differences in administration. Ann shared that:

We've had a lot of leadership. . . I've worked for 17 years. . . at the same institution. . . and we've had a lot of leadership changes. . . I've moved my office. . . five times. . . The fall of '21 my dean is replaced and there's a major shift with this new dean.

Since some schools of nursing are combined with other departments on campus with a non-nurse dean, ACNAs at these schools often had differences in administration decisions and needs. Consolidation impacted some of the ACNAs which included being grouped with other departments or schools where decisions were not focused on the school of nursing and these ACNAs had to work through their transition as leaders during a time of crisis that they had never seen before.

4.2 Theme 2: Navigating leadership challenges and obstacles during and ongoing pandemic on campus

ACNAs described navigating leadership challenges and obstacles by describing leadership experiences with meeting student program outcomes, navigating the unknown, COVID-19 exposures, illnesses, and vaccine challenges, navigating additional workload, and the emotional and mental impact upon return to campus.

4.2.1 *Meeting student program outcomes*

Meeting student program outcomes was a priority for ACNAs and included maintaining standards and student success, managing student accommodations, and figuring out clinical preparedness. Maintaining standards was important to student success to increase student pass rates. Ann stated, "We cannot lower the standards of the program even though all these other variables are happening. We have to maintain, maintain, maintain that rigorous program." Students needed to be in class and provided with consistent instruction and rigor. Student appeals and accommodations were sometimes a barrier to success, but ACNAs worked with students and faculty to manage any necessary adjustments. Lowering expectations was not the answer, but ACNAs faced faculty changing standards, and sometimes pressure from higher administration for students to pass. Appeals and accommodations increased during this time, and for some ACNAs, it became an increasingly difficult outcome to manage. Joshua shared:

Since COVID, we have had more student appeals and student grievances than I have ever dealt with in my life. . . I don't remember having any until they really started in '21. And they've continued to go, I mean, every single semester.

Preparing students for clinical became almost impossible with limited clinical experiential learning, so ACNAs had to be creative with faculty to implement robust virtual experiences and advocate for their students to get back into clinical practice. Noel shared how:

We lost all of our. . . junior nursing home clinicals. . . we've never regained them. . . even after kind of hospital clinicals came back, the nursing home clinicals didn't come. So, [the faculty] had to really dig deep into their creative teaching, and to come up with really robust. . . fundamental clinical experiences in the lab, in simulation. And boy howdy, did they do it. I mean, they blew me away. . . we didn't get those back and we, we haven't pursued bringing them back because the students get such robust simulation experiences in those fundamental clinicals that. . . they're better than taking students to the nursing homes.

4.2.2 *Navigating the unknown*

Not having answers while making the best decisions possible was a challenge. None of the ACNAs had answers at times, and it became difficult to guide faculty, staff, and students with no knowledge of how to handle the challenges and obstacles the COVID-19 pandemic continued to present. ACNAs did the best they could with what information they had. There was so much unknown and that brought about frustrations to ACNAs who before the pandemic were able to troubleshoot and answer questions quickly. Joshua stated, "It was such unchartered water. . . this was just. . . such a big thing that nobody really knew how to handle anything." Blessed said, "it's almost like preparing them for combat." They continued:

You weren't ready to have these massive people die in front of you that were already in the hospital. That was a disas-

ter... Some had vaccinations, some didn't. We hadn't gotten to the double shot yet, so there was a lot of... unknown.

4.2.3 *COVID-19 exposures, illnesses, and vaccine challenges*

COVID-19 exposures, illnesses, and vaccine challenges presented leadership challenges of keeping everyone safe, obtaining PPE, and students refusing the COVID-19 vaccine. There was a real fear of being present in the buildings if safety measures were not in place. Rosemarie stated:

What about the... then very realistic fear of... being present in a building? How do we ensure that our buildings are safe for people to come back to... The key things were the... faculty questions... "What is the classroom gonna look like and how do I know that I'm safe?" So, I think that that was key in any area, and then staff as well. "How do I know that I am okay and safe to be here?"

Faculty wanted to know what the classrooms would look like and how everyone would be kept safe from exposure. ACNAs saw faculty, staff, and students experiencing the trauma of having someone they knew or loved die or become ill with COVID-19. ACNAs also experienced loss due to COVID-19. The risk of exposure became very real and some ACNAs were tasked with tracking COVID-19 on their campuses, some were responsible for COVID-19 swab testing. Katharine shared how as a leader they had to help keep everyone safe:

Athletes had to be COVID-19 tested at that time before every game and at least once a week. So, they got us as a nursing department and nursing students, and we helped to do the institution wide COVID testing for athletes... so that was interesting.

Others oversaw managing social distancing guidelines for their school. On top of these challenges, the COVID-19 vaccine became mandated and ACNAs were faced with students refusing the vaccine and for some, having to withdraw from the nursing program. ACNAs had to be neutral but also find a way to enforce the vaccine mandates to get students back into clinical practice. Bird Girl said:

One of the biggest struggles we had with students post [return to campus] was [COVID-19] vaccines... we went into a mode at some point, I guess that was probably spring of 2021, where the vaccines were mandated, and we had students that refused to get vaccines... And so, I probably lost 10 to 20 students... That was a big one... that was the big bad issue... students were very loud during that time.

4.2.4 *Navigating additional workload*

ACNAs were fielding numerous questions and communication, balancing workloads, faculty and staff consistency and turnover, and resource management while facing questions from faculty, staff, students, parents, and the community. Many questions still had no answers. Because of the continued uncertainties, ACNAs had to provide frequent, transparent communication. Balancing workloads was a challenge with the number of faculty and staff out, the already present faculty shortages, and the teaching workload on top of the added administrative requirements during such a pivotal time. Bird Girl recalled the following:

The workload was... unrealistic; it wasn't good... It was not efficient. But none of us, including myself, stopped to say, "Hey, do y'all have a better idea? How can we address all of these experiences and still know that students need to meet outcomes but not have as much work for their students, or for us?" So, efficiency was not great that first semester, which we just made it through.

Katharine shared how much teaching is required for their workload, and it was difficult during the pandemic:

I felt like I was doing a lot of administrative work at that time. For sure... And I was carrying the load. I mean, I had... an online class I was teaching for RN to BSN. I was teaching a leadership class. I was teaching a Pediatrics class, and then I was teaching NCLEX prep, so it was a lot.

Faculty and staff were also turning over with an increase in retirements and intents to retire. Bird Girl said, "we've lost a lot of faculty; we've lost a lot of staff, not just in nursing, because nursing is supportive most of the time. But without the rest of our campus, without our English professors, and our math professors, we don't... have a nursing program either." Resource management also took up time to obtain, maintain, and distribute. At times, resources like PPE were on backorder or not available at all, and ACNAs had to be creative in finding alternative solutions. Katharine stated:

It was a hard time getting supplies... everybody was requiring an N95, and we didn't have those, and we were like, "We can't get them because the hospitals need them, and they're not giving them to schools, or they're really backordered."

4.2.5 *Emotional and mental impact upon return to campus*

ACNAs were faced with student and faculty emotional and mental impacts and dealing with COVID-19 death and illness. Faculty and students alike were angry. They were tired and overwhelmed, but they expected the ACNAs to step in and take charge. ACNAs saw an increase in student anxiety and fear when on campus and decreased socialization with others. Joshua shared that "The students were irritated and tired... they had spent months by themselves and doing their own thing at home, they didn't really socialize as well coming back as we assumed that they would." Joshua rubbed their forehead and said, "the socialization skills in

just that little few months changed." Student support needs were increasing, but no one was ready for the emotional drain. Faculty emotions were running high, and the ACNAs had to manage frequent conflicts. ACNAs were personally experiencing COVID-19 deaths and illnesses but were still expected to lead. Ann stated that, "we were in full panic, you know, that full... crisis mode, even when we came back and... I feel like, honestly, I feel like we've been in that high intensity for these last three years."

4.3 Theme 3: Managing support and work-life balance

ACNAs spoke about their support from administration, support from nursing colleagues and community partners, and maintaining work-life balance.

4.3.1 *Support from administration*

ACNAs overall felt support from the administration, but some ACNAs have non-nurse deans who are over the school of nursing. For them, it was important to have mentorship and supportive environments. Bird Girl shared the following: *I needed a mentor and did not have one. And I'm not complaining, by any means... I'm self-driven, I figured it out. But a mentor would be nice, meaning someone else that's been a leader; someone else that's... been in your shoes... my dean was very helpful in terms of global leadership, and [they have] made me grow in that way. But [they are not a nurse], and so I really needed the leader... in my field, in my discipline because we have so many specific requirements from our Board of Nursing and from our accreditation agencies... and sometimes I question am I doing this right?*

4.3.2 *Support from nursing colleagues and community partners*

Support from nursing colleagues and community partners meant being able to talk with them and being in it together. ACNAs found value in having other ACNAs to share experiences with and bounce ideas off. They found support with ACNAs at other schools and value in collaborating with community partners to work together during a time of so many unknowns. Rosemarie shared:

Another support was talking with former colleagues at other institutions... in the role of dean or... academic leadership roles, and just validating, "Here's what we're seeing; here's what we're doing." Or "How have you... done this?" And just the ability to... talk to individuals who know what you're going through and... share those concerns that you... might not be able to openly share with your faculty or your staff.

4.3.3 *Maintaining work-life balance*

Maintaining work-life balance was necessary but also difficult for ACNAs to maintain. ACNAs found value in having a work-life balance and discovered new ways their faculty could be productive without having to be on campus every day. Although ACNAs acknowledged the importance of having a work-life balance, it felt impossible with the leadership requirements of the role, continued navigation of the unknown, and feeling glued to their phone and emails. Bird Girl stated: *I'm a big believer in work-life balance. The world can fall apart, but you still have to have work-life balance. And I do believe that, and I carry it. You know, I exude it, and I tell my faculty that... And then at the same time, still honoring the work-life balance.*

4.4 Theme 4: Reflection and moving forward as an ACNA leader

This theme included reflections looking back, unexpected crisis leadership, and characteristics to keep or grow.

4.4.1 *Reflection looking back*

Reflections looking back brought forth discussions on psychosocial and physical effects with feelings of purpose and value. ACNAs felt varying degrees of psychosocial and physical effects including being overwhelmed, lack of joy, increased stress, pressure, anxiety, and exhaustion. Ann shared the following:

I was not in a healthy state, emotionally or physically... I had stopped exercising as much... I want to do well, and I want the students to do well. I want the faculty to do well. So, my heart is that I need to take care of myself emotionally and physically so that I am ready to go back in the fall.

However, most of the ACNAs felt a sense of purpose and value in standing out as a leader on their campus.

4.4.2 *Unexpected crisis leadership*

Unexpected crisis leadership uncovered nursing in a negative light and NCLEX scores falling. Students were refusing to participate in clinicals. ACNAs were at a loss as NCLEX scores began to fall for cohorts that had limited on-campus time and had lost clinical experiential learning, and those falling NCLEX scores were taken personally by the ACNAs as a reflection of their leadership. Joshua stated:

We're trying to survive... It's just I've never been in a situation where board scores have tanked so badly. I mean, I've never... And it's something that you take personally. Cause to me, it's like a reflection of my leadership or a reflection of what I'm doing or not doing... I don't want people to think, "My God, what [are they] doing to that program?"

4.4.3 *Characteristics to keep or grow*

ACNAs found during reflection that they had to be compassionate and demonstrate patience while learning to listen. Bird Girl emphasized how important it was to listen to their team:

If I could go back and do anything, it's listen to your team.

Listen to your people; listen to your... other leaders... you don't have to agree with them, or you don't always have to do what they wanna do, but just having different opinions, and thoughts, and ideas make you work more efficiently, I believe.

They also had to be flexible and understanding rather than just enforcing rules or regulations. ACNAs needed to take care of themselves and learn how to recognize when they were feeling run down while being open to giving and receiving feedback.

5. Discussion and interpretation of findings

This study aimed to explore and describe the lived experiences of ACNAs in the state of Georgia who returned to campus after full virtual instruction caused by the COVID-19 pandemic. The goal was to illuminate the leadership experiences ACNAs faced once they returned to face-to-face instruction on campus during an ongoing worldwide pandemic. The research question asked: What is the lived experience of pre-licensure nursing program ACNAs in the state of Georgia who returned to campus after full virtual instruction caused by the COVID-19 pandemic closure of face-to-face instruction? There were two sub-questions: What have academic chief nurse administrators experienced in terms of leadership since returning to campus after full virtual instruction of the pre-licensure program, and what challenges or circumstances influenced or affected their experience with leadership since returning to campus after full virtual instruction of the pre-licensure program? Four themes emerged to answer these questions with 14 thematic clusters and 37 fundamental meanings.

The first theme that emerged was ACNA Leadership and Challenges During a Pandemic on Campus. This theme addressed the research question and sub-question one. ACNAs described their leadership and challenges upon return to campus by sharing about knowing leadership expectations, having effective leadership, and having consistent leadership. Knowing leadership expectations included being mindful that everyone looked to them as the leader. With everyone looking to the ACNA for answers, ACNAs felt obligated to have answers but they did not during this time. They were expected to set an example and keep morale up. They had to be calm and create a positive culture during a tumultuous time. ACNAs also had to maintain flexibility and transparency with their faculty, staff, and students. They had to orchestrate flexibility between their faculty and students as well as themselves. Being flexible also involved being transparent and having frequent communication. ACNAs needed to be mindful of the students and their needs. They had to be role models for the students and meet the needs of the students as learners while being sensitive to their needs and fears during this time.

Having effective leadership included being present. Being present meant being visible to faculty and students. As an ACNA, there was an expectation of being available and visible on campus to the faculty, staff, and students. ACNAs needed to be seen and needed to be supportive of their schools of nursing. The ACNAs were responsible for promoting healthy environments. Having supportive environments impacted the entire culture of the school of nursing and started with administrative support for ACNAs. As an ACNA sometimes decisions had to be made, but including the faculty, staff, and students in the decision-making process promoted a healthier environment. ACNAs must hold others accountable. During a time of crisis, it was very important that ACNAs knew what was going on with policies and guidelines and to make sure there was consistency among the faculty. However, ACNAs also needed to advocate for their faculty and staff. Advocating meant speaking up for their school of nursing, obtaining the resources needed and providing a safe, trusting environment. Collaborating as a leader was the last finding to having effective leadership. ACNAs needed to have flexibility and fluidity working through the pandemic on campus and collaborate with higher administration, faculty, staff, students, and the community.

Having consistent leadership involved working through transitions and differences in administration. Some schools of nursing are headed by a non-nurse dean, so ACNAs at these schools often have differences in administration decisions and needs. Consolidation also impacted some of the ACNAs which included being grouped with other departments or schools where decisions were not focused on the school of nursing. ACNAs had to work through their transition as leaders during a time of crisis that they had never seen before.

The second theme was Navigating Leadership Challenges and Obstacles During an Ongoing Pandemic on Campus. This theme was the most salient of themes and addressed the research question and sub-question two. ACNAs described navigating leadership challenges and obstacles by describing leadership experiences with meeting student program outcomes, navigating the unknown, COVID-19 exposures, illnesses, and vaccine challenges, navigating additional workload, and the emotional and mental impact upon return to campus.

Meeting student program outcomes was a priority for ACNAs. Meeting student program outcomes included maintaining standards and student success, managing student accom-

modations, and figuring out clinical preparedness. Maintaining standards was important to student success to increase student pass rates. Students needed to be in class and provided with consistent instruction and rigor. Student appeals and accommodations were a barrier to success at times, but ACNAs worked with students and faculty to manage any necessary adjustments. Lowering expectations was not the answer, but ACNAs faced faculty changing standards, and sometimes pressure from higher administration, so that students could pass. However, this pressure for accommodations impacted the overall success of the student which in turn would affect their ability to be prepared for nursing in the real world. Appeals and accommodations increased during this time, and for some ACNAs, it became an increasingly difficult outcome to manage. Preparing students for clinical became almost impossible with clinical agencies shutting their doors, so ACNAs had to be creative with faculty to implement robust virtual experiences and advocate for their students to get back into clinical practice.

Navigating the unknown included not having answers while making the best decisions possible. None of the ACNAs had answers, especially in the beginning, and it became difficult to guide faculty, staff, and students with no knowledge of how to handle the challenges and obstacles the COVID-19 pandemic continued to present. ACNAs did the best they could with what information they had. There was so much unknown and that brought about frustrations to ACNAs who before the pandemic were able to troubleshoot and answer questions quickly.

COVID-19 exposures, illnesses, and vaccine challenges presented leadership challenges of keeping everyone safe, obtaining PPE, and students refusing the COVID-19 vaccine. ACNAs wanted to keep their school safe. There was a real fear of being present in the buildings if safety measures were not in place. Faculty wanted to know what the classrooms would look like and how they and students would be kept safe from exposure. ACNAs saw faculty, staff, and students experiencing the trauma of having someone they knew or loved die or become ill with COVID-19. ACNAs also experienced loss due to COVID-19 at home with their own families, children, or friends of family members. The risk of exposure became very real and some ACNAs were tasked with tracking COVID-19 on their campuses, some were responsible for COVID-19 swab testing, and others oversaw managing social distancing guidelines for their school. On top of these challenges, the COVID-19 vaccine became mandated and ACNAs were faced with students refusing the vaccine and for some, having to withdraw from the nursing program - during a time of critical need and already declining enrollments. ACNAs had to be neutral but also had to find a way to enforce the vaccine mandates to get students back into clinical practice.

Navigating additional workloads encompassed fielding numerous questions and communication, balancing workloads, faculty and staff consistency and turnover, and resource management. ACNAs were faced with question after question from faculty, staff, students, parents, and the community. Many questions still had no answers. Because of the continued uncertainties, ACNAs had to provide frequent, transparent communication. Balancing workloads was a challenge with the number of faculty and staff out, the already present faculty shortages, and the teaching requirements on top of the added administrative requirements during such a pivotal time. Faculty and staff were turning over with an increase in retirements and intents to retire. Resource management took up time to obtain, maintain, and distribute. At times, resources like PPE were on backorder or not available at all, and ACNAs had to be creative in finding alternative solutions.

Emotional and mental impact upon return to campus had ACNAs faced with student emotional and mental impact, faculty emotional and mental impact, and dealing with COVID-19 death and illness. Faculty and students alike were angry. They were tired, and they were overwhelmed, but they expected the ACNAs to step in and take charge. ACNAs saw an increase in student anxiety and fear when on campus and decreased socialization with others. Student support needs were increasing, but no one was ready for the emotional drain. Faculty emotions were running high, and the ACNAs had to manage conflict resolution that often resulted from built-up fears and anxiety. ACNAs were experiencing deaths and illnesses just like the faculty and students but were still expected to lead. Some of their students ended up hospitalized and ACNAs had to find ways to support them when they returned.

The third theme was Managing Support and Work-Life Balance. This theme addressed the research question and subquestion one. ACNAs spoke about their support from administration, support from nursing colleagues and community partners, and maintaining work-life balance. ACNAs overall felt support from the administration, but not all schools of nursing have nurses who are over the school of nursing. For these ACNAs, it was important to have mentorship and supportive environments. Several ACNAs experienced leadership changes with one ACNA having gone through four non-nurse deans from 2020 to 2023.

Support from nursing colleagues and community partners included being able to talk with them and being in it together. ACNAs found value in having other ACNAs to share ex-

periences with and bounce ideas off. They found support with ACNAs at other schools and value in collaborating with community partners to work together during a time of so many unknowns.

Maintaining work-life balance was necessary but also difficult for ACNAs to maintain. ACNAs found value in having a work-life balance, and because of COVID-19 discovered new ways their faculty could be productive without having to be on campus every day. However, although ACNAs acknowledged the importance of having a work-life balance, it felt almost impossible with the leadership requirements of the role, continued navigation of the unknown, and feeling glued to their phone and emails with the constant changes of information.

The final and fourth theme was Reflection and Moving Forward as an ACNA Leader. This theme addressed the research question and sub-question two. This theme included reflections looking back, unexpected crisis leadership, and characteristics to keep or grow. Reflections looking back brought forth discussions on psychosocial and physical effects and feelings of purpose and value. ACNAs felt varying degrees of psychosocial and physical effects of being an ACNA on campus during the COVID-19 pandemic including being overwhelmed, lack of joy, increased stress, pressure, anxiety, and exhaustion. Some ACNAs felt a sense of purpose and value in standing out as a leader during a worldwide health crisis on their campus.

Unexpected crisis leadership uncovered nursing in a negative light and NCLEX scores falling. Students were refusing to participate in clinicals, and the nursing profession began to be marginalized. ACNAs were at a loss as they felt one does not just choose nursing, but rather it is a calling. NCLEX scores began to fall for cohorts that had limited on-campus time and had lost clinical experiential learning, and those falling NCLEX scores were taken personally by the ACNAs as a reflection of their leadership.

Finally, characteristics to keep or grow included showing compassion, becoming flexible, learning to take care of oneself, and giving and taking feedback. ACNAs found during reflection that they had to be compassionate to their faculty, staff, and students and demonstrate patience while learning to listen. They also had to be flexible and understanding rather than just enforcing rules or regulations. ACNAs needed to take care of themselves and learn how to recognize when they were feeling run down. ACNAs needed to be open to giving and receiving feedback - both from faculty and from students and take that feedback to improve their leadership. It is important to note that ACNAs play a significant and influential role in their school of nursing and their higher education institution as a whole. Their nursing faculty are instrumental to didactic and clinical instruction within the academic setting, and need support and guidance as they equip the next generation of nurses.[32] To be able to manage the ever evolving and complicated issues that come with their academic role, faculty members must engage in professional development, but the ACNAs also need leadership development. For the success of the faculty, students, and the school of nursing, leadership development and mentorship are essential for not only the nursing faculty but the ACNA as well. As part of the response to the pandemic, Ion et al.[33] found that nurse leaders collaborated to share information in an effort to provide support to one another. This collaboration needs to extend globally and unite ACNAs in shared knowledge and skills. The shift toward online education expedited a process that was already occurring, and nursing higher education should take into consideration how it develops and supports both current and future ACNAs considering the pressures for change that they have been under for a considerable amount of time.[33] Despite the fact that ACNAs around the state of Georgia were confronted with a variety of challenges, they all had the same objective in the midst of the crisis: to maintain a focus on the student and to take care of themselves. They demonstrated that they could undertake enormous difficulties, address large-scale logistical issues, and make decisions despite being subjected to significant and ongoing pressures due to a worldwide pandemic.

5.1 Implications for social change

Throughout the data collection process, the researcher noted that 65% of respondents to the recruitment flyer did not meet inclusion criteria due to having not been in their ACNA role from the onset of the COVID-19 pandemic in 2020 to the present time of the study. This percentage only accounts for the 20 ACNAs who responded to the recruitment flyer and not the other 33 ACNAs who did not respond to the recruitment email nor the ACNAs who may have seen the recruitment flyer postings through GANE, STT, social media outlets, or snowball sampling by the study's participants. Nursing faculty have faced pandemic-related workload problems, including ACNAs. According to Boamah,[2] faculty work-life interference caused burnout, which raised turnover intentions, increased intent to retire, and decreased career satisfaction.

The nursing profession could benefit from the results of this study by learning what ACNAs of pre-licensure programs experienced upon return to campus during an ongoing worldwide pandemic. Nursing academia can benefit the most from the study's results as the study aimed to focus on the experiences of ACNAs in the state of Georgia. Understanding

these results will help uncover the leadership experiences of ACNAs during a worldwide pandemic when ACNAs were faced with leadership in a crisis that had never been experienced before. Current and future ACNAs can use these results to create succession plans and leadership tools for ACNAs to prepare them for future times of crisis. The results also brought to light strengths and weaknesses that ACNAs discovered about themselves that otherwise may not have been revealed. These strengths and weaknesses can help ACNAs determine the professional development needed to not only strengthen their weaknesses but also mentor other ACNAs using their identified strengths.

The development of ACNAs as highly skilled leaders in the academic setting is desired, and their ability to influence the overall job satisfaction of nurse faculty to reduce the critical nurse faculty shortage, thereby increasing the rate of qualified admitted pre-licensure nursing students, will impact the health care of the United States by replenishing the nursing workforce at the bedside. The ultimate objective is to equip ACNAs with professional development tools to enable their nurse faculty to lead nursing students to become agents of change capable of addressing health equity and health care. ACNAs have the power and influence to bring about significant change in health care. The change begins with the leaders: the ACNAs in nursing higher education.

5.2 Recommendations for action

The results of this study illuminated the lived experiences of pre-licensure ACNAs in the state of Georgia who returned to campus after full virtual instruction caused by the COVID-19 pandemic. Pedagogical changes were required due to the transition to full virtual instruction and continued upon initial return to campus as faculty had little experience in virtual instruction, with most instruction being in traditional face-to-face classroom settings.[18] Rather than leading all instruction in a face-to-face classroom, ACNAs had to help faculty transition their teaching role into a facilitator role in dual modalities through technology and determine how to clinically evaluate nursing students in a simulation environment as clinical agencies were either closed or limited access to clinical experiential learning when campuses reopened. Howe et al.[18] found that not all components of course content could be presented in a virtual environment, and faculty needed mentorship and support. This study discovered that ACNAs also needed mentorship and support.

Nursing academia, and higher education in general, can learn from the ACNA's lived experiences to better prepare for crisis leadership. ACNAs shared the need for reflection and debriefing, and participants wished they had spent more time with their faculty as a "human" rather than just as a leader. ACNAs also discovered the importance of maintaining a work-life balance and struggled to find that balance. ACNAs need to show their faculty they are valued, but ACNAs also need to be shown value. Nursing academia should take the time to discuss concerns with ACNAs to implement positive changes and job satisfaction.

ACNAs in the state of Georgia collectively meet from nursing schools across the state every other month. The ACNAs could form small committees consisting of ACNAs with varying experiences and backgrounds who can recommend changes and share lessons learned from their lived experiences during the pandemic. The committees could work on the succession planning needs of their roles and develop toolkits for mentorship of one another. These ACNA committee members could then go back to their respective higher education institutions and share with their higher administration what resources would be needed and gain input as necessary. The ACNAs would then turn to their respective schools of nursing and start conversations with their nursing faculty and staff to hear their concerns and elicit feedback from their perspectives. Within the leadership team at their respective schools of nursing, the ACNAs could share their leadership challenges and how they navigated them while seeking feedback from their leaders. They could also discuss ways to manage their work-life balance and that of their faculty and staff. The ACNAs will need to continue to reflect and move forward taking lessons learned and their professional development as they continue to serve as an ACNA or prepare the way for the next ACNA.

5.3 Reflection of the researcher

The data analysis elicited a range of emotional responses, including feelings of grief. The researcher had an emotional response to the reality of the ACNA role. The possible effects of this study on the participants included feelings of hopelessness, disappointment, and heightened levels of frustration with their perceived reality. As an outcome of the findings of this study, there have been shifts in the perception and understanding of the ACNA role.

5.4 Limitations

Although data saturation was achieved, findings may not be fully transferable. The purposive sample consisted of primarily female ACNAs, who may not be representative of the larger population of the state's ACNAs. Six of seven participants were from a public institution. The COVID-19 pandemic has led to a significant increase in nurse burnout, which may have contributed to a reduced inclination toward participation in this study. There was difficulty scheduling interviews with participants due to increased demands on

their workload and time. Respondents expressed interest in participating but did not meet the inclusion criteria of being in their ACNA role since the onset of the COVID-19 pandemic due to leadership transitions.

6. Conclusion

This study illuminated ACNAs' leadership experiences during a global pandemic, when they were confronted with crisis leadership no one had seen before and their lived experiences post-pandemic. ACNAs can use these strengths and weaknesses highlighted to determine professional development needed. This study's results can help current and future ACNAs understand the importance of having mentorship and leadership tools for future crisis situations and the need for continued partnerships and collaboration with clinical nurse leaders. Further study is needed to ascertain the extent to which the study's findings align with other ACNAs outside of the state of Georgia. If the findings obtained demonstrate accuracy, it will be imperative for nursing academia to recognize the perceived realities held by ACNAs regarding the potential for change. Lack of mentorship, need for support, burnout, and turnover are phenomena that can be attributed to underlying factors that contributed to their occurrence. It is imperative to acknowledge and tackle the fundamental factors contributing to the participants' perceived realities to prevent the exacerbation of nurse faculty and ACNA turnover within nursing academia, which, if not confronted, could ultimately result in another decline in the enrollment of qualified pre-licensure nursing students increasing the shortage of the nursing workforce.

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