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Perspectives on Online Teaching Transitions, Tips, & Techniques

The COVID-19 Impact on Health Administration Education: Understanding Student Perspectives on the Transition From In-Person to Remote Course Instruction

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Abstract

COVID-19 has infected millions of Americans. To combat the spread of the virus, state and local officials instituted social distancing guidelines that forced schools to shutter campuses and transition from in-person to remote learning. In this study, we examined health administration (HA) student perspectives on the transition from in-person to remote learning. We sought to understand how schools attempted to manage student concerns, how adaptations to remote learning were implemented, and what influences the transition had on student stress and anxiety. We used a mixed-methods study design that included (1) a survey of undergraduate and graduate students from six geographically diverse HA programs, and (2) a focus group with 6–10 students from each program. Our survey response rate was 52% (*n*=215). We found that students experienced five phases following the transition: grief, loss of engagement, fatigue, coping, and resilience. Focus groups also revealed stress and anxiety,

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as well as communication from leaders, as important themes. We present integrated survey and focus group findings, and supplement with exemplary quotes where applicable. We conclude by discussing a number of insights provided by HA students that may help guide program leadership and HA faculty who are teaching future remote courses.

Introduction

COVID-19 was first diagnosed in the United States on January 20, 2020 in Snohomish County, Washington (Holshue et al., 2020, Stokes et al., 2020) and by March 17, 2020 every state had reported confirmed cases of the disease to the Centers for Disease Control and Prevention (CDC). To mitigate the rapid spread of COVID-19, state policymakers implemented wide-ranging restrictions on large gatherings, forced business closures (e.g., gyms and bars), and restricted the movement of individuals via social distancing guidelines (Auger et al., 2020). These measures prompted colleges and universities across the nation to take swift action by shuttering campuses and emergently transitioning from in-person instruction to remote learning modalities. The transition to remote learning caused an immediate seismic shift for more than 20 million university leadership, faculty, staff and students (Donahue & Miller, 2020).

Remote learning has been described as a learning modality in which the educator and students are not physically located in the same classroom, with course content delivered through technology such as videoconferencing, online assessments, learning management platforms, and other technologies (Ali, 2020). Remote learning was not a modality universally embraced by most schools or faculty at the time COVID-19 emerged. In fact, many schools did not offer any courses remotely at all. Rather than cancel the remainder of the academic year, however, schools, faculty and students adapted and, within a matter of days, courses were transitioned from in-person to remote learning.

In this study, we examined health administration (HA) student perspectives on the transition from in-person classes to remote learning in response to COVID-19 social distancing guidelines. HA students' experiences with this transition are especially germane because both their educational context and their target professional industry are undergoing rapid and sudden changes due to COVID-19 social distancing guidelines. We used survey and focus group data to explore how universities managed student concerns, how adaptations to remote learning were implemented, and what influences the transition and related factors had on student stress and anxiety. Study results indicate that there were five phases students experienced during the transition and multiple related intersectional themes. Recommendations for effectively implementing remote courses are offered to HA faculty, as this modality will continue to be utilized during the COVID pandemic and beyond.

Methods

Setting

We used a mixed methods study design to explore the perspectives of undergraduate and graduate HA students at six universities. We sought to select programs that differed in terms of their size, program composition, and diversity among students. Thus, programs were selected based on their diversity in geographic location (programs represented the Northeast, Southeast, Midwest, Southwest, and Western U.S.), program type (undergraduate, graduate, and executive), and the type of School (e.g., School of Public Health) where they are academically located.

Data

Between April 13, 2020 and May 1, 2020, we collected survey and focus group data. We began by administering an anonymous survey to all HA students in the six programs included in this study. An anonymous survey link was distributed by each program director (PD) to their students, with reminder e-mails sent approximately once per week for three weeks. Survey topics included student characteristics, communication about the transition from in-person to remote learning, the student's level of concern related to securing a job/internship/fellowship, loss of engagement and personal circumstances, the student's ability to focus on classes amid new distractions, stress and anxiety, university grading policies, the incorporation of COVID-19 into the curriculum or assignments, student volunteer opportunities related to COVID-19, and success factors for remote courses.

Six focus groups, each with 6-10 HA students from the same university, were held via Zoom to elicit additional context around the topics in the survey. Focus groups placed specific emphasis on each student's personal experience. An open call for focus group participants was made by the HA PD at each university among currently enrolled students and the first (no more than) 10 students to accept the invitation were offered a seat at the (virtual) table. Focus group participants joined voluntarily and received no remuneration. The semi-structured focus group guide that was used in each focus group was developed collaboratively by the study's investigators. Focus groups were approximately 90 minutes in duration, held remotely via Zoom videoconferencing, administered by a facilitator who was not affiliated with the university, and were transcribed by an independent company. The focus group guide and survey instrument are available upon request.

Data Analysis

We began analyzing our survey data by performing descriptive statistics on the responses. First, we removed duplicate entries, but retained partially completed survey responses. We did not impute missing data. We prepared raw percentages for each question in the survey. As a team, we then individually reviewed the survey results and identified important findings and topics of potential interest. Following this review, we collectively identified several noteworthy survey results and then turned to the analysis of our qualitative data for further detail on these topics.

To analyze the focus group data, we used a directed content analysis approach that was based on the findings of our survey (Hsieh & Shannon, 2005). The foundation for this process relied on the extant literature as it related to our survey findings. Once we developed our codebook based on the relevant themes found in the survey data and the literature, we turned to the focus group transcripts. Four coders then independently coded an initial transcript to seek validity in the codebook and the coding process. The result of this process proved that the codes developed from the survey results and extant literature were viable. Passages that were not initially agreed upon were discussed among the coders, and a final decision was made as to what, if any, code applied. Multiple coders then proceeded to code each of the remaining five transcripts (two coders per transcript) and an inter-rater reliability score of >80% was achieved for each transcript prior to deeming its coding complete. All coding activities were performed using NVivo 12™. All study materials and methods were approved by the Boston University Medical Campus Institutional Review Board.

Results

Our survey of current HA students produced a 52% (*n*=215/415 students) response rate, which is in line with similar surveys of college students (Porter & Whitcomb, 2005). The proportion of responses by region were as follows: Northeast–17%, Midwest–15%, Southeast–35%, Southwest–6%, West–16%. Table 1 provides descriptive statistics for the survey respondents. Twenty-eight percent of respondents were first-year MHA students and 23% were second-year MHA students. Dual/combined degree students across all statuses were 16% and 10% of respondents were undergraduate students. We have omitted a more detailed breakdown of other demographic characteristics due to small sample sizes in some categories and to further protect the identities of the students. Missing data accounted for less than 5% of responses across all survey questions. In the following sections, we present integrated survey and focus group results.

Table 1

Descriptive Statistics for Survey Respondents

Degree	Student Status				
	Under-graduate student	1st-year graduate student	Dual/com-bined and Other	Part-time student	2nd-year graduate student
Bachelor's degree	22	0	0	0	0
Dual/combined degree	1	7	16	0	9
Master of Health Admin-istration (MHA)	NA	60	1	2	50
Master of Public Health (focus in Healthcare Management)	NA	24	1	7	15

Integrated Survey and Focus Group Results

Figure 1 depicts the five phases that students experienced during the transition from in-person classes to remote learning. The emergence of these phases from our data supported that in the weeks following the emergence of COVID-19 students grappled with a myriad of challenges and emotions that warrant further understanding.

Figure 1

Phases of Students' Experiences During the Transition from In-Person Classes to Remote Learning
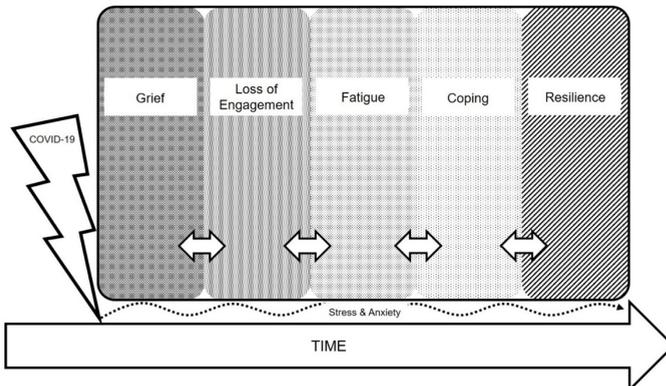
In the sections that follow, we describe each of the phases of students' experiences (grief, loss of engagement, fatigue, coping, resilience) and related emergent themes (anxiety and stress, communication from leaders), and provide exemplary quotes where applicable.

Grief

The impact of the shift to remote learning was particularly acute for students in these HA programs because of their explicit choice of an in-person education. As one student noted:

> "…with grad school we all chose an in-person program, instead of an online one, for a reason."

The initial loss for the in-person experience was particularly difficult for many students as university decisions occurred during spring break, hindering students' ability to gain closure. Some students also initially identified important tangible losses which included pivotal experiences. For example, 44% of survey respondents reported that they were either "slightly concerned" or "very concerned" (survey options were (Not Concerned, Neutral/Indifferent, Slightly Concerned, Very Concerned) with the loss of in-person graduation celebrations. One student expressed grief in dealing with this issue by stating:

> "…we won't be coming back together at the end of this, we're all [in] separate areas of the country…we just have to say bye-bye over Zoom…it's difficult."

Students described how they grieved when reflecting back on the moments after they learned that their university was transitioning to remote learning. One student captured the sentiment echoed by other focus group participants by saying:

> "I remember when the email came out that [remote courses] was going to be for the whole semester…I got so upset because…I'm not even a senior, but I felt like I was already getting a semester taken away from me."

Another focus group participant further exemplified this:

> "I felt some sense of grief for the fact that I wasn't going to be seeing my classmates in person and seeing my professors and having that experience…being on campus and being around other people who were passionate about the same things as me and interested in learning and kind of pushing the boundaries of our field."

Loss of Engagement

The transition to remote courses and the subsequent loss of engagement with fellow students, program faculty, and the broader university and health care communities was the greatest source of concern for students before the transition and remained high throughout the term. Four of five (82%) students were either "slightly concerned" or "very concerned" (survey options were (Not Concerned, Neutral/Indifferent, Slightly Concerned, Very Concerned) about the impact the transition to remote courses would have on their ability to connect with their fellow students, colleagues, or instructors, with 63% still responding this way several weeks after the transition occurred. One focus group participant exemplified this:

> *"The social aspect was probably the hardest transition out of this whole thing…the friendships that we've developed with our cohort and professors and everything. And now it's just so different."*

More than 90% of survey respondents indicated that the shift in learning environment altered his or her ability to focus. However, given that the shift to remote courses was predicated by the pandemic and state-based interventions to stop virus spread, factors that inhibited focus and engagement beyond academics were also present for students. One focus group participant described this by saying:

> *"The issue for me is…trying to stay motivated and engaged when there's this bigger thing that's happening beyond ourselves and we're pretending…to continue on and proceed as normal."*

Students also expressed concern about their ability to remain motivated in their coursework as their routines were interrupted and they were forced to adapt to unfamiliar circumstances. Many were not accustomed to working at home and had found a rhythm in the flow of campus life:

> *"I think it's difficult to remain productive…I always take my work to a coffee shop or something…working from home and being productive is very difficult. I can get almost one-fourth of what I would get done in another space done in the house."*

> *"…when we're on campus, you walk around and you see people studying together…everybody is studying. And it's easier to go sit down and study because you see it all around you. Whereas at home, I want to go hang out in the living room and I don't want to go lock myself up in my room and sit down at my desk and study. It's just weird."*

Not surprisingly, students expressed concern about how being remote would affect their ability to network with the health care community. Sixty-nine percent of students responded that they were initially either "slightly concerned" or "very concerned" (survey options were (Not Concerned, Neutral/Indifferent, Slightly Concerned, Very Concerned) about this impact at the beginning of the transition. This concern was even greater among first-year students (78%). Students felt that the loss of in-person contact with alumni and industry colleagues might jeopardize their ability to build relationships that often lead to post-graduation opportunities. While concerns over the loss of connections with members of the health care community lessened over time among all students, it remained high (73%) among first year students, reinforcing their anxieties about the pandemic's long-term impact on their career prospects.

Fatigue

More than 90% of students reported that their instructors added or incorporated COVID-19 content into course materials. Nearly half (47%) indicated that COVID-19 content manifested itself through class discussions of current events and news stories; 31% reported that instructors revised course assignments to include COVID-19 material, while only 16% responded that their instructors incorporated empirical literature on COVID-19. Instructors clearly made substantial effort to infuse COVID-19-related content into their courses following the transition to remote courses, but however well-intended these efforts were (and acknowledged as such by students), focus groups revealed that students experienced COVID-19 fatigue as it permeated every aspect of their lives. Students described how COVID-19 seemed to be discussed everywhere, whether it was being debated in the news, on social media, at the dinner table, or in the classroom. As a result, many felt exhausted with the negative presence of the pandemic as a continual point of conversation. One focus group participant said:

> *"I'm inundated everywhere with COVID. Everything has changed and you can't escape the news. I think it's a hard balance for some professors to try to incorporate it. Even our clinical rotations class, every single speaker has brought it in..."*

> *"I think there comes a point where I can only handle so much bad news. Or so much sad news without there being a positive...I know there's a lot of bad and awful things going around, but I can only fill my mind with so much of that before I reach my point. Sometimes I'm thankful when teachers say, 'let's focus on something else'…"*

Students also expressed "Zoom fatigue" with videoconferencing. Focus group participants described the challenges associated with videoconferencing for hours at a time in class, followed by hours of videoconferencing with group assignments and work-related projects. "*Zoom fatigue is real,*" one student commented. Another focus group participant said, "*It gets rough just sitting here…looking at yourself and other people and just talking.*" Students also described how as a result of numerous hours spent videoconferencing each day, they became less engaged in class, less motivated to complete their individual work responsibilities, and less inclined to connect with friends.

In general, students shared a strong sense of fatigue from their experiences in the midst of the pandemic, citing their "*exhaustion from so much change*" and the degree to which their collective experiences had been "*emotionally taxing and exhausting.*" They described being worn out by the discouraging monotony of the pandemic, and for some students, that contributed to feelings of apathy and capitulation when it came to their education. One student exemplified this:

> "*I wish I had the motivation to care about my classes, but I'm just done. Honestly, I'm just over it. I just want to be done.*"

Coping

Students turned to a variety of coping mechanisms to deal with the changes brought on by the pandemic. Seventy-six percent of survey respondents reported that they volunteered with COVID-19 recovery efforts at local hospitals, public health agencies, physician practices, food banks, and other non-profit organizations. Beyond this new way of contributing to the crisis, students described how creating a new daily routine was instrumental in helping them cope with the first few weeks of change. Waking up early, dressing for class, and maintaining a schedule for meals were all cited as successful strategies. One focus group participant said,

> "*I would say time management, trying to keep a regular schedule like you did when you were in school. Assigning times where you do your classes and do your work and try to stay in the most regular schedule that you can. Because, if not, then…it's very hard to get back into a routine.*"

Students also described how maintaining wellness routines and healthy eating, making time to connect with family and friends, and instituting boundaries between work and home were all important coping mechanisms. One student noted:

"One thing that I've found to be really helpful is…taking personal timeouts and getting some exercise…eating good food, practicing self-care, and…choosing gratitude, making it intentional."

Focus group participants tried to maintain perspective related to their personal situations in the larger context of the pandemic. Many students described having to cope with increased stress and anxiety at the same time they were trying to meet the demands of work, school and family. Focus group participants discussed how acknowledging that they are not alone in having these feelings was an important aspect of coping.

"I'm just…trying to take it day-by-day and recognizing that I'm not unique in my stress…a lot of the things I'm stressed about are things that I don't have an answer to, and the people who make decisions don't have an answer to yet."

Resilience

Resilience is defined as a good, stable, and consistent adaption under challenging conditions (Masten, 1994). Fifty-nine percent of survey respondents initially reported that they were "slightly concerned" or "very concerned" (survey options were (Not Concerned, Neutral/Indifferent, Slightly Concerned, Very Concerned) about their ability to successfully complete coursework following the transition to remote learning. However, following several weeks of adaptation only 41% of students reported these concerns. This improvement was experienced despite the fact that 42% of respondents reported that their universities did not adjust their grading policies (survey response options included: no change, pass/fail with or without student grade viewing prior to selection, credit/no credit with or without student grade viewing prior to selection).

Health administration students were able to overcome many of the challenges of the pandemic through their individual resolve and communal resilience. Some focus group participant comments exemplified their resilience through self-awareness and attitude based on self-directed empathy to triumph over the challenges of the transition. One student said:

"I think you just have to be empathetic towards yourself and not expect what you could have accomplished on the day-to-day to be happening right now…it's difficult times."

Some students also enacted their individual resilience via empathy for others who might have been in situations that are more challenging than the

ones in which they find themselves. These students exemplified resilience factors such as social support and caring relations. Students said:

> "…I think a good thing has been realizing it's not just me or not just my cohort. It's all of [the university], and all of the United States and the world going through this, not being able to be on campus, not being able to see all their friends, not being able to see some of their family members. And I think that's been a big thing; it's not just me."

> "…it's really made me aware of the fact that, as much as I think that I'm suffering right now going through all this…there really are people who it's so much worse for them. And I still have a roof over my head, the ability to continue to go to a university and get a degree."

Focus group participants expressed a connection between gratitude and resilience. While gratitude may be linked to factors of resilience such as attitude or self-awareness, gratitude—or the notion that one is fortunate—presents as (potentially) an additional source of resilience for students in this study. Studies that have previously linked gratitude and student resilience have done so in the exploration of post-traumatic stress following a campus shooting (Vieselmeyer, Holguin, & Mezulis, 2017), which suggests how gratitude can be especially useful in communally-based trauma. While students in this study have not survived a campus shooting, they seem to have conceptualized the gratitude around their trauma in similar ways in order to enact their resilience:

> "As much as we talk about some of the challenges that have accompanied online learning, I still feel very lucky to be in a place where I can learn from home and my partner still has a job…As tough as some of these other things can be, I think taking the time to be grateful for what you do have, it's really been helpful for me to put things in perspective."

> "I consider myself very lucky compared to a lot of undergraduate students who might be coming from unstable situations at home or uncertain housing situations or unhealthy home life situations, where going to school is supposed to be their escape…having that process so disrupted at an age when they really don't have the degree to be able to stand on their own two feet yet."

Stress & Anxiety

Focus group participants at all universities described how stress and anxiety impacted their ability to participate in daily activities, engage with remote learning, and complete work responsibilities. They discussed how the pressures of their academic obligations and personal work-life challenges exacerbated their stress and anxiety levels. A lack of structure was a primary factor that contributed to student stress and anxiety. One student offered:

> *"There's not the normal structure of wake up at this time, do my normal morning routine, go to class…go to work, come home, do homework, go to bed…all of that was taken away basically overnight...I think forcing myself into a completely new routine that will change tomorrow, next week, a couple months from now…and that uncertainty…adds to the anxiety."*

Many students noted anxiety related to sudden changes in living and working arrangements. Some students were forced to move home with their families. Others stayed near school, but experienced isolation resulting from being far away from family and a support network. They said:

> "…it's hard for me when I'm in my hometown with my family and ev-erything…"

> "We're having to…relearn…how to all coexist in the same house together… And it's already stressful on my parents. My mom works in healthcare. My dad owns his own company…it's a lot of outside pressures on top of school."

> "I'm really far from home, really far from everyone else…when I moved… the MHA people were my community, they were my family…not seeing them every day has been really hard."

Uncertainty related to the future provoked stress and anxiety in students. After several weeks since the transition, 60% of students were "slightly con-cerned" or "very concerned" (survey options were (Not Concerned, Neutral/ Indifferent, Slightly Concerned, Very Concerned) about post-graduation plans or employment. Moreover, 51% of survey respondents reported being concerned about summer internships and residencies. One student described this:

> *"Being in your second year and trying to find a job at the beginning of an economic crisis is kind of nerve-wracking. And trying to figure out where I'm going to live*

after this, and this part of my life being over at a very anxiety-inducing time has been bad. And then the added pressure of sending in stuff for class and paying attention to the capstone has been a little bit difficult."

Communication from Leaders

Survey responses indicate that most HA students learned of the transition from in-person to remote courses from the University President (26%), their HA Program Director (19%), and the Dean or Associate Dean of their School or College (17%). Others heard the news from their University Provost (10%), Department Chair (6%), another student in their program (6%), or a family member or friend (2%). Considering the rate of social media use by both students and universities, it is noteworthy that direct communication from campus leaders is how most students learned about the transition. However, some students did report learning via unofficial communication pathways:

"…not every student found it out at once…a bulk of students found it out and then obviously as soon as that first wave found out, it was all over social media…I found out through Twitter as well. It was like, oh, is this legit? Because I haven't gotten anything."

"…I found out from other students screenshotting the email and sending it to us."

Focus groups revealed that students did not necessarily delineate between campus leaders and faculty when receiving COVID-related communication. Perhaps students do not perceive faculty as distinct from other leaders with more formal positions of authority. In fact, for some students, this was viewed as a positive factor because students were more likely to trust the information that came from HA program faculty. Furthermore, program leaders were considered to be better at addressing students' humanity than campus leaders who often have no previous relationship with the students. Even when plans were unclear, students appreciated faculty reaching out to acknowledge the emotionally turbulent times. One student said,

"I really liked hearing from…our finance professor, right from the start, outlined a very clear action plan. And also spoke to us, wrote an email, like, 'Hey, I realize this is kind of a crazy time. We're thinking about you. We hope for your best.' He was very encouraging."

However, this proactive and student-centric communication tended to be the exception, and not the norm. Moreover, consistency and timeliness of communication from campus leaders and program faculty was important to

students. When done well, focus group participants identified this as a key success factor for navigating uncertain times. Conversely, they also emphasized that a lack of consistency and timeliness of communication (complete silence for several days in some cases), even if there were no substantial or new updates, was a major source of stress and anxiety for them. They said:

> *"I personally would have wanted more communication…we got the school email, we got the program email, and then it was like a month before we heard anything else again."*

> *"…I think that [more frequent updates] would have made me feel better personally because then I would be like…here's how it's changing, here's what they're doing…I would have appreciated more frequent updates on what's going on behind the scenes that we don't see."*

> *"…no one really had a plan…no one really knew what to do…no teacher was really like, 'Don't worry, we got this, we're going to stick to this plan'…It was a free for all."*

> *"…it was interesting to see how the different teachers handled it very differently. And I think that was kind of like frustrating because there's so many different ways that they were instructing us…It's just confusing and not a main streamlined way of teaching."*

Focus group participants also noted that when program faculty or other leadership opened new channels of communication to "make space" for students, that seemed to have a significant positive impact on student's stress and anxiety levels. One student said,

> *"…the strategy class…offered us some Zoom meeting time…to actually talk with each group, besides class time…also, for Human Resources, the TA offered some Zoom meeting time to talk about our final assignment..."*

DISCUSSION

The HA students involved in this study have experienced a once-in-a-lifetime pandemic and an unprecedented transition. The results of this study suggest that HA students experienced five phases (grief, loss of engagement, fatigue, coping, and resilience) in the weeks following the news that their in-person classroom experience was finished for the school year and that their courses were to be completed remotely. Their experiences have offered a number of insights that university leaders and HA program faculty must consider as we

prepare for future semesters with hybrid and remote learning as COVID-19 looms into the 2020-2021 academic year and beyond. The first key insight that our findings revealed was the importance of considering student stress and anxiety in the context of their ability to learn and remain engaged in remote courses. Students were emphatic that they "*did not like*" the transition to remote learning and that it was hard for them to handle. Students expressed a number of concerns related to their personal, professional, and academic lives that created new or intensified feelings of stress and anxiety. Moreover, the uncertainty of knowing what the future held (e.g., jobs, internships, networking opportunities) was an unsettling source of stress and anxiety for students. Health administration program faculty must be understanding and considerate of these issues, especially during crises. In fact, whether they want to or not, faculty may actually step into the role of a caregiver in these high-stress, anxiety-stricken situations—not in the clinical sense, but in a relational way. Caregivers are often characterized as being patient, compassionate, attentive, dependable, and trustworthy (Hermanns & Mastel-Smith, 2012). Playing this role may require faculty to develop new skills and evolve their identities in order to teach effectively during crises.

Second, there is clear value in empathy. While students and faculty experienced the pandemic differently and from their own perspectives, HA students acknowledged that when program faculty expressed empathy for their students and sought to understand their personal situations, students were incredibly appreciative of that. Finding a "*safe space*" to vent about problems or discuss ways to "*make it through the day*" proved to be an important part of coping for students. Students appreciated when faculty cared about them as a person, specifically as a person in the midst of a crisis. Students also appreciated when faculty, themselves, were open and vulnerable about their challenges in adjusting to the situation. Focus group participants provided examples of how some faculty used the first segment of each class session to ask them how they were doing and as an open discussion. These displays of empathy helped students develop a human connection with faculty during the transition and were likely an important factor in their engagement and focus in those courses.

A third learning from our study relates to the perception by students of faculty as leaders. Students were consistent in their remarks that they did not delineate (or fully comprehend the structural difference) between university, department, and HA program faculty in the days and weeks following news of the transition. They viewed us as having a single voice as they dealt with feelings of loss, grief, and disengagement. This important finding suggests that the alignment of faculty and university administrators is key in commu-

nicating with students, especially during a crisis or unprecedented transition. Students touted some faculty for their leadership, primarily because they communicated regularly, even if there was no new news to report. Students felt strongly that they really need faculty to act as leaders during times of great uncertainty and transition even if the faculty members do not perceive themselves in this role. In this context, HA faculty must model the leadership they teach during times of rapid change.

Finally, students were quite understanding that the transition was also difficult on faculty as they shifted their courses, sometimes with only a few days' notice. However, the well of understanding may run dry in future semesters as students' expectations may have evolved based on a belief that faculty have been given more time to prepare for forthcoming courses than in the Spring of 2020. Thus, students offered a number of specific suggestions to help facilitate the transition to remote learning that may be beneficial to faculty in planning upcoming courses. They noted:

"…any time there's interaction, like with polls or with directed questions at people and things like that, I think that that's been most helpful for me. Just in terms of engagement."

"…in the new semesters, faculty should try their best to better facilitate small group discussions because right now we have the benefit of moving into a semester where we already knew some people in our classes and might already have connections that we can rely on when things get harder if you have questions. But if we were to start a new semester in the fall online, those connections aren't necessarily there."

"…if this becomes more of a long-term permanent online situation, I believe there should be more online deliverables…whether that's online quizzes or small blog posts or something…I need that accountability…my grad school experience has largely been one big presentation and big paper at the end of the semester…But right now that's kind of hard to have. So, I think shorter-term deliverables over the course of the semester would help me get more out of the content..."

"…a few of our professors have done virtual office hours. So, the ones that have recorded lectures, for instance, like our finance professor…he gets on Zoom in case anyone wants to log on, even for five minutes, to just ask a question…which has been a nice way to at least like be engaged a little bit."

Limitations

The results of our study should be considered in the context of its limitations. First, we are limited in that this study is not population-based and only includes the perspectives of HA students at six universities. Therefore, we cannot generalize our results to the broader population of HA students across the country, nor can we extend our results to other student populations. However, our study is the first of its kind within the context of COVID-19 and is meant to be an exploration of a time-sensitive phenomenon. We also included programs that covered a variety of geographic regions, program types, and Schools and Colleges. Second, recall bias may be present within our sample of survey respondents and focus group participants. While we attempted to survey students and speak with them "in the moment," it is possible that the rapidly changing environment caused some initial memories to fade before we were able to capture them. Although, we are confident that students in this study were able to recall the most significant feelings on these topics as we triangulated our results by using a mixed methods approach. The focus groups emphasized important survey findings and provided further depth to our analysis. Fourth, asymmetries of information may exist in our data since we were not able to survey or speak with all students from these six programs. However, we obtained a high survey response rate with diversity among its respondents and had lively focus groups that provided rich contextual information. Finally, our study is not longitudinal in nature and thus, we are unable to fully understand the impact of time. Nonetheless, our study was intended to be cross-sectional due to the limited time frame when this research took place and there is a significant evidence base that supports the value of experiential reflections.

Conclusion

COVID-19 posed significant challenges in adapting to a new modality of course instruction. Universities, HA program faculty and students adapted quickly, but there are many important learnings that the transition has revealed. HA students and faculty displayed just how resilient they can be in the face of turmoil. While colleges and universities have much to learn to adapt to a future that will likely include remote and hybrid course modalities, it is clear that engaging students in the optimization of course design is paramount.

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