

Innovative strategies of an education community in response to a crisis situation


Estratégias inovadoras de uma comunidade educativa em resposta a uma situação de crise


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
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Abstract

Background: Unexpected situations can drastically change the daily life of a university. With the health crisis in 2020, it is important to understand what measures can be taken in the future to minimize the impact on the education of health students.

Aims: To explore, analyze, and describe the adaptive strategies of a university health community in response to the challenges posed by the COVID-19 pandemic.

Method: An exploratory, descriptive study using a qualitative approach was conducted.

Results: ‘Institutional management strategies’ had a positive impact, although in different ways. For students, the most important strategies were mitigating the impact of restrictions on face-to-face teaching and access to clinical placements in a hospital, rapidly implementing safety measures, and ensuring academic continuity

despite the disruption caused by the public health crisis. Pedagogical strategies, including the reorganization of teaching programs. Coping mechanisms and the use of digital tools emerged as essential components in overcoming the challenges faced by students and staff. For staff groups, adaptability, resilience, and working strategies focused on the transition to remote working were well received.

Conclusions: This study contributes to the understanding of the management strategies adopted by educational institutions during the COVID-19 pandemic and their impact on the educational community. The institution prioritized academic progress and community safety. Proactive management, coupled with the adoption of strategies tailored to the needs of the community, played a crucial role in maintaining academic continuity and promoting resilience in the face of the challenges posed by the public health crisis.

Keywords: Coping Strategies; COVID-19; Management Strategies; Pedagogical Strategies; Work Strategies.

Resumo

Enquadramento: Situações inesperadas podem alterar drasticamente o quotidiano de uma universidade. Com a crise pandémica em 2020, é importante perceber que medidas podem ser tomadas no futuro para minimizar o impacto na formação dos estudantes da área da saúde.

Objetivo: Explorar, analisar e descrever as estratégias adaptativas de uma comunidade de saúde do ensino superior em resposta aos desafios colocados pela pandemia COVID-19.

Método: Realizou-se um estudo exploratório, descritivo, com uma abordagem qualitativa.

Resultados: As “estratégias de gestão da instituição” tiveram um impacto positivo, embora de diferentes formas. Para os estudantes, as principais estratégias foram: a atenuação do impacto das restrições ao ensino presencial e ao acesso à formação clínica num hospital, a rápida implementação de medidas de segurança e a garantia de continuidade académica apesar da perturbação causada pela crise de saúde pública. Estratégias pedagógicas, incluindo a reorganização dos programas de ensino. Os mecanismos de adaptação e a utilização de ferramentas digitais surgiram como componentes essenciais para ultrapassar os desafios enfrentados pelos estudantes e pelo pessoal. Para os grupos de pessoal, a adaptabilidade, a resiliência e as estratégias de trabalho centradas na transição para o trabalho remoto foram bem recebidas.

Conclusão: este estudo contribui para a compreensão das políticas de gestão adoptadas pelas instituições de ensino durante a pandemia da COVID-19 e o seu impacto na comunidade educativa. A instituição deu prioridade ao progresso académico e à segurança da comunidade. A gestão proativa, aliada à adoção de estratégias adaptadas às necessidades da comunidade, desempenhou um papel crucial na manutenção da continuidade académica e na promoção da resiliência face aos desafios colocados pela crise de saúde pública.

Palavras-Chave: COVID-19; Estratégias de *Coping*; Estratégias de Gestão; Estratégias de Trabalho; Estratégias Pedagógicas.

1. Introduction

The 2020 public health crisis has been one of the most significant events in higher education worldwide in recent years. Its influence and impact on education are still difficult to assess. Students, teachers, and university staff have had to change their study and work routines, but little has been published about these changes (Ferrer et al., 2023).

As reported by the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2021), the global pandemic crisis led to the closure of schools in over 190 countries, leaving a staggering 99.9% of students unable to attend their educational institutions in person. The physical closure of educational institutions proved to be an effective way of minimizing the spread of the virus. However, it created challenges for both students and teachers (Owusu-Fordjour et al., 2020).

Higher education institutions were no exception, and their impact has been published throughout the academic world (Aristovnik et al., 2020). Universities and higher education institutions have made extensive use of online learning and teaching, slowly moving towards the implementation of hybrid models that combine traditional face-to-face interactions with online educational methods. This approach, commonly known as blended learning, was not yet an everyday reality in all educational contexts, as it was still being experimented with in higher education (Dziuban et al., 2018).

However, when we refer to specialized higher education institutions focusing on health-related fields such as nursing, medicine, physiotherapy, psychology, and others, it is crucial to recognize the indispensable role of practical experience in the successful completion of degree programs.

While there is a body of literature on how health education has adapted to health crises, there is still a need to explore the factors that enable or hinder these adaptations (Consorti et al., 2021). In addition, it is important to explore what specific adaptations have been used in different contexts and cultural settings.

2. Methodology

Study Design

An exploratory, descriptive study with a qualitative approach was conducted. The study was reported according to the COnsolidated criteria for REporting Qualitative research (COREQ) principles for qualitative research (Tong et al., 2007).

Aim

To explore, analyze, and describe the adaptive strategies of the higher education health community in response to the challenges posed by the COVID-19 pandemic.

Participant Selection

This study used a purposive sample selected from the academic community of a nursing school, ensuring the participation of different professional groups (teachers, students, technical, administrative, and management staff) with different positions and levels of experience. The selection of participants was determined in a meeting with the research team, based on the professional category and profile of the participant. After pre-selection, participants were contacted by a member of the research team by phone or in person and received an explanatory email with information about the study. The focus groups (FG) were scheduled at short notice based on the preferences previously expressed by the participants.

Forty-nine members of the academic community were contacted, of whom 12 did not participate for various reasons. FG sessions included six to eight participants and were conducted until data saturation was reached. FG were conducted with different groups, including teachers, technical, administrative, and managerial staff, and undergraduate and postgraduate students.

Data Collection

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

In the development of the FG, two preparatory meetings were held to establish the FG scripts and to standardize the strategies for the different FG to be conducted. The FG was conducted in two ways: face-to-face and via the Zoom platform. The FG involving students was conducted in the Zoom platform, and the remaining FG was conducted in person, in a meeting room within the working institution. The average duration of the FG sessions was 90 minutes. At the beginning of the FG, the researchers responsible for conducting the FG introduced the project and its objectives and gave instructions on how the session would proceed.

The six FG were facilitated by a nurse with a PhD and expertise in qualitative research, particularly FG (with published studies in this area). Recognized by the participants for her teaching and research efforts, she expressed her motivation for conducting the study. She explicitly stated that she felt the work was essential and



emphasized the need to document the community’s experiences during the COVID-19 pandemic. The FG was conducted from May to June of 2022, encouraging the active participation of all members, with the second team member taking notes, particularly on non-verbal communication, as the FG was audio only.

The face-to-face FG was audio recorded, while the zoom-based FG was audio and video recorded, with participants given the option to preserve their image. At the start of each FG session, participants were asked to complete a short questionnaire to provide socio-demographic information.

Each FG consisted of six to eight participants and was conducted until data saturation was reached (Green & Thorogood, 2018). An interview script was used, with guiding questions adapted to the specific characteristics of each FG. Two FG were conducted with teachers (one group with teachers in leadership positions, and another group with the support of the professor). In addition, two FG were conducted with technical, administrative, and managerial staff (technicians and service coordinators) and two with undergraduate and postgraduate students.

Data Analysis

The FG was recorded with the consent of the participants. The recordings were destroyed three months after data analysis. The content of the FG was transcribed, and data analysis was carried out using Bardin’s (2020) content analysis technique and MAXQDA qualitative analysis support software. To maintain objectivity in the data analysis, three researchers with experience in qualitative research, albeit with a more distant relationship to the participants, scrutinized the data. To ensure an impartial analysis based solely on the inherent elements of the data and free from personal bias, any assumptions, judgments, or opinions that might influence the interpretation of the data were strictly excluded. The rest of the research team consisted of individuals with training and experience in community health.

Ethics

This study adhered to the tenets of the Declaration of Helsinki (WMA — The World Medical Association-Declaration of Helsinki, 2013). This project received approval by the Health Sciences Research Unit: Nursing of Nursing School of Coimbra Ethics Committee (Opinion No. P805-09-2021). All the participants were informed of the aim of the project, the benefits and risks, and signed an informed consent form. Throughout all phases of the study, it maintained confidentiality and anonymity.

3. Results

The six FG took place with 37 members of the educational community, 73% female (n = 27) and 27% male (n = 10), with an average age of 50.1 years. The FG was composed of teachers in management positions (TMgmtP) (n = 7), adjunct teachers (AT) (n=7), service coordinators (SCoord) (n=7), technicians (Tech) (n=6), undergraduate students (UGS) (n=5), and postgraduate students (PGS) (n=5).

During the FG, all members agreed that the institution had adopted some institutional policies that had a direct or indirect impact on the educational community. The content analysis carried out is described in Table 1.

Table 1: Outcomes of content analysis.

Category	Sub-categories	Sub-subcategories
MANAGEMENT POLICIES USED BY THE INSTITUTION	Management Strategies	Classes and internships Face-to-face/online division of labor Second Closure and Definitive Return
	Pedagogical Strategies	
	Coping Strategies	
	Work Strategies	

Source: Developed by the author.

Management Policies Used by the Institution/Management Strategies

During the FG, pandemic management strategies became critical for these institutions. They had to quickly navigate remote teaching and working arrangements, ensuring a seamless transition while protecting the health of individuals. This included implementing health and safety measures to facilitate student completion, establishing protocols, promoting transparent communication, financial planning, and providing mental health support for staff.

Classes and Internships

Initial trust, class reorganization, and internships were the first challenges reported by participants. The management of this educational community focused its efforts on group unity and cohesion. The country was going through a period of great instability and decisions had to be made. Thus, in the first moment, when the closure of face-to-face teaching activities was decided, the focus of the Senior management teachers was to “(...) ensure the safety of the academic community with the least detriment to the academic development of the students (...), (TMgmtP1)”. This group did not agree with some extreme measures, as “(...) closing the institution or completely suspending activities for 6 months was not on the table (TMgmtP1)”. This group felt that such a decision could lead to “(...) disaggregation and disengagement of the academic community” (TMgmtP1). The focus was on leaving no one behind while ensuring safety conditions.

Another objective was the smallest impact on academic development “was that, at the same time, there would be no detriment to the student’s academic development (TMgmtP1)”. The first thing that was important to decide on was the online classes. In about one week, rapid training was provided to teachers to start remote teaching activities, none of which would have been possible without the rapid response of the informatics team (IT): “In one week we gave the teachers a course of one or two hours and they trained themselves (TMgmtP6)”.

The group of adjunct teachers and service coordinators felt that “the IT service was very quick to deal with the whole situation (SCoord2)”.

Both undergraduate and postgraduate and masters students report that it was “(...) positive of the Zoom strategy, that I think in record time they managed to transfer all the lessons to Zoom (...) (UGS1)”, “(...) I don’t think the school could have done it any other way (PGS1)”.

After this challenge of getting the lessons online, the institutional managers were faced with a new and challenging problem, at risk were the 340 final year students who were due to graduate in five time months and whose final destination would be postponed “(...) They were final year students and we managed to get all the students to complete their initial training and be new graduates and enter the labor market and professional practice, it never occurred to us to close the school (TMgmtP2)”. The safety conditions necessary for the students to progress on their journey were considered and the teachers (AT1) were asked, “(...) if they studied in detail in each of the circumstances what could be done with the safety levels (TMgmtP1)”. to ensure that the journey of these students and others was not jeopardized, safety strategies were developed that had an impact on the management of the budget, namely: contracting equipment (personal protective equipment [PPE]), reinforcing health and epidemiological control with the health team, purchasing PPE, purchasing diagnostic tests, carrying out tests, purchasing equipment for classrooms.

The group of students saw the decisions as an opportunity to reduce the impact of the pandemic on their academic development and to complete their studies on time. As soon as the security conditions were defined, the students had the chance to see the practical classes restored, which they considered very important: “(...) it will always be a strategy adopted to be praised because it has allowed us to get where we are and continue our academic journey in the best possible way (...) (UGS3)”. Postgraduate and master’s students reported that decisions depended on other management bodies and that decisions were made as best as possible given the situation “(...) I don’t think the school could have done it any differently (PGS1)”. These working students refer to the importance of the lessons via Zoom “(...) because the cases were increasing exponentially and we don’t want

to get sick, we have to work, and we have to continue studying. There was an openness to do the evaluation afterward (...) (PGS1)”.

Although it was not a question of stopping activities altogether, decisions had to be coordinated with the guardianship, the General Directorates of Health and Higher Education, and sometimes it was necessary to mobilize steps with these bodies, namely in the priority vaccination process for nursing students “There have been times when the situation of our students was not being properly taken into account. (TMgmtP1)”.

Face-to-Face/Online Division of Work

Another management challenge with an impact on the academic community was the decision not to close the school and how groups would be split between face-to-face and remote work.

The school decided not to close, from a management point of view it was challenging, it was important to maintain transparency and communication with the academic community and to make complex decisions, namely the first closure brought moments of anxiety until some decisions were made “(...)deciding who stays, who goes to telework, then trying to reconcile people who telework with their family life, and therefore at the time we have people who have young children who need all this support. (TMgmtP5)”. A complex process was put in place to ensure that those who stayed to work in person had the safety conditions they needed. In this way, the health team rethought the working spaces, how many people were in each place, how they could organize themselves to be safe “(...)when they were given this opening to be able to telework for them, despite everything, it was a relaxation, a relief (SCoord4)”. Some of the services of the school still worked with paper, it was not possible to just send everyone home to work remotely “(...) There were always people in the office who would get some for us, some documents because we still work a lot with paper (...) (SCoord1)”. The IT was seen by the other elements as very positive to help quickly cope with the need for online teaching, but the non-teaching staff must have training in the second phase “We had to train the teachers, the non-teaching staff to manage their own. (SCoord6)”.

Second Lockdown and Definitive Return

The implementation of the second closure and the subsequent definitive return represent strategic actions taken by the institution to address the inefficiencies of certain reorganization strategies.

The well-being of the community in terms of physical and mental health was a major concern: “The current goal, which is to rebuild cohesion, to rebuild the connection to the academic community (TMgmtP1)”. During the months of the pandemic, health awareness was raised, and tests were carried out, “which was also a new thing for us to do, to learn how to do it, to do it properly (TMgmtP7)”.

The process was kept transparent by providing information through an epidemiological bulletin on the school website, which was updated weekly, differentiated communication that we were not used to between people and between teachers “managing effective communication between these groups so that it is fruitful (TMgmtP5)”.

The service coordinators felt that “(...) in the second wave this did not happen because they already knew, and people were already calmer (SCoord4)”, “Looking back, I don’t think we could have done it any other way (SCoord8)”.

The technical group, on the other hand, refers to the issue of teleworking and the fact that they believe “(...) that the format today should be hybrid the format is inevitably going to be hybrid (Tech3)”.

Pedagogical Strategies

From a management point of view, the pandemic brought with it the emerging need to plan clinical training in the optional area in such a way that it would be possible for final-year students to complete their courses.

The pedagogical changes involved the whole school in their implementation and in thinking about the variety of solutions offered so that students would not be at a disadvantage in completing their degree "A group was formed for the readjustment, the re-planning of a curricular unit of clinical teaching in the optional area (...). (TMgmtP2)"; "(...) the design of a transversal curricular unit that would allow the necessary ECTS to be adapted to the end of the course (TMgmtP3)". All the planning of these activities led to the final-year students finishing their course and the students saw this as a positive thing: "What was positive was that they were able to adapt in this way (UGS5)".

Another challenge for the institution was to get the hospitals to open to receive students in clinical training: "And then our big concern was, when will the health institutions give us the opening to resume? This meant that we had to go into the field immediately to find clinical teaching placements that we could resume within this academic year, to move something forward that would give us time for the next academic year, because everything was delayed. (TMgmtP3)", some students saw this as a positive thing to finish the degree.

Teachers suggest that the main concern in teaching via Zoom is how to motivate students. So, sharing experiences and strategies for motivating the students with colleagues was also seen as beneficial by teachers. The main challenge was to adapt some of the teaching methods used in the classroom to Zoom, and although this seemed impossible in the beginning, it led to very positive experiences because there was a concern about sharing what teachers were doing: "(...) We would always share what we were doing (AT2)". The perception of the students was that zooming was a good strategy and by this time the teachers were providing more material that was useful for learning "Everyone had to make it available on the slide, but then to go deeper, they could not be slides, for example, like developed summaries, (...) try to make it available by chapters. I had a lot of teachers who made it available in chapters (...) (UGS4)".

The group of postgraduate and master's students reported that "the course coordinator was also tireless with us, he never left anyone behind (PGS2)".

When the students returned to face-to-face classes, it was decided for safety reasons that the teacher would have one class with the students separated into two rooms: "(...) I wasn't paying attention and I don't think it was working very well (TMgmtP4)".

All these challenges bring positive things to the pedagogy at the end of the pandemic: "If it was not 100% exciting at the time, today, after all these years, many remember it and draw experiences from it (...) (TMgmtP3)".

Coping Strategies

Participants used different coping strategies during the COVID-19 pandemic. All groups felt that people were flexible in their response to a crisis.

The management group focused more on the decisions that had to be made and on the fact that "the greater flexibility that people have to about the processes. This adaptation, which was that they gained more skills, we gained more skills in these different processes, the solutions that had to be created (TMgmtP5)". So, it was remarkable in these meetings that this group left the emotions behind to deal with the difficult decisions that had to be made.

One of the main difficulties was the distinction between personal and professional life, and to get through this period more easily, some strategies were adopted by members of the academic community in their private lives. Among the coping strategies adopted by the groups, we highlight sports, digital tools that allow them to keep in touch even at a distance, hiking, the development of culinary skills, and time spent with family and pets "I would also like to add the sport part, I also have to keep up all the time for health reasons and I also cycle and run. I also run, and I think that part was fundamental to relieving stress. And that part of the sport helped a lot. (Tech1)"; but for those who lived in the city it was easier to use the online strategies "Facetime, to be with my family and talk to my niece... And spend, wait..." (Tech3).

The undergraduates did not have academic parties but tried to bridge the physical distance by creating a Zoom group, reading, and series “At that time, the third year, it was also time to have godchildren, time to go with the godchildren to the academic parties and we did it... we also made a Zoom group to go to the serenade all together, with the whole, all or with all the colleagues, it was different but we managed to adapt to the circumstances(UGS1)”.

Work Strategies

At the level of strategies, the possibility of holding remote meetings was mentioned by the group of managers as an advantage “the ability to hold remote meetings (TMgmtP56)”.

The service coordinators have adopted briefings and group messages through the digital tools made available by the school (zoom, skype, digital phone), as the main difficulty was pointed out in the transformation of some services that used exclusively paper: “It went well (...) we had a briefing so we knew what was there, (...) had skype but everyone had messenger, so we made the group that still works today (SCoord1)”.

4. Discussion

WHO (2020) recommends that the decision to close or reopen a workplace or suspend activities should be based on risk assessment, the capacity of protective measures, the level of compliance, and what the national authorities would recommend. Similar to the current study, the Senior Management Group was concerned not to close the school and to do everything in its power to keep pupils and staff safe and healthy during this period, and to do so quickly. The idea of closing the school was never on the table, the group felt that to do so would lead to disaggregation and disengagement of the academic community. Consorti et al. (2021), in their study to explore the strengths, weaknesses, opportunities, and threats of how Italian medical schools adapted their curricula to the COVID-19 pandemic, concluded that one of their strengths was the rapid response and spirit of cooperation among medical schools.

The School of Nursing in the current study was dependent on decisions made by the government and the willingness of the clinical institutions to continue the clinical aspect of the various degrees. Decisions were sometimes changed at short notice, leaving the academic community uncertain about their future. Another challenge was the work placements required by the curriculum; the school had to work directly with previous and new clinical sites to ensure that their students could achieve the required hours. The same ideas were highlighted by Consorti et al. (2021), who identified the dependence of the medical school on access to clinical facilities as a weakness, due to the complete cessation of placements and the long hours that would be worked by doctor-educators, but the clear government regulations were seen as an opportunity.

Shehata et al. (2020) report criticism from study participants about the lack of contingency plans and the delay in government decisions about assessment. Some teachers felt that schools were unprepared for the change, leading to chaos and misinformation. Samarasekera et al. (2020) in their study shared the systematic actions taken during the pandemic in a medical school and concluded that the right approach to ensure academic continuity and quality was a process with coordinated leadership and management. The safety of all stakeholders was a priority, as was the transparent and efficient dissemination of information and the attempt to maintain the rigor and quality of education (Samarasekera et al., 2020). This is also in line with the approach of the school board in this study, which had a contingency plan in place since February 2020 and eventually started sending epidemiological bulletins to inform the academic community about the COVID-19 numbers in the school.

One aspect reported in this study was the importance of cleaning and preparing facilities and the readiness of the IT department to provide rapid training and make Zoom available to students, teachers, and technical staff, even if the different groups were not trained at the same time. Shehata et al. (2020) reported that almost half of the participants in their study said that school resources and infrastructure were adequate, and a small percentage (17.9%) rated technology readiness for this change as high. Consorti et al. (2021) identified some weaknesses in their SWOT analysis, such as teachers’ limited skills in using technology, and some threats from lack of access to information technology.

According to the results of the current study, some groups reported that the computing department had developed short training sessions for the academic community so that they could start working immediately. Similarly, in the study by Shehata et al. (2020), half of the participants reported that the school had developed a faculty development program to enable the school community to use alternative methods.

Some of the safety strategies reported for the academic community that had an impact on budget management were contracting equipment, strengthening health and epidemiological control, purchasing PPE, diagnostic tests and carrying them, and equipping classrooms.

The pedagogical changes during the pandemic were many and deeply felt in the school of the current study, many students had their degrees put on hold and their graduations were uncertain. There was a need to adapt curricular units, especially the practical aspects of the course and placements, and some teaching and assessment were done online, via Zoom or other communication platforms, or by substituting, albeit with positive reviews from students and professors. Several studies reported the use of alternative teaching methods for small groups, large groups, pre-clinical and clinical placements, synchronous and asynchronous interaction and communication platforms, with positive results, although clinical teaching and assessment were the most challenging aspects of the process (Consorti et al., 2021; Nasir, 2020; Shehata et al., 2020).

Elshami et al. (2021) conducted a study on the satisfaction with online learning between students and professors, the satisfaction was 41.3% for students and 74.3% for professors. The areas with the highest satisfaction for students were communication and flexibility, while the majority of lecturers were satisfied with students' enthusiasm for online learning. Shehata et al. (2020) reported from their focus group on the resources used in clinical learning and skills teaching during the pandemic. Students were asked to collect certificates for performing certain skills and to record their interactions with the available resources. The teaching and learning processes during the COVID-19 pandemic, with its ups and downs, brought new perspectives and required adaptation of the curriculum and teaching methods. Similarly, several studies concluded that the pandemic promoted changes in curriculum content and platforms and identified some needs that needed to be addressed (Ahmed et al., 2020; Goh & Sanders, 2020; Shehata et al., 2020). A scoping review by Lobão et al. (2023) to map changes in clinical training for nursing students during the pandemic, which included 12 studies, concluded that nursing schools were making efforts to replace traditional clinical training with different activities using simulation or virtual activities, but that contact with others was essential.

The students in this study felt that the support of their professors was fundamental, which is similar to the study by Consorti et al. (2021), in which the students identified the spirit of cooperation between students and teachers as one of the strengths. Another measure that the schools in the current study had to take was to ask for vaccines for their students, as they felt that their students' situations were not taken into account.

Managing mental health during the pandemic was a challenge shared by all participants, as most daily activities were put on hold. People felt the need to replace their routine with other activities, especially physical exercise, developing culinary skills, spending more time with family or friends, including through social media, and adopting pets. Consorti et al. (2021) found that one of the weaknesses in the SWOT analyses was the lack of mental health support for staff. Sohel et al. (2021) described some strategies that could help in managing mental health, such as exercise as a boost to the immune system to reduce anxiety and depression, social media and social networking provide an exchange of encouragement and reduce depression through contact with friends and family, preventing loneliness, boredom, and monotonous situations. The (WHO, 2020) gave some advice to help during the confinement period such as staying physically active, taking care of mental health, quitting tobacco, healthy parenting, and healthy eating. Nasir (2020) reported in his study that high levels of course satisfaction among students were associated with high levels of online peer interaction, indicating a high level of social presence.

For the students in this study, their final celebrations as students were canceled due to the pandemic, so they gathered on Zoom to watch the final serenade together one last time to bridge the distance between peers.



Across the world, work activities changed during the lockdown, some were paused, others stopped, others were transported to their homes, and face-to-face activities were carried out when necessary (Soubelet-Fagoaga et al., 2022). As in the results of other studies, it was found in this community that one of the strategies adopted was to direct most employees to telework. However, this measure could not be applied to all employees, such as IT and some service coordinators. This strategy of keeping key elements in the institution, with all the security measures in place, showed positive results in the fluidity of processes, as mentioned by the participants. Therefore, the balance between teleworking, working in the institution, and using digital tools, especially in services that still rely heavily on paper documents, proved to be an essential strategy.

5. Limitations

After analyzing the results of this study, there are some limitations when considering that the study focused on a particular educational institution or institutions in a particular context. Future studies could aim for a larger and more diverse sample, including participants from different levels of education, disciplines, and institutions.

The study reflects the experiences and perspectives of the participants during a particular period of the COVID-19 pandemic, so their responses may be influenced by social desirability bias or selective memory bias. As the situation evolves, the effectiveness of management policies and strategies may change.

Future research could use a longitudinal approach to track the long-term effects of management, coping, pedagogical, and work strategies on the educational community beyond the immediate crisis period.

6. Conclusion

The focus of this study was to explore, analyze, and describe the adaptive strategies of a university health community in response to the challenges posed by the COVID-19 pandemic. Through content analysis of six focus groups comprising members of the educational community, key themes emerged including management strategies, pedagogical strategies, coping strategies, and working strategies. Key management strategies implemented by institutions during the pandemic were identified and by analyzing the perspectives of different groups, including teachers, students, and administrators, a comprehensive understanding of the challenges and strategies employed was achieved. It highlighted how institutions overcame challenges such as transitioning to distance learning, ensuring security measures, and maintaining academic continuity. It also explored the pedagogical adaptations, coping mechanisms, and working strategies adopted by different members. Future research could include a larger sample of institutions to increase generalisability.

In conclusion, this study contributes to the understanding of the management strategies adopted by educational institutions during the COVID-19 pandemic and their impact on the educational community. Proactive management, coupled with the adoption of strategies tailored to the needs of the community, played a crucial role in maintaining academic continuity and promoting resilience in the face of the challenges posed by the public health crisis.

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Declaração Ética

Conflito de Interesse: Nada a declarar. **Financiamento:** Nursing School of Coimbra|Health Sciences Research Unit: Nursing (UICISA: E). **Revisão por Pares:** Dupla revisão anónima por pares.



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