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# Stories Give Form to a Complex Reality: A Narrative Inquiry of DNP Prepared APRNs During the COVID-19 Crisis

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*You really had to be there to understand, to really see it play out to the point we lost so many lives...Ella*

# Background

- On March 11<sup>th</sup>, 2020, the World Health Organization declared COVID-19 a pandemic. <sup>1</sup>
- As of January 5<sup>th</sup>, 2021, there are 86,230,870 cases globally, with 1,865,267 deaths. The US leads the way. In NY alone, there are over 1 million cases recorded. <sup>2</sup>
- The COVID-19 pandemic has reshaped healthcare and the world we live in.
- There are three ethical duties of health care leaders during a public health emergency; the duty to plan, the duty to safeguard, and the duty to guide. <sup>3</sup>

# Research Purpose

- There is a gap in the literature specifically regarding DNP prepared APRNs caring for patients during the pandemic.
- The purpose of this study was to gather an authentic understanding of the DNP prepared APRN's experience(stories) caring for patients during the COVID-19 pandemic.

# Ethical Considerations

- CITI training certificate obtained for research on human subjects
- Institutional Review Board (IRB) approval by Molloy College was granted an Exempt Category #2
- Informed consent was obtained from participants
- Confidentiality and human subject's protection maintained

# Methods

- Design: qualitative narrative inquiry guided by temporality, sociality, and place, serving as a conceptual framework<sup>4</sup>
- Setting: New York City and Long Island
- Sample: Purposive sampling
- Recruitment: via email from a list of DNP prepared APRNs practicing in NYC and Long Island
- COREQ criteria utilized<sup>5</sup>

# Sample Demographics

<b><i>N=8 100% Female</i></b>	<b>Response</b>	<b>Percent</b>	<b>Number</b>
<b>Location of employment</b>	Pediatric Long Term	12.5%	<i>n=1</i>
	School based	12.5%	<i>n=1</i>
	Emergency Room	12.5%	<i>n=1</i>
	Hospital based	12.5%	<i>n=1</i>
	Private practice	25.0%	<i>n=2</i>
	Academia	12.5%	<i>n=1</i>
	Geriatric Med	12.5%	<i>n=1</i>
<b>Professional position</b>	ANP	25.0%	<i>n=2</i>
	FNP	25.0%	<i>n=2</i>
	PNP	37.5%	<i>n=3</i>
	Adult CNS	12.5%	<i>n=1</i>
<b>Number of years in current position</b>	1-5	37.5%	<i>n=3</i>
	6-10	25.0%	<i>n=2</i>
	11-15	12.5%	<i>n=1</i>
	20 and over	25.0%	<i>n=2</i>
<b>Did your role change during the pandemic?</b>	Yes	37.5%	<i>n=3</i>
	No	62.5%	<i>n=6</i>



# Data Collection

- The first and second authors conducted the interviews from August 7, 2020 to August 31, 2020.
- The interviews lasted 30 to 45 minutes.
- All interviews were audio recorded, recordings were transcribed and then each participant's narrative story was crafted by the authors.
- The interview protocol consisted of demographic information collected orally, and then three open-ended questions that encouraged the participants to tell their stories.

# Interview Questions

1. Tell me your story about your experiences providing care to patients during the COVID-19 pandemic?
2. What specific aspects of your DNP education, if any, prepared you for this healthcare crisis?
3. What specific aspects of your DNP education could have been enhanced to prepare for this healthcare crisis?

Participants were invited to communicate any additional information they wished to share with the authors by email or phone after the interview, and then once the crafted stories were complete, they were shared with the participants to validate accuracy.

# Analysis

- Demographic Data was coded and entered into SPSS for descriptive analysis.
- The narrative analysis process consisted of developing crafted stories from their interview transcripts.
- Each participant reviewed her individual crafted story and three made minor adjustments.
- The stories were then analyzed for themes/subthemes.

# Findings

## Themes and Sub-Themes

From Here to Reality	Do the Right Thing	Stepping UP	Complex Covid Coping
Using Guidelines	Modeling Advocacy	Pandemic Preparedness	Fostering Resilience
Extracting and Utilizing Data	Moral Distress	Transition to Telehealth	Achieving Wellness
Searching for and Disseminating the Evidence	Justifiable Outrage	Promoting Quality and Professional Growth	Persisting through Personal Adversity

# Participants' Quotations

- Each participant was given a pseudonym to protect her identity:  
*Brooke, Lola, Lauren, Olivia, Nora, Ella, Heather and Samantha.*
- Representative quotes from various participants were used to add transparency and trustworthiness to the inquiry.



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# From Here to Reality

## Using Guidelines

*Most of the COVID policies were made day by day. The biggest challenge was that the treatment was experimental. Nothing was clear cut with a treatment protocol.* **Ella**

We are pretty reliant on the research that is coming out. There are weekly webinars from the CDC to stay abreast for ourselves and our patient population. We are constantly looking at the updates. **Brooke**

*There was not a lot of evidence out there at first.* **Samantha**

There was a lot of confusion as to how everything was going to be organized. It's confusion because it was constantly changing. **Lola**

*It was new and it changed everyday.* **Olivia**

I was worried and conflicted all the time. **Lauren**

## Extracting and Utilizing the Data

*Epidemiology was hugely important. I loved it at the time, but during COVID, I really appreciate it. I learned that evolving diseases are worrisome.* **Lauren**

The epidemiology class really stuck with me in being able to convey my knowledge and understanding early on and keeping informed. I've really watched this virus. **Heather**

*I was following it due to recently completing the epidemiology course. I was watching the incidence and prevalence, and I said to myself: "This is going to be a pandemic!"* **Nora**

It was so ironic that I had just finished this entire DNP project with data and research, and here we were, extracting data. **Lola**

*I did look at the evidence and demonstrate why a policy needed to be updated and changed. Then I was able to take it one step further and evaluate the change.* **Heather**

I do think the epidemiology course was pretty great. It was really helpful to look at the key settings that we did in the program and put those pieces together. **Brooke**



## Disseminating Information

*Instead of going to the managers or head nurse, the nurses were coming to me. I was doing research: I was the leader. Ella*

I would go to the CDC or state health department and watch what was going on. I went to the CDC website and printed out a sheet (of information). I had to change everyone's mindset to watch out for signs and symptoms even before it was (declared) a pandemic. Nora

*I look at things a little more analytically. I am the one who researches everything. The physicians depend on me. Lauren*

The DNP completely changed the way I responded to COVID, but not just on the work side of it, but on the personal side of it when you approach people, and in real life, and just plain living . I try to be the leader I was trained to be. Lola

A photograph of three healthcare workers in full personal protective equipment (PPE), including blue gowns, face shields, and gloves. They are gathered around a clipboard, appearing to be in a clinical or laboratory setting. The image is overlaid with a semi-transparent dark blue circle and a red curved shape in the bottom left corner.

Do the Right Thing

## Modeling Advocacy

*During the pandemic I served as an advocate for the patients and parents. There were parents who remained in the facility since March. These parents had a very difficult decision to make...my role during the pandemic was providing care to both the parents and children of the facility. **Brooke***

There were a lot of elderly patients, just lying on a stretchers in respiratory distress, the nurses running from one patient to another...definitely had to advocate for the patients and fight for what was right. **Ella**

*Patients were being told not to come to the office. They were being turned away. They did not know where to get tested. I was very taken aback. I provide ethically correct and appropriate care. I was the loudest “Who in Whoville”...someone has got to listen. I made booklets with information for them(listing testing sites). **Nora***

Biggest challenge during the pandemic was to support the parents. It was very difficult reinforcing the guidelines when all the parents wanted to do was give their child a kiss or hug. **Brooke**

## Moral Distress

*There were a lot of ethical dilemmas when you look at patients dying...which one are you going to care for first....20,30,40 patients need to be on ventilators, and the attending would have to make the choice. Ella*

We've been pretty limited to window visits, so we'll bring the kids down and they'll see their parents through a glass in the lobby, which is heartbreaking on both sides. Brooke

*I can't in good faith know that you're going to try to schedule chemo and put her in the office with everybody else. Nope, I'm not doing it! Nora*

We've been trying to figure out loopholes to see if there's anything else we can do to have the parents visit their kids. . . Maybe have them come to the playground and consider it a therapeutic visit. Brooke

*One nurse said "I'm quitting, I can't take this anymore". There were so many patients and no staff, one nurse working 24-hours...hard treating so many patients at the same time. Ella*

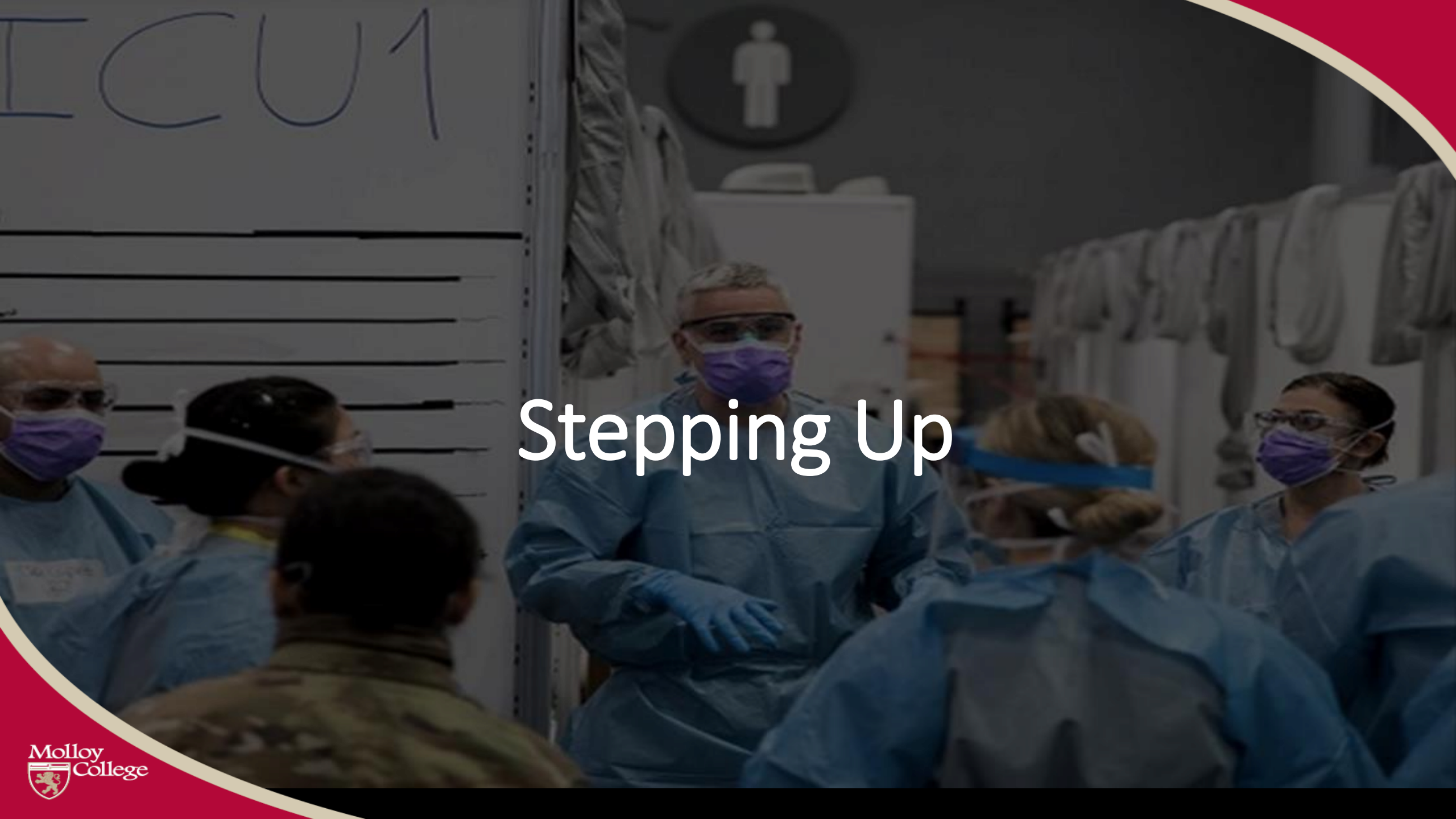
## Justifiable Outrage

*Disappointed that the powers that be...people in positions of authority did not know how to shut this down...and prevent the infection from going any further. **Nora***

In a setting where leaders were not prepared...managers not at an advanced level...that is why a lot of things happened. **Ella**

*I taught the translators about infection control because really the supervisors did not. **Olivia***

Why can some (providers) work from home, yet others have to be present? **Samantha**



# Stepping Up

## Pandemic Preparedness

We should be proficient in global health. **Olivia**

*I think in doctoral programs we need to spend more time on disasters and the preparation for and understanding of pandemics. **Heather***

I don't know that you can ever fully prepare for something like this ahead of time. You kind of have to roll with the punches. **Brooke**

*We have the knowledge, but we never thought we would have to use it – we were prepared to a point, but not to the point where we lost so many lives. You have managers, but they are not DNP prepared, not at that advanced level. **Ella***

## Transition to Telehealth

At first it was really hard. Several patients were not tech savvy. It was hard to instruct them to download the telehealth app. So it was a challenge treating remotely. But you can do a lot of things remotely. We became creative, and tried our best to treat in place. **Samantha**

*The elders were so isolated and not tech savvy. That's a problem. Many elders could not take a photo. FaceTime was way easier. **Lauren***

It took a lot of organizing. It was a lot of change from going in-person to virtual in a day when the office closed. **Lauren**

*Anytime you do telehealth you don't want to miss anything. **Lauren***

The positive thing that I took from here is you can actually do a lot of things remotely, although they may not be the best, some of them are good enough. Telehealth is mostly the change in our practice. **Samantha**



## Promoting Quality and Professional Growth

*We all worked as equal, and that was the beauty of the whole thing. Some of the surgeons were asking me about pediatric patients since that was my specialty. I also felt comfortable asking questions to the other physicians. **Olivia.***

I felt that I was qualified to step into a new role and that now I can facilitate some of my peers and new people to mentor them and have them be successful. **Heather**

*A lot of people in advanced practice were jumping into roles that might have been outside of their comfort zones. **Heather***

Seeing a problem, identifying a problem. Bringing EBP to the bedside.... The things that I was doing to change my practice were based on the facts and I saw the need and I immediately was the one to come to the forefront and do it. **Nora**

*I read so many peer reviewed articles during my DNP school days, and understand it much more and implement it in the care of my patients. **Samantha***



# Complex COVID Coping

## Fostering Resilience

*Most nurses are not used to multiple patients dying in one day...nurses need to be prepared mentally. This was really hard. **Ella***

It was very scary coming into contact with the patients with COVID. Even with a N-95 equipment and the rooms being closed. I was afraid of bringing the virus home to my family. I had a specific routine when I went home, taking all clothes off and putting them in plastic bags and no contact with my family 'til I showered. I was relieved that my family never contracted the COVID virus. **Oliva**

*I don't know if you can ever fully prepare for something like this ahead of time. You kind of have to roll with the punches. **Brooke***

## Achieving Wellness

*I started my shift saying Psalm 23...the Lord is my Sheppard, there is nothing I shall want. Ella*

I gained quite a lot of weight, 20 pounds...but then I said, take care of today, and worry about tomorrow, tomorrow. Nora

*In the midst of COVID, everyone is so stressed and wants reassurance that everything is OK. Lauren*

I wore many hats throughout this pandemic. I feel peaceful, grateful, and have a big sense of accomplishment. I feel I can do anything. Olivia

## Persisting Through Personal Adversity

*Had the virus twice. So, trying to figure out what I'd be able to do became a bit tricky because of the amount of time to be out, and at the time I had it, it was still kind of up in the air as to what protocols are going to be...the first week...I was isolated in my office by myself, and just worked remotely, the best I could. The second time I was again isolated from my coworkers for a week before I could see them and patients again. **Brooke***

My 14-year-old son-freshman in high school, with so many changes, he is doing online and two days of classroom, and I am actually teaching him most of the classwork myself, the chemistry, math, Spanish, biology...I did good if I should say so in High School in Jamaica, but it is different teaching in US. **Ella**

*My mother and father-in-law went into a nursing home after Christmas...My father-in-law got a UTI and was sent to the hospital. He died within 6 hours...My mother-in-law died 2 weeks later. They had contracted COVID...very difficult to process what has happened...it was just the pandemic...mistakes were made...I feel terrible. **Nora***

# Discussion

- Each participant had an enlightening story to tell.
- Some stories were more compelling than others, depending on the site of patient interaction.
- Most had to “switch on the fly”: from outpatient to inpatient, from pediatrics to adult care, from floor nursing to ICU or ER, from face-to-face classes to remote learning.
- Guidelines for COVID care were almost non-existent.
- Protocols changed daily.
- The COVID pandemic is ongoing.



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# Conclusions

- DNPs were thrust into leadership roles where the only constant was change; they were relied upon to translate pandemic information and promote safety among patients, families and friends.
- The scientific component of their DNP programs, especially epidemiology and EBP, was invaluable to them.





## Recommendations for Future Research

The long-term effects of working during the COVID-19 pandemic on the physical and mental well being of healthcare personnel and other essential workers



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