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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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Abstract

Background: The COVID-19 pandemic changed the landscape of healthcare, yet there is a gap in the literature concerning Doctor of Nursing Practice (DNP) experiences during the COVID-19 pandemic.

Objective: To gather an authentic understanding of DNP prepared APRN experiences (stories) caring for patients during the COVID-19 pandemic.

Methods: This was a qualitative narrative inquiry study. A purposive sample of DNP prepared APRNs (N=8) were recruited to participate. All interviews were audio recorded, recordings were transcribed, and then the authors crafted each participant's narrative story.

Results: Four overarching themes were identified: Do the Right Thing, Stepping Up, From Here to Reality, and Complex COVID Coping. Twelve subthemes were also identified. Participant stories were profound and indicated that their DNP education prepared them well for the healthcare crisis, but that the emotional toll was difficult.

Conclusions/Implications for Practice: This research provides insight into the experiences of DNPs working during the height of the pandemic and elucidates the duty of nursing leaders and educators to appropriately plan, safeguard, and guide DNPs, students, and nurses at all levels. Preparation in epidemiology, public health, disaster planning, tele practice, and wellness is paramount.

Keywords: COVID-19; DNP experiences; Narrative inquiry; Nursing education

Background

Our world has changed dramatically since the World Health Organization [1] declared COVID-19 a pandemic on March 11th 2020. The pandemic has challenged and reshaped healthcare, education, and the very world we live in. Nurses have carried a tremendous burden and have experienced profound loss throughout this pandemic. The long-term effects of the pandemic on nurses and, in fact, all healthcare workers, will be felt for years to come.

Many governmental, organizational, and systemic problems related to the pandemic response have been identified, possibly the most serious of these have been the lack of proper Personal Protective Equipment (PPE), the insufficient number of ventilators, inadequate testing programs, and gaps in access to care which have highlighted racial and ethnic health disparities [2-6]. Posit that 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. These ethical duties and concern for recent Doctor of Nursing Practice (DNP) graduates led the authors to the development of this research.

A search of the literature revealed articles related to Nurse Practitioners working during COVID-19, but there is a gap in the literature specifically regarding DNPs in the pandemic workforce. Therefore, the purpose of this research was to gather an authentic understanding of DNP experiences (stories) caring for patients during the COVID-19 crisis in a complex adaptive health system.

Research Methods

Design

This was a qualitative narrative inquiry research study, utilizing a paradigmatic narrative analysis approach. Narrative inquiry is a method of inquiry that uses storytelling to uncover nuance and detail about experiences. This method assisted the researchers to illuminate the meaning of stories and events. The paradigms that shape experiences. In the paradigmatic approach common and contrasting themes between the stories are identified. Telling and listening to stories, when intentionally explored, provides knowledge, and has the potential to be educative [7].

Setting

The setting for this research was New York City (NYC), New York and the surrounding suburbs. NYC was an early epicenter during the first wave of the COVID-19 pandemic in the United States in Spring of 2020. The first known laboratory confirmed case in NYC was reported on February 29th, 2020, and within the next three months there were 203,000 cases, with a hospital fatality rate of 30% [8]. The DNP participants were interviewed just after the first three months.

Sample

A purposive sample of Nurse Practitioner and Clinical Nurse Specialists with a Doctor of Nursing Practice (DNP) was utilized. Participants were recruited via email from a list of DNPs practicing in NYC and the surrounding suburbs. Ten potential participants responded to the initial inquiry. Of these ten, two decided not to participate after further discussion with the first author. One potential participant decided not to take part because of the emotion it would cause in reliving the experience, and the other reported she was too busy. Informed consent was obtained from eight participants. There was no financial compensation for participating, and pseudonyms were used to protect the privacy of the participants.

Participants

Eight participants completed the interviews. Seven of the participants were Nurse Practitioners, and one was an Adult Clinical Nurse Specialist. All participants were female, and their age range was from 33 to 64 years of age, with a mean age of 50.125, and SD of 10.829. As was intended by the purposive sampling, the participants practiced in the New York City area or Long Island. Participants were educated as Adult, Family, or Pediatric Nurse Practitioners, or as an Adult Clinical Nurse Specialist prior to obtaining their DNP degree; all graduated with their post master's DNP degree within the past three years. The DNPs in this sample were providing care in varied professional positions, in locations that included the emergency room, pediatric long-term care, school health, private practice, geriatric medicine, and academia. Three participants (37.5%) had a role change, and two (25%) changed the location of their practice. The DNPs also had varied years of experience in their current positions. Three participants (37.5%) were practicing less than six years in their present position, two participants (25%) were in their position from six to ten years, and three participants (37.5%) were well established, having practiced in their current position from 11 to over 20 years (Table 1).

Question	Response	Percent	Number
Location of employment?	Pediatric Long Term	12.50%	n=1
	School based	12.50%	n=1
	Emergency Room	12.50%	n=1
	Hospital based	12.50%	n=1
	Private practice	25.00%	n=2
	Academia	12.50%	n=1
	Geriatric Med	12.50%	n=1
Professional position?	ANP	25.00%	n=2
	FNP	25.00%	n=2
	PNP	37.50%	n=3
	Adult CNS	12.50%	n=1
Number of years in current position?	5-Jan	37.50%	n=3
	10-Jun	25.00%	n=2
	15-Nov	12.50%	n=1
	20 and over	25.00%	n=2
Did your role change during the pandemic?	Yes	37.5%	n=3
	No	62.50%	n=6
Did your place of practice change?	Yes	25.00%	n=2
	No	75.00%	n=6
When did you graduate with your DNP	2018	37.50%	n=3
	2019	37.50%	n=3
	2020	25.00%	n=2

Table 1: Demographics.

Data Collection

The first and second authors conducted the interviews, from August 7, 2020, to August 31, 2020. The time of the interview was chosen by each participant, and the interviews lasted 40 to 60 minutes. All interviews were audio recorded, recordings were transcribed and then each participant's narrative story was crafted by the authors. During the interviews, a protocol and script was utilized. The interview protocol comprised demographic information collected orally, and then three open-ended questions that encouraged the participants to speak "their story" of their experiences. Prompts were included under the questions to assist the participant in telling their story. Interview Questions consisted of:

Tell me your story about your experiences providing care to patients during the COVID-19 pandemic? Prompts: When did you realize the impact the pandemic would have on your practice? What were your challenges? How did you adapt to providing care? Did you encounter ethical or moral dilemmas? Is there a specific patient or situation you want to discuss? Did you learn anything from this experience?

What specific aspects of your DNP education, if any, prepared you for this healthcare crisis? Prompts address the Essentials of Doctoral Education for Advanced Nursing Practice.

What specific aspects of your DNP education could have been enhanced to prepare for this healthcare crisis? Prompts address the Essentials of Doctoral Education for Advanced Nursing Practice.

Data Analysis

Demographic data were coded and entered into IBM SPSS statistics (version 25) predictive analytics software. The narrative analysis process began by checking the transcripts for completeness. Participants were invited to communicate additional information they wished to share with the authors by email or phone after the interview. The authors then developed individual crafted stories from the interview transcripts and shared each story with the participant to validate accuracy. Three participants made minor adjustments to their stories. Then thematic analysis began. The stories were analyzed for themes and subthemes individually by each author (coder). The three coders attended coordinated weekly meetings to share analysis, and through an inductive process, intercoder agreement and saturation was reached, ensuring qualitative validity [9]. The 32 item COREQ checklist was used for development of the study [10].

Ethical Considerations

Institutional Review Board (IRB) approval was granted as an Exempt Category #2 status. However, exempt categories are subject to the same human subjects' protections and ethical standards as outlined in the Belmont Report, including the ethical principles of beneficence, respect for human dignity, and justice [11]. Confidentiality was maintained, human subject's protection was maintained, and data were kept secured.

Findings: Themes and Sub-Themes

From each of the powerful stories, four overarching themes and twelve subthemes emerged. The four major themes were: From Here to Reality, Do the Right Thing, Stepping Up, and Complex Covid Coping. The themes and twelve subthemes can be seen in (Table 2) and are represented with quotes from the participants in the following section.

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

Table 2: Themes and Subthemes.

From Here to Reality

The DNPs never expected to execute their skills with the immediacy and intensity that was required because of the onslaught of the COVID-19 pandemic. By all their accounts, they rose to the occasion, but not without significant challenges. Using guidelines for practice was sometimes daunting. Many wondered what to do in an unprecedented event when there were initially no guidelines; when the treatment protocol changed every week, sometimes every day. The environment was constantly evolving. Guidelines that were the safest practice one day were often out of place by the next shift. Because of this, participants needed to rely on the knowledge learned in their DNP preparation and utilize their problem-solving skills more than ever to implement the newest standards of care. Utilizing guidelines, the first subtheme for this section, is represented below.

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

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

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

The participants were adept at extracting and utilizing the data, the second subtheme, and most of the credit for this was attributed to their Epidemiology class, as well as the Informatics and Evidence Based Practice components of their education. The following quotes reflect this.

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

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

Every participant was compelled to search for answers to the myriad of problems and concerns that occurred during COVID-19. Each one believed it was incumbent on them to disseminate this information to their physician colleagues, nurses, ancillary staff, patients, and families. Quote examples of this third subtheme include:

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 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

Do the Right Thing

The COVID-19 pandemic has disrupted society. The disruption in healthcare has brought to light the difference between patient centered duties and public health ethics. The normal ethical process of caring for patients is different in a public health emergency. Many nurses have not previously worked with limited resources in emergency situations, nor have they had to worry about their own safety, or the altered relationship of caring for patients and families in a pandemic [6]. Whether informal or formal leaders, the DNP participants displayed ethical leadership qualities, as well as a clear articulation of ethical concerns.

During the pandemic concern regarding lack of provider resources, specifically manpower, was expressed. There was a difference, however, if the participant worked in a low resource area or not, bringing up the issue of equity and equality. All participants expressed the goal of advocating for patients and safeguarding the community, representing the subtheme modeling advocacy.

There were a lot of elderly patients, just lying on a stretcher in respiratory distress, the nurses running from one patient to another...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

At first it was really hard. Several patients were not tech savvy. How am I going to be able to keep you (the patient) safe? Tried our best to treat in place. This is not a medical decision; this is a moral decision...Samantha

Patients were being told not to come to the office. Turning them away. They did not know where to get testing. 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

During the pandemic I served as an advocate for the patients and the parents. There were parents who remained in the facility since March. These parents had a very difficult decision to make. One parent staying in the facility and the other parent staying home with their other children. My role during the pandemic was providing care to both the parents and children of the facility... Brooke

There was also significant concern and emotion expressed related to family members being separated from their loved ones. Families were not allowed in the ER or hospital, nor were they able to accompany patients receiving chemotherapy or other treatments. Patients were dying alone. A significant issue arose related to a long-term care facility for children. Moral distress, the second subtheme for this section, is demonstrated in the following quotes.

The family was not allowed to be at the bedside. These patients are dying...their families didn't know until we called them...We have to be prepared mentally. This was really hard. It is really hard to see patients die by themselves...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 and schedule chemo and put her in the office with everybody else. Nope, I'm not doing it...Nora

The last subtheme of this section, justifiable outrage was expressed at those in positions of authority. Specifically, the participants felt there should have been better preparation, organization, and guidance. Many expressed the feeling that they were aware of what was coming, so how could the country be so unprepared?

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

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

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

Stepping Up

As the COVID-19 pandemic erupted, the participants were immediately put into situations that required them to transition from their usual role to crisis management positions. Many of the situations and challenges forced them to take their already strong leadership skills to a new level. When they perceived that other did not take charge, they rose to the challenge. The participants used their knowledge and skill to handle each situation with strength and determination to give patients the best care possible. They consistently implemented strategies and facilitated change based on their first-hand experiences and evidence, and with this became role models for those around them. The following quotes represent the subtheme of 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

Telehealth technology was extremely beneficial during the pandemic as it allowed patients access to healthcare remotely. However, this technology came with its own set of challenges and the transition to providing care in this manner was complex. The following quotes represent the early transition to telehealth, which is the second subtheme for this section.

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

I 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

Although the guidelines were always changing, the participants relied on their strong evidence-based decision-making skills to consistently make safe judgements in a sometime chaotic environment. They took their research knowledge and translated it into real world scenarios. The participants evaluated day to day practices within their settings to identify successes as well as areas needing improvement. The DNPs then made recommendations based on these evaluations that helped to improve patient care, healthcare delivery, and overall patient outcomes leading to the third subtheme, 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

A lot of people in advanced practice were jumping into roles that might have been outside of their comfort zones... I felt that I was qualified to step into a new role... 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 patient... Samantha

Complex COVID Coping

There were early lessons from COVID-19. One of those lessons is that our healthcare system was ill equipped to respond to the pandemic. Nurses have reported being fearful, exhausted, scared for themselves and their families, and in need of education related to caring for COVID-19 patients [12]. This raises the question of how the DNP participants dealt with the lack of resources, stress, fear, need for emergency preparedness and education. The responses were varied and in part reflected the practice setting where they worked, but also reflect a lack of verbalized personal wellness measures. An emotional, mental, and physical exhaustion was described by a number of the participants. The fatigue and emotion of the situation can be felt in the responses. The first set of quotes represent the subtheme of 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

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

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

It was very scary coming into contact with patients with Covid. Even with 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 cloths off and putting them in plastic bag and no contact with my family till I showered. I was relieved that her family members never contacted the Covid virus... Olivia

Wellness was recognized as an important need for nurses, even prior to the pandemic, because self-care was not being prioritized, leading to burnout, compassion fatigue, and poor mental and physical health [13]. DNPs are considered resilient by their professors, having displayed grit and perseverance during their DNP education. However, in this narrative inquiry, few participants discussed wellness or self-care activities. One participant prayed before her shift, one felt a sense of accomplishment, and another focused on the present. The following quotes represent the subtheme of attempting to achieve 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

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

The last subtheme for this section is persisting through personal adversity. The challenge of homelife was represented, as was the true reality of COVID infection, and a tragic personal story of loss. The emotion can be felt in these quotes.

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... 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...Ella

My mother and father-in-law went into a nursing home right after Christmas.... My father-in-law got a UTI and was sent to the hospital. He died within 6 hours of going to the hospital. 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. Certainly, those who worked directly with the sickest of patient's related narratives similar to the stories appearing in the print and television media at the time; but make no mistake, all these DNPs had to "shift on the fly" as one of our respondents so aptly stated.

Whether it was switching from pediatrics to an adult group of patients, from a medical surgical floor to an ICU or ER, from an inpatient to an outpatient setting, from in-person visits to telehealth or from face-to-face classes to remote learning, these transitions were urgently initiated in just a matter of days. Challenges, and sometimes confusion, reigned, as guidelines for how to care for those stricken with COVID were almost non-existent, and protocols changed daily. The DNPs found themselves in leadership roles where the only constant was change, and many others, including colleagues, patients, friends, and families, relied on them to translate what was happening with the pandemic and to keep everyone as safe as possible.

The participants relied on the knowledge they had amassed during their DNP programs to help them navigate leadership challenges and patient care dilemmas. The scientific component of the program, including epidemiology and evidence-based practice applied to their own scholarly projects, as well as their courses in business and health policy, were cited as being especially helpful. Although they were very satisfied with their DNP education, most seemed to think that additional courses in epidemiology, public health, and disaster preparedness would be helpful going forward, in the dreaded anticipation of another global health crisis.

Implications

The participants' narratives inspired the authors of this article to reflect upon the role of healthcare leaders, nursing educators, administrators, and researchers in preparing DNPs for the next large scale health crisis, and in supporting them through the current situation, which is almost certain to have a ripple effect upon those living through it. Heeding the recommendations of the DNPs in this study, additional courses in epidemiology and public and global health should be offered, beginning in undergraduate programs, advancing through graduate school, and reinforced through continuing in-service education.

The need for wellness and self-care education cannot be overlooked, as physical and mental health, especially resilience, can go a long way in helping all nurses to work through grave and demanding situations without succumbing to the harmful negative feelings which can result. More nursing research needs to be done to examine, discover and explain the effects of the pandemic on all nurses. Practice inquiry is imperative to question the effectiveness of the constantly evolving interventions for the prevention and treatment of the population susceptible to increasingly threatening global pathogens.

Conclusion

"You really had to be there to understand..." This was a quote from one of the participants who worked in an ER at the epicenter of the pandemic in New York City. In fact, this may be an understatement; The stories these DNP prepared nurses shared helped shed a tremendous light on situations they faced and at times the reader can "feel" the experiences in their stories, but nothing was like being there.

These stories also illuminate planning that needs to be done to prepare for future pandemics. In terms of nursing education, the first step is to recognize and acknowledge the challenges students and alumni are facing. Wellness, self-care, and skills of resilience need to be threaded throughout nursing education. Epidemiology should be introduced earlier and should also be integrated throughout nursing education. Strengthening the evidence-based practice components of the curriculum is also recommended. Nurse educators must advocate for students and patients' and continue to educate our students to be leaders who will be the architects of change. Importantly, educators and leaders should continue to advocate for removal of practice barriers, which limit scope of practice and accessibility to healthcare. Nursing leaders need to make actionable changes to ensure readiness for the next healthcare emergency. As has happened previously after other pandemics, complacency cannot result in being unprepared again. It is our ethical obligation to prepare and support all our nurses. Finally, to end with a quote from a participant, "Emergency preparedness and readiness for anything must be an important conversation across the healthcare system, ensuring nurses are prepared emotionally. This cannot be taken for granted."

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