## Commentary





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## Becoming a WHNP amid Covid-19

By Megan Dorsey, MS, RN, WHNP-BC, C-EFM, and Randee L. Masciola, DNP, APRN-CNP, WHNP-BC

020 began with so much promise for my life. I was a few short months from completing my master's degree in nursing in the women's health nurse practitioner (WHNP) specialization track at Ohio State University (OSU). My days focused on preparing for class, clinicals, graduation plans, applying for jobs, and organizing my life. I also managed a part-time job as a registered nurse in a labor, delivery, recovery, and postpartum (LDRP) unit, along with caring for an extremely active two-year-old daughter. Covid-19 was not really on my radar. Then March came and everything changed.



On March 13, 2020, all clinicals were cancelled through the end of the spring semester. To say I was stressed would be an understatement. I was losing my mind. I had multiple interviews for WHNP positions but did not have enough clinical hours completed to sit for the national certification exam. If I did not graduate on time, I might lose these job opportunities. Thankfully, the College of Nursing and our faculty smoothly transitioned our remaining didactic classes on line. The faculty also touched base weekly via Zoom, in addition to our didactic class time. As students, we were all short tempered and irritated, but at least we knew we were being heard and supported. Fortunately, my 500 hours of patient-facing direct care were already complete, but I still needed to finish my clinicals and obtain the required 600 hours. The faculty quickly created alternative opportunities in leadership with our advanced health assessment course, case study simulation, wellness partners to fellow graduate students, and providing telehealth phone triage.

My greatest fear was related to working in a high-risk environment, the LDRP unit in a metropolitan area. I did not want to bring Covid-19 home to my family. I often work as the charge nurse, and it is our responsibility to triage. First person in the room means being the first person at risk for exposure. Our unit was constantly competing with the emergency room for personal protective equipment and other supplies. Information and policies were constantly changing, and even though we knew it was in the best interest of the patients and staff, it was frustrating and stressful. The hardest change was limiting patients to one support person. It was challenging to help them understand that the policies in place were not only for their safety but also for the safety of the healthcare workers and other patients.

Two weeks into the pandemic, my biggest fear came to be. I developed a persistent, dry cough. I learned that I had a potential exposure and was taken off work and referred for testing. I spent a large part of that first night crying, banishing myself to the basement away from my family. I was terrified I had exposed them. I started thinking about becoming sicker, being hospitalized, and my daughter getting sick. How would we care for her if I were sick? What if my husband or daughter became sick and I couldn't be with them at the hospital? Would they be scared and alone? Moms like me worry, and the guilt

spiraled out of control. I was tested the next day and waited 2 days for results. Thankfully, as each day continued, I felt better, so the worry dissipated. My test finally came back negative.

I returned to work on my next shift, which created another hurdle, child care. All daycares were closed, and my husband and I had to find a way to care for our daughter while also doing our own jobs and schoolwork. After long discussions, we asked my in-laws to come stay with us and help care for her. We are so lucky to have them, and I will never be able to repay them for putting themselves at risk.

Another huge support system was my fellow students. We had group text messages to voice our frustrations but also to make each other laugh and check in. We would have Zoom meetings after our kids were asleep just to vent and talk about challenges at work. As we work in three different hospital systems, it was helpful to hear how things were going at different sites. My managers were also a huge help at my job and kept us informed while fighting for our safety, something I heard was lacking at other facilities. My greatest support system, though, will always be my family. My parents, brothers, and sister in law have been exquisite, sending masks, doing drive-by visits, and making me laugh. But my biggest cheerleader through this has been my husband. We have found new ways to balance life while focusing on putting each other first.

Graduation day finally came! I am officially a graduate of OSU. The relief of earning my master's degree, especially during the pandemic, was amazing. Although the traditional commencement was cancelled in favor of a virtual ceremony, it was still great to celebrate the end of school with my family, especially when we all learned that I was selected by my faculty for the student WHNP award.

My celebration and relief only lasted a few days as I started to prepare for the national certification exam. Studying for an exam is stressful, but the effects of Covid-19 trickling down into the process magnified the normal stress. Typically, applying for the certification exam includes submitting a copy of your transcripts and diploma. Because the university shifted all employees to working remotely, the printing of diplomas was suspended. For a few weeks, we had no idea when we might receive our diplomas and so I could not initially apply for

the exam. I have a beautiful frame to display my diploma but still no diploma to display in it.

Our certifying body accepted a letter from the program director testifying to our completion of the program in place of the diploma. Because exam testing centers had been closed for so long, there was a backlog of students requesting exam dates. Live remote proctoring was made available so candidates could take the exam virtually, but you had to take it by the end of May. This left minimal time for studying given that we had only graduated in mid-May. I chose to wait until the testing centers opened in June, but they were only operating at 50% capacity to comply with social distancing rules, making scheduling challenging. Still, because my parents live just 2 hours away, I was able to schedule the exam at a testing center near them so they could watch my child and I would not need to stay at a hotel. (I am now thrilled to announce that after 7 grueling days, I received the email stating I had passed the national certification exam and can use the credentials WHNP-BC!)

I had three strong job leads with scheduled interviews that came to a screeching halt in March. All three organizations implemented a hiring freeze, in-person and virtual interviews were postponed, and one eliminated the position completely. I continue to search in my area, but competition is high for the few available job opportunities and we are also competing with WHNPs who were furloughed or lost their job due to budget cuts related to Covid-19. Several of my fellow graduates have already left the state to find jobs. With the continued financial burdens of Covid-19 on healthcare, I worry that these hiring freezes will remain through the end of the year. My family and I will likely follow my fellow graduates out of the state. Of course, we would love to stay near my parents, but my foremost goal is to practice as a WHNP and start paying off my graduate student loans.

I believe Covid-19 will change healthcare forever, our scope of practice, how we interact with patients, how we deliver care, and what we deem acceptable in our own work–life balance. Through it all, my faculty and preceptors not only prepared me to step into this new role as a WHNP but also how to be innovative to find evidence-based solutions to challenges. I look forward to the day I will talk to younger generations of nurses about this time and how we came through stronger and more

prepared to care for women and their families for the next crisis.

## **Postscript**

As Megan's lead faculty member, I (Randee Masciola) can attest to the significant stress that the students endured in the final semester of their WHNP program, which continues through the examination and job search. The students positively responded to frequent communication, authenticity, and honesty when we did not know the answers to their major life-changing questions. This was an incredibly stressful time for faculty, as policies and procedures were changing daily and sometimes hourly at the national, state, and organizational level. This was frustrating to students trying to cope with a global pandemic, financial constraints, academic and graduation uncertainty, and the fear of getting ill. Faculty were working overtime to create online content, develop telehealth education and clinical opportunities, and create clinical simulation experiences while they themselves were also living through a pandemic, with their own family and child care issues, financial constraints, and fear of budget

cuts. Our college implemented many free wellness and mental health resources and programs for our faculty, staff, and students and created an atmosphere of patience, grace, kindness, and flexibility. This was essential for the success of our students like Megan and brought us closer together as a college, faculty, and in our relationship with our students. We will never forget the bonds that tie us together at this point in time.

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